

Catalyst

Statement of Objectives

The purpose of these statements is to clearly pronounce the Catalyst Facilitator's objectives for offering Catalyst, the Participant's responsibilities, and the limitations of Catalyst. Below is an example of the statements people initial, sign, and date before receiving their first Catalyst session.

Initial each statement in the space provided to the left to indicate your understanding of the services the Catalyst Facilitator provides and the obligations you have to yourself:

_____ I, the undersigned, understand that Catalyst is a gentle, hands-on system of facilitation that uses the integrity of the nervous system to support the expansion of peace.

_____ I understand that the Catalyst Facilitator does not name or treat symptoms, conditions, or ailments of any kind.

_____ I understand that the objective of the Catalyst Facilitator is to help me achieve greater levels of well-being, independent of any physical symptom(s), condition(s), or ailment(s) I may be experiencing.

_____ I understand that the Catalyst Facilitator does not discourage me from seeking a diagnosis and/or treatment for any symptom(s), condition(s), or ailment(s) I may be experiencing.

_____ I fully understand that care from the Catalyst Facilitator is not a treatment of any kind.

_____ I understand that I am fully responsible for my receiving proper diagnosis and treatment expeditiously for any known or unknown medical condition(s) I may have.

_____ I shall not confuse the care I receive from the Catalyst Facilitator with fulfilling any responsibilities I may have toward receiving conventional care expeditiously for any condition(s) I may have.

_____ I understand that any health concern(s) I may have should be brought to the attention of a licensed health care professional properly trained in and actively practicing the science and art of diagnosis and treatment.

_____ I understand that (the Catalyst Facilitator) practices the art of living well, not the art of diagnosis and treatment.

_____ I understand that any suggestion(s) or recommendation(s) I may receive from (the Catalyst Facilitator) is neither prescriptive advice nor a replacement for professional counseling or therapy.

_____ I understand that I should address any mental health concern(s) I may have with a licensed mental health professional.

_____ I am aware that additional information about the services the Catalyst Facilitator provides is available at www.GoCatalyst.com.

_____ I understand that it is my responsibility to present, as soon as possible, any question(s) or concern(s) I may have regarding policies, procedures, and/or objectives.

_____ I understand and fully accept the fact that, at different intervals, the Catalyst Facilitator uses an outcome assessment survey to monitor my quality of life improvements.

_____ I approve the use of Catalyst for the purpose of helping my body function more peacefully.

For the parent or guardian of a minor child:

_____ I, the undersigned, state that I am the legal parent or guardian of

_____.

_____ I understand the objectives of Catalyst and how they apply to my minor child.

_____ I give consent for my minor child listed to receive Catalyst.

My signature below indicates my understanding and acceptance of all the above. I also understand that payment is due in full at the time services are rendered - unless prior arrangements have been made.

Signature: _____

Date: _____