



## Nikkoly Stanley

B.A. Education

Certified Biofeedback Specialist (CBS)

Certified Stress Management Specialist (CSMS)

and Certified Mind NRG Spiritual Coach (CMSC)

doTERRA Wellness Advocate

<http://www.reallylivewellness.com>

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Phone: (509) 881-4152

### Letter Of Consent

I understand that Washington State issues licenses to health and wellness professionals authorizing them to analyze, assess, diagnose, evaluate, examine, and investigate their patients to determine what is wrong with them. This license also authorizes them to counsel, caution, advise, guide, prescribe, recommend and suggest cures, drugs, interventions, remedies, and treatments to address what is wrong with them. I understand that Nikkoly Stanley is not licensed by a government agency and will refer me to a properly licensed specialist if I need or feel I need to diagnose, treat, counsel, or cure me of anything.

I understand that **Nikkoly Stanley, a Certified Biofeedback Specialist (CBS)**, is qualified to help me to learn how to relax deeply, manage stress and pain, and support quality of life by teaching and demonstrating techniques in Stress Management that support my stress reduction goals.

I also understand that if I have, or think I have a medical concern, condition, disease, disorder, issue, or symptoms, psychological or emotional concern, Nikkoly Stanley will help me reduce any related stress and refer me to a licensed chiropractic or medical physician, licensed counselor, psychologist, or psychiatrist for further assistance

I fully understand that I am participating in natural health and wellness using biofeedback and stress reduction techniques.

I acknowledge that **my** behavior, thoughts, and feelings profoundly influence **my** physical health. I recognize that I must increase **my** level of awareness concerning **my** own health and wellness and examine **my** day-to-day living to learn if I may be contributing to my own distress. I realize that by my own efforts I can improve **my** health because I take full responsibility for maintaining **my** own happiness, vitality, nutrition, and stress levels.

I have read, understand, and agree to abide by the Policies and Procedures published by **Really Live Wellness, LLC** and they have been fully explained to me.

I understand that Nikkoly Stanley will keep all client information strictly confidential with the exception of written permission by the client or as required by law.

I hereby allow **Nikkoly Stanley, (CBS)**, to do Biofeedback response and balancing.

I agree to accept your services on the basis of this information, and sign this form exercising my free will and allowing the dictates of my own conscience, which allows me to select what I understand is most beneficial to my health.

Name of Client: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Name/relationship if other than client: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_