**REIKI CONTRACT:**

**Aim of Reiki:**

Reiki aims to change and balance the energy fields in and around your body to help on a physical, psychological, emotional, and spiritual level. Within the session, you, the client, will also be provided with a confidential opportunity to explore personal and relational issues in safety. The role of Soaring High Ltd is to help you through this process without any judgement or telling you what to do but on occasions, I may give some information or offer suggestions too. During the session, we may set goals that are agreed between us and you agree to work towards them too.

If at any time I feel I can no longer support/help you, I will offer to refer you to someone who can. I also do not usually work with a client who is seeing another Counsellor/Therapist/Reiki Practitioner. If you wish to see someone else, this is something that I would like to know about and discuss with you.

**Description of Reiki:**

A description of Reiki can be found at: [www.soaringhigh.co.uk](http://www.soaringhigh.co.uk)

**Confidentiality:**

To ensure open exploration of any issues you bring to your sessions, Soaring High Ltd maintains confidentiality in accordance with the UK Reiki Federation’s Ethical Framework [www.reikifed.co.uk/reiki-regulation/code-of-ethics-and-professional-practice/](http://www.reikifed.co.uk/reiki-regulation/code-of-ethics-and-professional-practice/) As an individual member of the UK Reiki Federation, I work within this Ethical Framework.

Under this Ethical Framework, Soaring High Ltd keeps client records (short summaries about what happens in a session). We also adhere to the Data Protection Act of 1998: [www.legislation.gov.uk/ukpga/1998/29](http://www.legislation.gov.uk/ukpga/1998/29)

I receive regular clinical supervision in accordance with the UK Reiki Federation’s Ethical Framework to provide the best possible service to you. Supervisors for Soaring High Ltd also abide by the same standards for confidentiality.

**Exceptions to Confidentiality:**

Soaring High Ltd must pass on any information to the relevant authorities in cases where your or someone’s safety is concerned including the following cases:

1. If you threaten harm to yourself or to another person

2. If we believe a child or protected adult is at risk of harm or abuse

3. If the courts instruct us to give information

4. If you share information about a proposed act of terrorism or another illegal act

If Soaring High Ltd feels that either you or someone else is in danger or at risk of harm, I would first endeavour to discuss with you my decision for breaking confidentiality. Depending on the

circumstances, this discussion may take place with your General Practitioner (GP), the individual in danger, a Social Worker and/or the Police. However, I retain the right to break confidentiality without prior consultation with you should I consider that the urgency of the situation requires me to act immediately to safeguard the physical safety of yourself or others.

In certain cases, you, the client, may request that Soaring High Ltd shares information concerning you. In these cases, I require written permission from you before I can carry out your request which will incur an additional cost too.

**Sessions:**

It is my responsibility to start and end the session on time; to offer a quiet, appropriate, and undisturbed space; to maintain safe, professional boundaries; to encourage client autonomy, to review the sessions and the therapeutic relationship regularly.

Sessions last 50 minutes and their frequency will be agreed at the first initial session and further appointments arranged that are suitable to you and within my hours of work. It is expected that you, the client will attend every session punctually but if any session begins after the agreed time due to late arrival (for whatever reason), it will still end at the originally agreed time. If you do not arrive or call within 20 minutes of the agreed appointment, this will be considered a cancellation and I will not be available for the remainder of the session.

**Contact between sessions:**

In instances where you need to contact me between sessions, calls or text messages can be made to 07814963599. If I am unable to take your call, please leave a message on this number or alternatively, an email can be sent to [parminder@soaringhigh.co.uk](mailto:parminder@soaringhigh.co.uk) Messages will be responded to as time permits between sessions and within normal working hours. Soaring High Ltd is not a crisis or emergency service. If you require urgent assistance please call 999 or if you wish to speak to someone immediately, contact your GP, NHS 111 (out of hours), your mental health crisis team (if they are involved) or the Samaritans on 116 123.

Communicating with the Reiki Practitioner outside the agreed therapeutic sessions is limited to making, changing, or cancelling an appointment unless prior arrangements have been made which will then incur additional costs.

**Cancellations:**

If for any reason I need to cancel a session, an alternative appointment will be offered as soon as possible, and you will not be charged for the session. Likewise, I will expect a minimum of 48 hours’ notice when cancelling/changing an appointment or the full session fee becomes payable.

**Number of Sessions:**

We will agree the number of sessions at the first initial appointment: every third session, we will review the treatment and work together and determine whether further sessions need to be booked including their frequency.

If you arrive for your appointment under the influence of drugs or alcohol, the agreed session will not take place and you will still be liable to pay for the full session.

I understand that your life circumstances may suddenly change. You may at any point wish to discontinue the sessions. I will respect your decision but ask that you give one week’s notice before finishing so that we have the chance to discuss your decision and end our work together.

**Session Fees:**

A Reiki session is £…. Fees are reviewed yearly, and any changes take effect on 1st April of every year and apply to new or renewed contracts. If any other work is requested in addition to the agreed Reiki sessions, this will be costed accordingly and will incur further costs.

**Method of Payment:**

Payment is made at the end of every session in cash, cheques made payable to Soaring High Ltd or by BACS [Name: Soaring High Ltd; sort code: 09-06-66, account no: 40980840].

**Complaints:**

Please email me at [parminder@soaringhigh.co.uk](mailto:parminder@soaringhigh.co.uk) regarding any complaint you may have in relation to the service offered which will in the first instance, be discussed in person with you and we will try to resolve the issue. If we are unable to come to a resolution, you can make a formal complaint to UK Reiki Federation at <https://www.reikifed.co.uk/reiki-regulation/code-of-ethics-and-professional-practice/>

**Required Information prior to the commencement of Reiki:**

How did you hear about us? ……………………………………………………………..……………………………………………….

What has brought you to Reiki?..............................................................................................................

………………………………………………………………………………………………………………………………………………….…………

…………………………………………………………………………………………………………………………………………………………….

Why consider Reiki now? .……………………………………………………………………………………………..........……………

Have you previously had Reiki or any other form of therapeutic support? ………………………......……………

If yes, when and what did this look like? …………………………….………………………………………………………………

..................................................................................................................................................................

..................................................................................................................................................................

What are your goals for Reiki? ..……………………………………………………………………………………….…………….…

………………………………………………………….…………………………………………………………………………………………………

Print Name………………………………………………………………………………………………………………………….………………

Signed………………………………………………………………................Date…...………....................................……....…

Address.....................................................................................................................................................

..................................................................................................................................................................

Telephone…………………………………………………………………………………………..........…………………………………….…

Mobile.…………………………………………………………………………………………..............……........……………………....…

Email…………………………………………………………………....…………………………………………………………………….…….…

Next of Kin................................................................................................................................................

Relationship..........................................................Telephone...................................................................

GP Name(s)……………………………………………………………………………………………………………………………………….…

Surgery Name and Address ......................................................................................................................

……………………………………………………...................................................................................….…………….…...

..................................................................................................................................................................

Surgery Telephone………………………………………………………………………………………………………………………......…

Current Medication (if any) ...................................................…………………………………………………………...….

…………………………………………………………………………………………………………………………………………….…..…….…..

Contact details of other professionals who are currently involved ……………………………………….……….……

……………………………………………………………………………………………………………………………………………………....…..

……………………………………………………………………………………………………………………………………………………..…….

..................................................................................................................................................................

Any other relevant information ...............................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

Reiki Practitioner’s Name.........................................................................................................................

Signature………………………………………………………....................Date ..................................…………….………...