

CONSENT FORM, CLIENT PRIVACY RIGHTS

I have read and understand the above disclosure regarding the services offered by **Patricia Gaudet**. I acknowledge that Reiki / Healing Touch are holistic complementary and integrative energy based therapies that are accomplished through the use of contact and/or non-contact touch. I understand that Patricia is not a licensed physician and that her services are not licensed by the Province of Ontario. I understand it is my responsibility to maintain a relationship for myself with a medical doctor, if I so desire. I further understand that the above named is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

Terms and conditions

North Star Intuitive's expectation of clients:

1. The client is responsible for the payment of all fees for the care session provided.
2. Payment is made immediately at the end of the care session.
3. The methods of payment accepted are: cash, Debit card, Credit cards (Visa, Mastercard).
4. Clients will notify of any scheduling changes and/or cancellations with a minimum of 24 hour to avoid a no-show fee of up to 100% of the scheduled value.
5. No refund or credit on purchase of a service is offered.

Initials: _____

North Star Intuitive will:

1. Respect your time and healing journey, be on time and prepared for each session with you.
2. In the event where North Star Intuitive needs to reschedule a session, I will provide as much notice as possible, with intent to give at least a 24 hour window.
3. Set clear healing intentions with you, for each session in process.

Initials: _____

Confidentiality/Client Rights:

Your experiences during our sessions are confidential, and you have a right to view your files upon written request. Confidentiality is subject to the following exceptions:

1. You may instruct me to release information to other health care practitioners in writing.
2. I may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (Including circumstances where there is clear and imminent danger to yourself or another person).
3. Your confidential personal file is kept in a secure location and is retained for 4 years after you suspend services after which time all information will be destroyed in a proper manner.
4. Your confidentiality is always subject to the usual exclusions dictated by provincial and federal laws and regulations.

I have read and understand the above disclosure regarding payment policy, privacy policies and confidentiality, and that experiences during these sessions are confidential.

I fully consent to use the services offered by **Patricia Gaudet** by signing below:

Signed: _____ Date: _____

Print Name: _____