

# Client Consent Agreement

I understand Susan King is not a licensed chiropractor, counselor, dentist, medical doctor, osteopath, psychologist, psychotherapist, veterinarian or other health-care professional.

I understand Susan King does not diagnose, analyze, assess, evaluate, examine, treat, medicate, cure, or prevent any emotional, medical, mental, physical or psychological condition, disorder or disease of any kind.

**I understand Susan King is a licensed Spiritual Health Coach (License # SHC 1201) and is licensed by The Universal Gnostic Fellowship Spiritual Health Coach License Board.**

**I understand Susan is certified in the following:**

- **Certified/Registered American Board of Hypnotherapy - Membership # H27291**
- **Certified Past Life Regression Therapist**
- **Certified Spiritual Advisor**
- **Certified -Chios Energy Balancing - Master / Level I -Level II- Level III**
- **Certified Golden Triangle Attunement - Master**
- **Certified Intuitive**
- **Certified Meditation Instructor**
- **Certified Conscious Leadership Coach**
- **Journey Practitioner - Member of The National Association of Journey Practitioners**

**I understand that Susan King has had training in the following:**

- **Reiki - Level I**
- **Cranial Sacral - Level I**
- **Somatic Body Work - Level I**
- **Shamballa Multi-Dimensional Healing Work**
- **Healing Secrets a Journey from the Past**
- **Numerology**
- **Tarot**
- **Dowsing**

I understand spiritual healing is not a substitute for effective standard chiropractic, dental, medical, mental health counseling, or psychotherapy treatment for me or veterinary treatment for my pet.

I realize it is my responsibility to continue ongoing medical treatment and therapies until otherwise advised by my primary physician.

I understand that if I am taking medications, it is important to stay in close communication with my physician. He or she may want to decrease your medications during the course of my spiritual healing.

I understand Susan King will hold my identity and any information about me in the strictest confidence, except when released by me in writing or specifically required by law.

I have the right to waive this confidentiality agreement in whole or part at any time.

I agree that if we cannot reach an agreement on a critical issue between us, we will ask the Federation of Spiritual Healer License Boards to assign an arbitrator to settle the problem between us and both I and Susan King agree to accept and be bound by the arbitrator's decision.

By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my questions about the services offered by Susan King including spiritual healing and coaching.

I warrant I am not under duress at this time and my consent is given voluntarily and without coercion.

I understand that I may discontinue the services, or any portion of the services, offered by Susan King at any time without penalty.

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Print Name	Signature	Date
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Address	City	State	Zip
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Date of Birth	Telephone Number	Email Address
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