

Amanda Snow, MIM
Personal Intuition Medicine® / Energy Consultations
Informed Consent

Please initial each of the following statements below to indicate that you have read the statement and that you agree to the statement.

_____ I understand that I am seeking counseling services from the individual named above, and that this practitioner is not a physician.

_____ I understand that the services I am seeking are defined as “alternative” or “complementary” to health services that are licensed by the State of California.

_____ I understand that the services to be provided are not licensed by the State of California.

_____ I understand that the nature of services being provided is as follows: verbal counseling on issues presented by client(s), with an emphasis on spirit-to-spirit communication and energetic healing in the Intuition Medicine® modality. A basic premise of the Intuition Medicine® modality is that healing is accomplished by grounding one’s spirit in alignment with the physical body. I may, therefore, experience physical sensations during sessions though the practitioner will not physically touch me as part of the work. I agree that I will communicate any physical discomfort or unease to the practitioner immediately if it presents in session.

_____ I understand that I am seeking services from a practitioner whose theory of healing incorporates the premise that personal growth is accomplished through attention to the spiritual aspects of one’s being, as well as the physical and emotional/psychological processes. Therefore all of these areas may be addressed in sessions with this practitioner.

_____ I understand that I and the practitioner may discuss matters of a deeply personal nature, and that I have the right to question, dismiss or disagree with statements made by the practitioner if I am not comfortable with them or they do not resonate with me.

_____ I understand that following sessions I may feel an increased sense of well-being. I also understand that work with this practitioner may bring about the release of old emotions such as grief, sadness or anger as part of the healing process. The process may also bring my attention to outdated energetic patterns in my life, including but not limited to, relationships with family, friends and work.

_____ I understand that the practitioner named above has been trained in the following modalities: Intuition Medicine® (Master of Intuition Medicine®, Academy of Intuition Medicine® (1996/2011)

_____ I understand that the hourly rate per session is \$60.00; plus \$30.00 for each additional

fifteen minutes. Payment is due at the time of service via credit card.

_____ I understand that a 48 hour cancellation notification via email is required to cancel or reschedule an appointment. If 48 hour notice is not given; payment is due in full.

Please electronically sign, date and email back this form prior to your scheduled session.

By signing this document, I am consenting to work with this practitioner as indicated above:

Printed Name

Signature

Date