

## INFORMED CONSENT

I understand that Nansea Lee is a Licensed Spiritual Health Coach who can help me improve the quality of my life. I also understand Nansea Lee, is qualified to help me accept my own divine healing on every level of my being according to my faith and beliefs. I further understand that I am responsible for my own healing, and that Nansea Lee empowers her clients to heal themselves. I understand that my mental, emotional and physical health is my responsibility.

I further understand that Nansea Lee is qualified to teach me how to improve the quality of my life. Nansea Lee is a facilitator and guides and supports me so that I can make better decisions for myself. I understand that with all healing this may cause me to have some minor mental, emotional or physical discomforts, and this is of no fault of Nansea Lee. Throughout my work with Nansea Lee, I will keep her informed about my health and well being.

I understand that Nansea Lee keeps all information she learns about me completely confidential, unless I release her in writing or as what is required by law. Client confidentiality is of utmost importance to Nansea Lee, but she abides by governmental laws around abuse, suicide threats, felony, crimes and subpoenas. If any disagreements present themselves, I further agree to settle any disagreements I have with Nansea Lee. If this is not possible, then I agree to turn over our concerns to an agency that mediates, to mediate an agreement acceptable to both myself and Nansea Lee.

I understand Nansea Lee charges an hourly fee (\$65.00 - \$90.00), payable by cash, money order or check at the time services are delivered. When Nansea Lee provides her services by telephone, then I am responsible to pay, via Pay Pal using a credit or debit card, prior to our appointed time to speak.

I acknowledge that I have read and understand this form. I agree to allow Nansea Lee to help me learn how to heal myself using natural healing and spiritual therapies listed above.

Client's name \_\_\_\_\_ ( please print)

Address: \_\_\_\_\_ email address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Country \_\_\_\_\_

Telephone: cell: \_\_\_\_\_ Home: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_