Ancestral Lineage Healing Sessions
Agreements and Understandings Form

- Practitioners of ancestral lineage healing agree to a code of ethics that can be referenced at: **ancestralmedicine.org/code-of-ethics**. Practitioners also agree to follow all state laws and ethical guidelines with respect to other licenses and certifications that inform their practice (e.g., psychotherapy, acupuncture, Ayurveda, body work).

- Ancestral lineage healing is not a substitute for psychotherapy or medical care. The training for ancestral healing practitioners does not include permission to diagnose or treat physical/medical conditions, addiction, depression, panic disorder, post-traumatic stress, psychosis, or other psychiatric diagnoses. Practitioners of ancestral healing may offer to consult with other care providers on behalf of the client; however, if the practitioner determines other psychological and/or medical support is warranted, they will also make appropriate referrals.

- Ancestral healing practitioners are not trained to represent any specific religious or spiritual traditions, and the ancestral lineage healing method does not presume to reflect practices of ancestor reverence and ritual from any specific cultural background. Any religious knowledge that the practitioner brings to session work sources from their personal training and life experience.

- I understand that the practitioner is currently in a supervised training process to guide ancestral lineage healing work. This means they may share some information from sessions in a confidential manner with Dr. Daniel Foor (**ancestralmedicine.org**) with the intent to receive support, feedback, and training.

- Although trainees receive supervision and support from Dr. Daniel Foor, ancestral healing practitioners are solely responsible for their work with clients.

By signing, I agree that I have had the opportunity to review the information above. I also agree to release Dr. Daniel Foor and Ancestral Medicine from any liability surrounding ancestral healing sessions.

Practitioner_____   Date_____

Client_____   Date_____