

Sample Client Release Form

Understanding

The Chi Nei Tsang Institute is a California health care service provider of complementary and alternative health care practices and makes the following disclosures pursuant to Sections 2053.5 and 2053.6 of the California Business and Professions Code as enacted into law by SB577 and approved by the Governor on September 23, 2002.

1. Chi Nei Tsang Institute practitioners are not licensed physicians and do not diagnose illness, disease, or mental disorders, nor do they prescribe treatment or pharmaceuticals.
2. The services provided by practitioners at the Chi Nei Tsang Institute are alternative or complementary to healing arts services licensed by the State of California.
3. The services provided by practitioners at the Chi Nei Tsang Institute are not licensed by the State of California.
4. Chi Nei Tsang is an Eastern therapy akin to the Western modality called Visceral Manipulation. We teach techniques to improve breathing as well as fundamental self-help skills to improve the function of the internal organs. We also provide guidance in personalizing your diet and other health-related lifestyle matters, and specific and relevant visualization and meditation practices to further enhance the effect of manual treatments.
5. At the Chi Nei Tsang Institute, we believe that we are all responsible for our own health and that healing comes from within. Chi Nei Tsang Institute practitioners are trained in Chi-Kung and work mainly on the abdomen with deep, soft and gentle touches, to train internal organs to work more efficiently. Unprocessed emotional charges are also addressed in this manner, as well as all of the body systems: digestive, respiratory, cardiovascular, lymphatic, nervous, endocrine, urinary, reproductive, muscular-skeletal, and the meridian system (Chi).
6. Chi Nei Tsang Institute practitioners have a minimum of 336 hours of training in Chi Nei Tsang techniques for their Level One Practitioner Certification. Copies of Certificates are posted in the treatment room for your review. Your practitioner will welcome questions about their background, education and experience in Chi Nei Tsang.

Acknowledgment

Please sign below to acknowledge the following, as required by law:

- I have read and understood the information provided by this disclosure form.
- I have been given a copy of this disclosure form for my records.
- I understand that the Chi Nei Tsang Institute is required to maintain my signed copy of this disclosure form for a period of three years from this date.

• Signature

• Date

• Print your name