

# JENN'S ILLUMINATED PATH

## *CLIENT CONSENT AND RELEASE*

This is an agreement between the client and Jenn's Illuminated Path (the practitioner) concerning the Soul Coaching/Shadow Work Courses and one-on-one sessions, and upon submitting this agreement the client agrees to all terms laid out in this agreement.

1. I authorize and request my practitioner to carry out one-on-one Soul Coaching/Shadow Work sessions. I understand the process of these sessions will be explained to me upon my request and that they are subject to my agreement. I also understand that while the course of my session is designed to be helpful, my practitioner can make no guarantees about the outcome of my session. Further, this process can bring up uncomfortable feelings and reactions such as anxiety, sadness and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my practitioner and me.

2. I am at least 18 years old, the age of consent to make any decisions as to my person and treatment.

3. It is my responsibility to notify the Practitioner of any current mental health or relevant medical conditions. I understand that Soul Coaching/Shadow Work is intended to help the client and any medical or psychiatric issue or condition that occurs during or after the Soul Coaching/Shadow Work session is not the responsibility of the practitioner. In addition, the practitioner will not be held liable for any information withheld by me as to my medical or emotional conditions. I will not hold the practitioner responsible or seek compensation for any injury or illness suffered by me caused in whole or in part by my participation in this session.

4. Participating in the Soul Coaching/Shadow Work courses will not interfere or replace traditional medical or psychiatric care but can enhance other medical/psychiatric treatments. I understand that my Practitioner is NOT a licensed or certified psychiatrist, psychologist, or psychotherapist. Therefore, clients under current medical or psychiatric care should not stop treatments or medication without advice of their physician/psychiatrist.

5. Any communication via email or cell phone may not be secure, so we will assume that you have made an informed decision when using these communication channels to provide information and are taking the risk of such communication being intercepted.

6. It may be necessary at times for us to leave or send you a message at the phone numbers and email addresses you provide us. By supplying us with specific phone numbers and email addresses, you authorize us to leave messages for or send messages to you.

7. All information between practitioner and client is held strictly confidential. There are legal exceptions to this:

- a. The client authorizes a release of information with a signature.
- b. The client presents as a physical danger to self or others.
- c. Abuse and/or neglect are suspected.
- d. The client is under criminal investigation and a subpoena by a court of law has been issued for information on the client.

In the case of #b or #c above, we are required by law to inform potential victims and legal authorities so that protective measures can be taken.

8. I understand that I am responsible for payment of all fees charged at the time of service to be paid either prior to or on the day of service, or I have been given approval by the Practitioner to a payment plan. I agree to pay for all services rendered.

9. I am expected to arrive on time on an agreed upon appointment date and time. If I am 15 minutes or more tardy, then I will forfeit that session with the Practitioner and will not receive any refund for missed session. Cancellations must be made at least 24 hours prior to appointment. Should there be an emergency, accommodations will be provided to reschedule the appointment with proof of said emergency.

10. Practitioner(s) reserves the right to refuse any session without providing a reason and can cancel said session at any time. An attempt will be made by the Practitioner to reschedule the session, and if unable to, a portion of the course payment will be deducted from the amount owed or refunded if previously paid.

11. I understand that my relationship with my practitioner is entirely professional and so any behavior on my part that is not professional and can be deemed sexual or abusive will be reported to the authorities.

By signing below, I certify that I have read and understand this agreement and have full knowledge of its meaning and effect. If I violate the agreement, I know that the practitioner may discontinue sessions.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_