

Client Consent Form

This is an agreement between the client and Maren Aspaas, Spiritual Health Practitioner and Mindfulness Coach concerning one on one session(s) and upon submitting this agreement the client agrees to all terms laid out in this agreement.

[IDENTIFICATION OF PARTIES: This agreement is made between Maren Aspaas, hereafter referred to as "Practitioner" and you, hereafter referred to as "Client."]

1. I authorize and request Maren Aspaas to conduct Spiritual Life and/or Mindfulness Coaching sessions. I understand that the intent and process of these sessions will be explained to me upon my request and that they are subject to my agreement. I take personal responsibility for my well-being, and with respect for myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against, Maren Aspaas, Primordial Love, and/or any of their associates or affiliates. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with or applying Spiritual Life and/or Mindfulness Coaching learned from Maren Aspaas, M.Div., M.A., and/or any of their associates or affiliates.

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 medical and psychiatric conditions and medications I am taking. I understand that Spiritual Life and/or Mindfulness Coaching is intended to help the client, and any medical or psychiatric issues I am facing, diagnosed or undiagnosed, from the past, currently, or in the future are not the responsibility of this practitioner. In addition, the practitioner will not be held liable for any information withheld by me as to my medical or psychiatric 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/these session(s).

4. Working with Maren Aspaas as a Spiritual Life and/or Mindfulness Coach will not interfere with or replace traditional medical or psychiatric care but can enhance other medical/psychiatric treatments. 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 completely secure, so the practitioner 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. Further, there are unique limitations to engaging in sessions online as opposed to in person. I recognize and accept these limitations. I also agree that my practitioner cannot be held responsible for breaches in provision of

services that are due to computer malfunctioning, and/or loss of electricity or Internet connection.

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

7. All information between the 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 required at the time of service, to be paid either prior to or on the day of service. I agree to pay for all services rendered.

9. I am expected to arrive on time on agreed upon appointment date and time. If I am 15 minutes or more tardy, then I will be charged for this time accordingly. Cancellations must be made at least 48 hours prior to appointment; otherwise I will be responsible for full cost of session. Should there be an emergency, no charge will be made, however, proof of said emergency will be required to void payment requirement.

10. The practitioner reserves the right to refuse any session without providing a reason and can cancel said session at any time. Any payment made prior to a session that is canceled by the practitioner will be refunded in full.

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.

12. My practitioner reserves the right to carefully choose with whom to work. She assesses the appropriateness and the maximum number of persons whom she can guide, while still maintaining the ability to attend to and discern the optimal way to provide guidance.

13. I understand that I have the right to discharge the practitioner and withdraw from care with written notice, and within 48 hours of next scheduled session.

14. By submitting below, I certify that I have read and understand this agreement and have full knowledge of its meaning and effect. I further certify that all the information I have provided is truthful. If I violate the agreement, I know that the practitioner may discontinue sessions. I am aware that this is a waiver and release of potential liability and a contract between the practitioner and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will.
