



SOMA
HOLISTIC HEALTH

Authority to Release Information to a Third Party

I, Jamie White (Date of Birth: 06/12/2001) hereby authorise Soma Holistic Health to release and/or disclose my session records to the following third party:

Kate Francis
Carl White

I understand that:

- *This authority permits the release of the information specified above only.*
- *The information may be communicated verbally, in writing, or electronically as required.*
- *I may revoke this authority at any time in writing.*

Signature: JM White

Printed Name: Jamie White

Date: 21/8/25

Client Consent Form



I Jamie White, hereby consent to participate in Kinesiology sessions facilitated by Rachel Dutton at Soma Holistic Health.

I understand that Kinesiology is a holistic modality to aims to balance the body physically, mentally and emotionally to promote the self-healing capacity of the body. It involves gentle muscle testing techniques to identify imbalances in the body's energy system and may include various methods such as acupressure, emotional release techniques and nutritional guidance.


I acknowledge that Kinesiology is not a substitute for medical diagnosis or treatment and that it is recommended to consult with a qualified healthcare professional regarding any medical concerns.

I understand that during the session, the practitioner may touch specific points on my body and use various non-invasive techniques to facilitate energy balancing. The practitioner will explain each step of the process and obtain my verbal consent before proceeding with the session. I acknowledge that I have the right to ask questions, request clarification, or withdraw consent at any time during the session.

I am aware the Kinesiology session may involve discussing personal information, emotions and experiences. I agree to share this information willingly and understand that confidentiality will be maintained within the limits of the law.

I understand that the practitioner does not guarantee any specific results or outcomes from the Kinesiology sessions. Results may vary depending in individual circumstances and commitment to follow-up recommendations. I release the practitioner from any liability arising from my participation in Kinesiology, except in cases of gross negligence or misconduct.

I have read and understand the information provided in this consent form. By signing below, I voluntarily consent to participate in Kinesiology with Soma Holistic Health.

Client's Signature: 

Date: 21/08/2025