

Soul Resonation

CODE OF ETHICS AND PRIVACY POLICY

This Code of Ethics applies to all services offered, including Healer X 4D Massage, IFS Parts Work, Bio-Well Analysis, and Intuitive Wellness sessions.

1. Integrity & Transparency

- **Honest Representation:** I clearly state that while I am certified in Quantum Healing and Parts Work Therapy, many of my wellness services are informed by intensive self-study and intuition.
- **Non-Medical Status:** I do not claim to be a medical expert. My services are for relaxation and wellness; I do not diagnose, treat, or cure medical conditions.
- **Unregulated Industry:** I am transparent that services like massage and beauty are unregulated in NZ, and I operate based on professional self-regulation and personal integrity.

2. Client Care & Safety

- **Informed Consent:** No service begins without your clear, informed consent. You have the right to refuse, modify, or stop any session at any time without prejudice.
- **Consultation-Led Practice:** Every service is based on a personalized consultation. I rely on your honest disclosure to ensure your safety and comfort.
- **Hygiene & Environment:** I maintain a clean, professional, and hygienic space that meets all local safety and health requirements.

3. Privacy & Confidentiality

- **Data Protection:** All personal information and consultation notes are kept strictly confidential and stored securely in accordance with the Privacy Act 2020.
- **Safe Space:** Your emotional and physical boundaries are respected at all times. Disclosure is only made if required by law or to prevent significant harm.
- **The Permission to Share Form:** Outlines the request to a client to share their personal story with their full approval. The client can accept or decline this request.

4. Professional Conduct

- **Scope of Practice:** I only provide services where I feel competent and capable. If your needs are outside my scope, I will suggest referring you to a qualified professional.
- **Ongoing Growth:** I am committed to continuous learning, self-care, and professional supervision for my therapy-based services to maintain a high standard of care.
- **Right of Refusal:** To protect both parties, I reserve the right to decline service if I believe it is not in your best interest or if safety standards cannot be met.

5. Accountability

- **Complaint Process:** If you are unhappy with a service, I encourage open communication to resolve it. You also have the right to contact the [Health and Disability Commissioner](http://www.hdc.org.nz) www.hdc.org.nz if you feel your rights have been breached.

Client Declaration:

I have read and understood this Code of Ethics. I acknowledge that I am choosing these services based on the transparency provided and accept my role in providing honest information for my own safety.

Name: _____ Signature: _____ Date: _____