The Emotion Code, Body Code, Belief Code Systems

ALLOWING PERMISSION:

I give Mallory Chase and Kevin Chase (hereinafter named "members of MK Quantum Healing") permission to connect with my subconscious to obtain information regarding my health concerns during paid sessions.
I give members of MK Quantum Healing permission to connect with my subconscious to obtain information regarding my health concerns should I personally ask for additional information or need information outside a session. We, Mallory Chase and Kevin Chase, will not access your subconscious for any other reason or without permission.

INFORMED CONSENT:

1. I understand that The Emotion Code, Body Code, as well as the Belief Code System, as taught by Dr. Bradley Nelson, (hereinafter called "these methods"), and as practiced by Mallory Chase and/or Kevin Chase (hereinafter called "members of MK Quantum Healing"), seek to identify and eliminate underlying imbalances by releasing energetic imbalances in the areas of emotions, energy, circuitry, pathogens, structure, toxicity, nutrition, and faulty/outdated beliefs. These methods of energy healing promote harmony and balance within, relieving stress and supporting the body's natural ability to heal. Energy healing such as these methods is widely recognized as a valuable and effective complement to conventional medical care.

2: I agree to inform my practitioner if I have any magnet triggered devices (pacemaker, hearing aids, certain types of stents etc.) as those devices are contraindicated for release on my physical body using magnets, (if you have one of these devices, we can still do the work, it just must be done differently, either without magnets or in a proxy/surrogate manner).

3. I understand that releasing trapped emotions, or the correction of any other energetic imbalance using these methods as practiced by any member of MK Quantum Healing, is not a substitute for medical care. This information is not intended as medical advice and should not be used for medical diagnosis or treatment. Information received is not intended to create any physician-patient relationship, nor should it be considered a replacement for consultation with a healthcare provider, nor is it meant to replace any medical treatments as ordered by any physicians nor any other medical care you have been advised to seek by them. I further understand that these methods are not a replacement for any professional psycho-therapeutic or counseling sessions in the treatment of any mental health issues or disorders.

4. I understand that if my practitioner makes any suggestions regarding supplementation of any kind, such as vitamins, minerals, herbal preparations, or any compounds or any other external remedy of any kind, that I use or ingest any such at my own risk, with the recommendation that I seek the advice of a physician before using any remedy suggested by my practitioner.

5. I understand that my practitioner will not attempt to change or release any belief system that I still choose to use. The use of the Belief code is purely complimentary to help me achieve my goals and release outdated belief systems that I acknowledge no longer serve me.

6. I understand that in approximately 20% of sessions, the release of trapped emotion(s) or other energy(s) may result in "processing," where echoes of the emotion(s) or other energy(s) released may manifest in temporary physical or emotional discomfort, and that this "processing" appears to be a normal part of regaining energetic balance.

7. I understand that my practitioner makes no claims as to healing or recovery from any illness I may have now, nor the prevention of any illness I may have in the future, and that no guarantee is made towards validity. I further understand that the use of any information I receive is at my own risk.

8. I understand that if I have health concerns, I am recommended to seek advice from an appropriate medical practitioner before making any decisions about my health, and that this information is offered as a service and is not meant to replace any medical treatment.

9. I understand that these sessions are confidential, though personal identifying information (hereinafter called "PII") including name, DOB and session notes may be shared between members of MK Quantum Healing for continuity of care if I so choose to work with multiple members of MK Quantum Healing. I understand that my personal information may be used anonymously (striped of PII)) for educational and research purposes only, subject to any exceptions governed by laws of the State of South Dakota, or of Federal laws and regulations, and that personal identifying information such as my last name and city will be deleted to maintain my privacy, unless required by law.

10. I understand that I am advised to be self-informed about this work by visiting Dr. Bradley Nelson's website: https://discoverhealing.com/ and/or by reading his books The Emotion Code and The Body Code

11. I understand that MK Quantum Healing is an independent entity and that Discover Healing, Dr. Bradley Nelson, the Program's faculty/staff are not held responsible for MK Quantum Healing's actions and/or statements.

12. I understand that by signing these terms and conditions, I fully consent to participating in Emotion Code, Body Code, and/or Belief Code session(s) with members of MK Quantum Healing (Mallory Chase and/or Kevin Chase)

CANCELLATION POLICY

We require 24 hours advance notice for all cancellations. Cancellations or no-shows after this time frame will not be refunded or credited.
 If canceling a session from a package, with less than 24 hours notice, that session will be deducted from that package. If we are unable to reach you for your session, you give your practitioner permission to complete an email session instead that focuses on what your subconscious indicates as priority, so your time is not missed.*
*Note that if we do not have permission and can NOT reach you for a scheduled session, no refund will be provided.

Date_____Signature_____
_____Mallory E. Chase_____
_____Kevin J. Chase_____   _____
Name of Practitioners (Please Print or Type)   Name (Please Print)