

Client Practitioner Agreement

Moriah J. Williams Intuitive Healing

All new clients must sign a Client-Practitioner Agreement which includes Practitioner Information, Services Offered and Expected Results, Rates, and Client Rights, as required by the [New Mexico Unlicensed Health Care Practice Act](#).

Please check required boxes of Client Responsibilities at the bottom. Once you sign the form you can proceed to payment and booking.

Cranial Sacral Therapy, Ortho-Bionomy®*, Emotional Freedom Technique, Intuitive Healing, Animal Communication, Flower Essences, Distance Healing, and being a NeuroAffective Relational Model (NARM®)-Informed Practitioner** are not complementary or health care practices that are licensed by the State of New Mexico; therefore, I, Moriah J. Williams, am not licensed as such by the State of New Mexico. I am certified through private schools, institutions, and teachers. I am insured through a private insurance carrier.

Practitioner Information:

Moriah J. Williams
Society of Ortho-Bionomy International Practitioner, Member No. 2547
New Mexico Academy of Healing Arts Cranial Sacral Therapy Program graduate
Emotional Freedom Technique (EFT) Advanced Practitioner
NARM®-Informed Practitioner
Alternative Balance Professional Group Master Policy AB-1004, Certificate #AC114283
City of Santa Fe Business License No: 17-00147404
NPI# 1023451606
P.O. Box 22748, Santa Fe, NM 87502
505-577-0479
info@moriahjwilliams.com

Services Offered and Expected Results:

I offer the following services: Cranial Sacral Therapy, Ortho-Bionomy, Emotional Freedom Technique, Intuitive Healing, Animal Communication, Flower Essences, and Distance Healing sessions. I am also a NeuroAffective Relational Model (NARM®)-Informed Practitioner.

The modalities I specialize in are complementary/alternative practices which can work in conjunction with health care services provided by licensed health care practitioners. None of the work they do is intended to diagnose, treat or cure any medical conditions, nor should it be used in place of consulting a licensed medical professional.

Cranial Sacral Therapy is subtle bodywork and energy work which helps balance structure and flow by working with the circulatory rhythms of the body.

Ortho-Bionomy is a non-invasive form of bodywork and energy work that draws the body's attention to

the experience of relief and relaxation, working with self-correcting reflexes to create long-lasting results.

Emotional Freedom Technique (EFT) is an energy psychology technique which guides the client through the process of learning how to tap on a sequence of acupoints of the body's acupuncture meridians with the intention of clearing negative emotional charges around life experiences and bringing more balance and integration to the whole being.

Intuitive Healing is energy work which identifies and shifts major underlying patterns in your life. Intuitive Healing can support people and animals, homes, and land, and it can be a means to work with ancestors and others that have passed on, or for those in the dying process themselves. Clients can also choose to learn to consciously connect with their intuition and their guides.

Animal Communication involves working with animals using intuitive healing, energy work, positional release, and/or flower essences which I practice to support animals' physical and emotional well-being.

Distance Healing draws on any of these modalities and is practiced at a distance.

Being a **NARM®-Informed Practitioner** means that I have an understanding of basic NARM principles and practices for working with developmental trauma in the context of the modalities which I practice.

Rates:

I charge \$120 per hour, \$180 per 90-minute session, and \$50 per additional half hour within the same session. This rate includes taxes and transaction fees. You will receive an e-mail notice if the rate has increased or will increase within the next 30 days.

Client Rights:

You have a right to complete and current information concerning my assessment and recommended services that are to be provided, including the expected duration of the services to be provided. You may have access to the records I keep concerning your treatment.

Any written records I keep concerning your treatment, and anything said during the session will be treated as confidential. I will only release information with your written permission or as required by law.

You have a right to coordinated transfer of your records if there will be a change to another practitioner.

If you have a complaint against a practitioner, you may file with the New Mexico Massage Therapy Board at (505) 476-4870 and/or the Association for Comprehensive Energy Psychology at (619)-861-2237.

To see the full text of the New Mexico Unlicensed Health Care Practice Act, click here:

http://nmcaamp.org/downloads/3_HB664FINALhighlighted.pdf

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THEREFORE NOT SANCTIONED TO CERTIFY, LICENSE, OR OTHERWISE BESTOW THE LEGAL AUTHORIZATION TO PRACTICE AS A MENTAL HEALTH PROFESSIONAL. A NARM® [THERAPIST/PRACTITIONER/INFORMED-PROFESSIONAL] IS A PERSON THAT HAS COMPLETED THE NARM® TRAINING.

Input Fields:

- Name*
- Email*
- Phone
- How did you hear about us?
- Address
- Emergency Contact

Is there anything you would like to share about what helps you feel safe and at ease in a session/educational setting? Is there anything that doesn't work for you in a session/educational setting? It's okay if you don't know or if you are unsure what to say. This is also something we can explore together if you like.

Do you have other access needs you would like to share?

Client Responsibilities*

I, the Client (or Animal Caregiver) agree that it is my responsibility to inform Moriah Williams of all conditions for which I am (or my animal is) under the care of a licensed medical professional which are relevant to our work together. This allows Moriah to make informed decisions concerning any contraindications for my (or my animal's) conditions, and to create the best possible experience.

I agree to give notice at least 24 hours in advance of my appointment time for cancellations and rescheduling. If I fail to give 24 hours notice, I will be charged for my session.

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As an active participant in my own healing process, I understand that I am encouraged to communicate with Moriah Williams if I am unsatisfied with our work in any way, so there is an opportunity to find a constructive resolution to my concerns.

By providing my electronic signature, I am indicating that I have read and understand the content of this document and I agree to the terms and conditions.

Signature*