



New Client Form & Disclosure

The following disclosure is intended to fulfill the requirements of the California Senate Bill #SB577, passed in September 2002, affecting all non-licensed helping professionals offering alternative health care.

1. An energy healer, luminous healing practitioner, shamanic practitioner, and/or facilitator is not a licensed physician. He/she is not qualified to diagnose, treat or prescribe for physical or mental conditions.
2. The use of energy medicine, luminous healing, and shamanic clearing and consultations is alternative and complimentary to healing arts services licensed by the State of California.
3. The services offered are not licensed by the State of California. Mann Partners' practitioners are certified by The Four Winds Society's Healing the Light Body School in Luminous Healing and Energy Medicine. Wallace Mann has a PhD in Computer Vision from Stanford University. Eva Mann has an MS in Natural Science from Charles University and an MBA from Cornell University.
4. The services offered include luminous healing and energy medicine, dream analysis, consultations, coaching and facilitation for the purpose of self-healing, clearing imbalances, spiritual emergency issues, dealing with trauma, relationship and career issues, exploring life purpose, life transitions, personal growth and discovery. None of these services is intended to be a substitute for medical or psychological care. Any issue beyond the scope of the practitioner will be referred to a licensed practitioner.
5. It is the goal of the practitioners to provide clients with a safe, non-judgmental and supportive environment where clients can release negative energies, gain insights into established patterns of behaviors and work towards transformation, personal growth and coming into balance. The practitioners act as facilitators for clients' healing; all of the services and modalities are based on the empowerment model, all clients do their own work and healing.

I have read and understand the disclosure.

Name (please print) _____

Signature _____

Date _____

Integration of opposites

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