

Jennifer Michaels Studio, LLC

Jennifer Michaels, LLC - Certified Energy Healer, Life, Creativity & Health Coach

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725 Coleman Blvd. #408; Mt. Pleasant, SC 29464

Consent for Individual Treatment and Legal Disclaimer Notice

I, _____ (Print your name clearly), authorize and request that Jennifer Michaels, AA. Fine Art, B.S. Art Therapy - Certified Energy Healer, Spiritual Certified Life Coach, Certified Health Coach, Creativity Coach, Meditation Teacher, Ordained Minister, Artist, Author & Speaker provide energetic, spiritual, mental, emotional, physical, creative care sessions and procedures which are advisable and mutually agreed upon during the course of my care as a client. The frequency and type of care will be decided on as the sessions proceed. I understand that the processes will be explained to me on an ongoing, as-needed, basis.

_____ **Benefits and Goals:** I also understand that to benefit from the energy healing and spiritual life-coaching process, I must attend sessions regularly as we have agreed. I further understand that Jennifer Michaels will continually evaluate my progress toward our agreed upon session goals. Also, if alternative or professional advice should be advisable, I will be given suitable referrals and agreed upon termination date and process.

_____ **Confidentiality:** I understand that my sessions are strictly confidential, **except** under certain legally defined situations involving **self harm or harm to another**, and situations of child or elder abuse or abuse of otherwise dependent individuals. In the case of danger or potential danger to self or others Jennifer Michaels is required by law to notify the police and proper authorities and to inform any intended victim(s). In the case of potential harm to self or others, Jennifer Michaels is ethically bound to inform the nearest relative, significant other, or to otherwise enlist any method(s) to prevent harm or suicide.

_____ I understand that my sessions with Jennifer Michaels are **not a substitute for other professional advice such as an Attorney, Medical Doctor, Psychiatrist, Licensed Therapist or Counselor**. The information provided by Jennifer Michaels does not constitute medical, legal or professional advice neither is it intended to be.

_____ **Any decision(s) I make and the consequences thereof are my own.** Under no circumstances can I hold Jennifer Michaels liable for any actions I take. I agree not to hold Jennifer Michaels, or any associates of Jennifer Michaels Studio, liable for any loss or cost incurred by me, any person related to or associated with me, as a result of materials, techniques, energy healing or coaching sessions offered. All information provided by Jennifer Michaels Studio is intended to be general information with respect to common life issues. Information and sessions are offered in good faith. I do not have to use any information provided.

_____ I shall indemnify Jennifer Michaels Studio and associates, in the event of any such claim, including but not limited to any claims made against Jennifer Michaels, by any person related or associated with me. **Nothing in the content, verbal or material, of our sessions shall be considered legal, financial, or actuarial advice.**

_____ **Other:** I am at least 18 years or older. I understand rates are subject to change without notice. Jennifer Michaels reserves the right to refuse service to myself or anyone; for any reason. Results are never guaranteed. Jennifer Michaels holds no responsibility for the actions, choices or decisions made by myself. I understand that I physically enter Jennifer Michaels office space and property at my own risk and Jennifer Michaels is not responsible for any physical issues, injuries or accidents that may incur while in or on her property and / or before or after my sessions.

Client Signature: _____ Date _____

| If under 18 - Parent or Guardian Signature _____ Date _____