

INFORMED CONSENT FORM

I understand that Florida issues licenses to health and wellness professionals authorizing them to analyze, assess, diagnose, evaluate, examine and investigate their patients to determine what's wrong with them. This license also authorizes them to advise, caution, counsel, guide, prescribe, recommend and suggest cures, drugs, interventions, remedies and treatments to address what's wrong with them. I understand that Angela Kelly will refer me to a properly licensed professional if I need -- or feel I need -- a specialist to diagnose, treat, counsel or cure me of anything.

I understand Angela Kelly - hereafter referred to as the Spiritual Health Coach: is in compliance with all state and federal rules and regulations regarding spirituality, Certified as a Vibrational sound practitioner (CVSP) and coach (CVSC) with the NTCB providing Sound therapies, Certified as a Soul Realignment Practitioner and Licensed with the Federation of Spiritual Healer Licensing boards; she is also certified as an international distributor of Bemer as these modalities assist to help me relax, manage stress, manage pain and enhance the quality of my life.

I further Understand and acknowledge that the Spiritual Health Coach helps clients heal themselves using any of their God given talents believing all physical ailments and conditions are the result of emotional issues, and all emotional issues are the result of mental wrong thinking, and all wrong thinking is the result of disregarding intuitive insights, and disregarding intuitive insights is the result of disconnecting from the divine, then every kind of illness is a form of Spiritual illness. The Spiritual Health Coach ministers to the suffering by prayer, spiritual, religious or mental means, without the use of any drug material remedy or physical manipulation and provides coaching methods to assist clients in the discovery of what's wrong with them; coaches clients to self discovery of what will help them and resonates intuitively so the client will choose the tools to apply to their lives. This in turn is demonstrated with the various tools the client needs to do these things; training clients through various techniques to relax and reduce their own stress.

I understand that I am responsible for my own health, healing and well being. I also understand I have the ability to heal myself. I further understand Vibrational Sound, bioenergetics and other modalities is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand the Spiritual Health Coach will keep all client information strictly confidential with the exception of written permission by the client or as required by law.

I agree to settle any disagreements I have and if this is not possible, then I agree to turn our concerns over to the current resolution service in use by the Certification Board to mediate an agreement acceptable to both myself and the practitioner.

I acknowledge that I have read and understand this form and the policies and procedures. I agree to allow and give Informed Consent to the services that will be provided.

Name of client _____

Address _____

State/Providence _____ Postal Code _____ Country _____

Phone _____ Email _____

Client Signature _____

Date of initial visit _____

Spiriture Healer signature _____