



Sensology Institute

27752 Franklin Road ❖ Southfield, MI 48034 ❖ 248-355-2191

Consent to Services

I/we the undersigned certify that the type of treatment I/we will receive was developed out of the Theory of Sensology. The Sensology core belief is based on the neurological fact that 98% of our nervous system is composed of sensory neurons. Developmental stages are based on sensory input and mastery, and are merged with a mathematical and quantum level of understanding of the nature of our human connection to biophoton light in our cells. I/we understand that this practice encompasses Kiera Donna Laike's observations, informal training, long clinical history, study of neuroscience, sensory integration, and functional medicine. I/we understand that this practice is not associated with any currently licensed profession and is, therefore, not reimbursable through any insurance plan.

My/our responsibility in the treatment is to self-disclose to the extent that I am able, attend sessions, complete homework assignments, and participate in exercises that I/we are able to do.

I/we also understand that the result of such treatment cannot be guaranteed or warranted. My/our treatment plan will be developed jointly with a Embodied Therapist. I/we agree with this approach and I/we voluntarily consent to treatment.

Litigation Limitation: All information in the session is confidential. Confidentiality may be broken if there a situation arises that is life threatening to the client or other. Due to the nature of the treatment process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Kiera Donna Laike to testify in court or at any other proceeding, nor will a disclosure of the treatment records be requested.

Emergency Procedures: If you need to contact your practitioner between sessions, please leave a phone message and your call will be returned as soon as possible. If you feel it is a life-threatening emergency, contact emergency services in your area or call 911. If you feel it is an emergent issue, please ask for a 15 minute session with one of the certified practitioners in the Sensology Institute.

My Practitioner has gone over these documents with me and I have been given opportunity to ask questions about them. I understand I can raise questions about these documents at any time during my treatment and/or healing. It is my intention to enter into treatment and/or healing sessions, using the Theory of Sensology, with Kiera Donna Laike under the guidelines of the above stated information.

Work requested or needed between sessions: Sessions are often scheduled at intervals of two to six weeks. If the need should arise for services (remote work) between sessions, please request and pay for services at the **Sensology Institute**.

Client Signature

Date

Client Signature

Date

Practitioner Signature

Date