

INFORMED CONSENT AND WAIVER AGREEMENT FOR MEDICAL INTUITIVE & ENERGY HEALING SERVICE

I, _____, am seeking health guidance and energy healing from medical intuitive, spiritual energy healer, Jessica Glick, and hereby attest to the following: (please initial each of the following)

1. I fully understand that Jessica Glick is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures. _____
2. Suggestions and treatments offered for my own well-being are not intended to take the place of qualified professional medical care, including the diagnosed treatment of named diseases. _____
3. I understand that assessment and suggestions regarding diet, nutritional supplementation and herb/compounds or preparations, remedies, homeopathy, flower essences offered here or elsewhere are based upon the observations and are not intended to replace standard medical treatment or advice from licensed health care professionals. _____
4. I agree that all nutritional supplements, herbs, extracts, remedies, etc. are taken at my own risk. As with any ingested substance, allergic reaction is a possibility in some individuals. I have been informed of the risks and consequences involved. I agree that I and my heirs, guardians, legal representatives and assigns will not make claim or file any action against Jessica Glick for injury or damage resulting from negligence or other acts, whatsoever, caused in connection with her consultation. I also understand that Jessica Glick will not be held responsible for errors/ ingredients on the part of any manufacturer or supplier of products offered here or elsewhere. _____
5. I hereby consent to authorize Jessica Glick to practice therapies that may be implemented upon reasonable assessment. I understand that these modalities may cause tiredness, increased symptoms for 24 hours, or other mild effects. (These are normal reactions to receiving healing and not cause for any concern.) _____
6. I hereby consent that payment for services are to be made 48 hours in advance.
7. Non-refundable cancellations require 24 hour notice. Payment of services will be credited to a future appointment.
8. Cost of services:

a) medical intuitive body scan and energy healing, in person	\$330.00
b) medical intuitive body scan via Zoom	\$280.00
c) energy healing only	\$120.00
d) energy healing, prepaid pack of four healing sessions, in person	\$1110.00

I have carefully read this agreement and fully understand the terms and conditions. I am aware that this is a waiver and release of potential liability and a contract between Jessica Glick and myself and sign it of my own free will.

Signature_____

Date_____

Printed Name _____

Address: _____

City _____ State _____ Zip _____

Contact
telephone(s): _____

Email address:

Any information shared in sessions, phone, skype, or zoom are held confidential and will not be disclosed to any party, be they family or medical provider. However, for educational purposes it may be shared anonymously with mentors and co-students.