Therapist Notification & Permission Form

Good Land Healing Arts
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Purpose of This Form

This form serves to notify the undersigned client's mental health provider of the client's intent to begin Reiki + Inner Work services at Good Land Healing Arts, and to obtain the provider's acknowledgment and permission prior to the commencement of services.

Client Information

Client Name: _____

Description of Services

Reiki + Inner Work is a service offered by Good Land Healing Arts combining traditional Reiki, a hands-off or light-touch energy healing modality, with a structured process of guided verbal processing. This process draws on techniques including Neuro-Linguistic Programming (NLP) and is intended to assist the client in identifying the origin of specific patterns or emotional responses, with the goal of reducing the associated emotional charge.

This service is not:

- Licensed psychotherapy, counseling, or any form of mental health treatment
- A diagnostic or treatment modality for any mental health condition
- A replacement for the client's ongoing care with their licensed mental health provider

Practitioner Credentials: Aissa Zielinski is a Licensed Massage Therapist (LMT), Reiki Master, and practitioner of NLP. She does not hold a license in psychotherapy, counseling, psychology, or medicine.

Confidentiality

Information disclosed during Reiki + Inner Work sessions is held in strict confidence between the client and Good Land Healing Arts. No session content will be disclosed to any third party, including the undersigned provider, without the client's written authorization.

Provider Acknowledgment & Permission

By signing below, I acknowledge that I have been informed of the above client's intent to begin Reiki + Inner Work services, and I grant permission for this service to proceed alongside my ongoing care with this client. I understand this service is not a form of mental health treatment and does not alter or replace my clinical relationship with this client.

Provider Name (print): _____

License Type: _____

Provider Signature: _____

Date: _____

Client Authorization

I authorize the release of this form to my mental health provider for the purpose stated above, and confirm the information provided is accurate.

Client Signature: _____

Date: _____

This form must be completed and signed by the client's mental health provider and returned to Good Land Healing Arts prior to the initial Reiki + Inner Work session.