

CLIENTS RIGHTS

Please read the following information carefully as it provides you, the client receiving a session in the Resonance Repatterning™ system, with important information you need to know concerning your session, its scope and the level of training attained by your practitioner, as well as certain personal needs you may have. (Resonance Repatterning™ is also known as Holographic Repatterning® or HR).

1. Resonance Repatterning / HR is not a medical practice or a traditional psychological method, although it is aligned with energy psychology and energy medicine and works with the energetic foundation that impacts our psychological and physical states.
2. The Resonance Repatterning system identifies and transforms any unconscious patterns you resonate with that create limitations you may be experiencing. The Resonance Repatterning system facilitates a natural state of well being or coherence, which research has shown to generate beneficial results at the physical, emotional and mental levels.
3. Only with your permission does your Resonance Repatterning practitioner use the muscle checking technique, also known as Applied or Energy Kinesiology. Muscle checking involves a gentle contact on your arm and sometimes a contact over the belly button. to identify what you resonate with that is maintaining a non-coherent state of limitation and to confirm the positive change in resonance. (For more detailed information on muscle checking, see the ResonanceRepatterning.net web site).
4. Your practitioner will also muscle check on him/herself to identify the Modality needed to transform negative resonance patterns so you can move to a higher energy state of coherence.
5. Muscle checking is only used during your Resonance Repatterning session. After the completion of your session your practitioner will only muscle check for you by proxy or over the phone with your permission.
6. The Resonance Repatterning muscle checking technique cannot be used as a tool for making a decision for you, such as whether you need an operation or not, or to diagnose a disease condition, or identify if a medical prescription is correct or not, or to find out whether an abuse experience “really happened” and with whom. It only checks for what you resonate with and for what will support a higher energy state of coherence.
7. Resonance Repatterning Modalities and the muscle checking technique may require some touch. If you have any concerns, no matter for what reason, you are welcome to honor your feelings and request a substitute contact, or no contact, or a substitute modality.
8. In all Resonance Repatterning sessions the client remains fully clothed.
9. Your session is confidential, according to the Code of Ethics and practice set up by the Repatterning Practitioners Association (see website).

10. Please be aware that each Resonance Repatterning student or certified Resonance Repatterning™ practitioner (RRP) has achieved their own specific standard based on their education, skills, experience and personal wisdom.

A Resonance Repatterning student may have attended one or more of the Resonance Repatterning seminars.

A Resonance Repatterning Practitioner has completed his or her course of study, has been observed and is certified by the professional non-profit 501 C 6 trade association to have attained a standard of excellence. (See the ResonanceRepatterning.net website for details on the curriculum and training.)

11. You are welcome to see the Student / Practitioner Seminar Attendance to appreciate the extent of the student's or certified practitioner's training.
12. If you are unhappy with any aspect of your session and are unable to find resolution with your practitioner, you are invited to contact the Repatterning Practitioners Association at info@rpamembers.org, or call 1 800 685 2811.

I have read and understood the above and take full responsibility for my own well-being and understand that for all medical or psychological concerns I am responsible for consulting the health care practitioner(s) of my choice.

Client's Signature

Print Signature

Date

Address

Phone #

Cell #

Work #

E-Mail

Birthday

Referred by