



**RAINDROP TECHNIQUE
INFORMED CONSENT**

I understand Gina Hinrichs is a Licensed Spiritual Healer (LSH) qualified to help me surrender to the Divine and accept Divine healing on every level of my being.

I also understand Gina Hinrichs is a Board Certified Raindrop Specialist (BCRS)(or Certified Raindrop Technique Specialist-(CRTS)) and is qualified to help me make more informed decisions about my own life and health. I also understand that aromatherapy can help me reduce my stress, manage my pain, detoxify my body and improve my quality of life.

I understand Gina Hinrichs will not intentionally diagnose, suggest any treatment, prescription or cure for any disease, disorder or condition that I may have.

I understand that Raindrop Technique is a non-secular art and science and is an application of essential oils. I understand the use of essential oils may help me improve the quality of life. I also understand that human responses to essential oils may vary considerably and are not predictable because of the unique chemistry, make up, and intent of each individual.

I understand that the natural therapies offered by Gina Hinrichs are not a substitute for adequate medical care. I intend to remain under the care of my primary care physician.

I understand all healing may cause some minor discomfort, and some adverse side effects may occur through no fault of my own or Gina Hinrichs. I have read and understand the Eleven Points to Mention as a Prelude to Raindrop and/or the Statistical Validation of Raindrop Technique.

I understand my health is my responsibility. I will advise Gina Hinrichs of anything that might help us work together better to achieve the healing that I seek.

I understand my identity and any information about, whether I share it with Gina Hinrichs or they discover it on their own, will be held in the strictest confidence, except when released by me in writing or as required by law.

I acknowledge that I have read and understand this form. Gina Hinrichs has answered all of my questions. I agree to allow Gina Hinrichs to help me learn to heal myself using natural healing techniques and modalities herein listed.

Client or Guardian _____ Date _____

Client Printed Name _____

Address _____