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Consulting Agreement and Confidential Client Information Form

I realize that my success depends on my own commitment to improving the situation that brings me here. I acknowledge that the practitioner is not diagnosing, prescribing for, or treating any physical or mental ailments, and I do not hold her/him responsible for them.

I release the practitioner from any liability whatsoever regarding my session. Any conclusions I draw from my session or responses I have are mine and mine alone. I take full and total responsibility.

I understand that these sessions are not psychotherapy but are a therapeutic alternative aimed at creating positive changes in my life.

If I have scheduled an in-person session, I agree to pay $50 for any missed appointments not cancelled at least 24 hours in advance.

I agree to inform the practitioner of all physical or mental conditions that might affect her/his work with me. I have circled any of the following physical, mental, or emotional conditions that apply to me:

epilepsy .... cancer ... AIDS .... clinical depression ... phobias ... panic attacks ... schizophrenia ... anorexia ... bulimia ... alcoholism ... drug dependency ...
other _____

Please list medications, if any_____

_____

From the Practitioner:
I agree to use the best of my abilities to help you make the changes you seek and to treat you with care & respect.
I agree to give you my undivided attention and professional assistance during our scheduled consultations, and I agree to strict confidentiality.
I am professionally committed to using my training and skills to assist you in mobilizing your own resources to achieve the results you seek.

Evelin Saxinger, *ND, ACH*

Informed Consent
Energy therapies and hypnotherapy are highly effective healing modalities for most people. For some, they may be intense, and inner material may come up both in and after sessions. This is actually a positive healing experience when properly understood. The best action to take is to call your practitioner and get assistance if required.

"I understand this, and I am willing to give it my best. I take responsibility for myself."

FEE: ___ $125 per hour OR ____ $450 per month (4 x 55 min. sessions & email access)

SIGNED:_____ DATE:_____

Name: _____

Address:_____

_____

Tel: _____ E-Mail: _____