

ShaaniCreates · Acknowledgement and Consent of Services Form
General Consultation

CONFIDENTIALITY · CLIENT RIGHTS

Your experiences during our sessions are confidential, and you have a right to view your files upon written request.

Confidentiality is subject to the following exceptions:

1. You may instruct ShaaniCreates to release information to other practitioners in writing.
2. ShaaniCreates may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (Including circumstances where there is clear and imminent danger to yourself or another person).
3. Your confidential personal file is kept in a secure location and is retained for 4 years after you suspend services after which time all information will be destroyed in a proper manner.
4. Your confidentiality is always subject to the usual exclusions dictated by state and federal laws and regulations.

ACKNOWLEDGEMENT · CONSENT · CLIENT PRIVACY RIGHTS

I have read and understand the above disclosure regarding the services offered by ShaaniCreates. We have discussed the nature of the consulting services to be provided by ShaaniCreates.

Description of consulting services to be provided by ShaaniCreates

I understand that ShaaniCreates is not a licensed physician. I understand it is my responsibility to maintain a relationship for myself with a medical doctor, if I so desire. I further understand that ShaaniCreates is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

I have read and understand the above disclosure regarding privacy policies and confidentiality, and that experiences during these sessions are confidential, but subject to the usual exceptions governed by laws of the Commonwealth of Virginia and other federal laws and regulations.

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Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless ShaaniCreates from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

My questions have been answered to my satisfaction regarding ShaaniCreates services, and what I might expect from this session.

I fully consent to use the services offered by ShaaniCreates by signing below:

Date: _____
(MM-DD-YYYY)

Signature: _____

Print Name: _____
(First Name Last Name)