

- I, _____ (print name) understand that the Medical Intuitive Healing session provided by Elvira Gesummaria, is intended to enhance relaxation, increase communication within areas of the body and to educate me to possible energetic or emotional blocks that may create pain and disease.
- Medical Intuitive Healing includes various forms of Energy Medicine and Spiritual Healing which are non-invasive, safe, and objective. They utilize the body's own innate intelligence to re-establish communication within itself.
- I understand that Medical Intuitive Healing is not a substitute for medical treatment or medications.
- I am aware that the practitioner does not diagnose illness or disease, nor does the practitioner prescribe medications.
- I understand that participation in a session is voluntary and that at all times I may choose to end my participation.
- In addition, certain sessions entail light tapping and touching of energy points on the body. The practitioner will inform me where tapping and/or touching by the practitioner and/or myself will occur, thus allowing for my ongoing consent.
- I understand that information exchanged during any session is educational in nature and is used at my own discretion.
- I also understand that any information imparted during sessions is confidential and will not be released without my prior consent, except as required by law.
- I understand that by providing this informed consent I am assuming full responsibility for my healing session and I hold harmless the practitioner Elvira Gesummaria.

Payments and Rates:

- I understand that payment is due before my appointment by e-transfer, credit card, or paypal.
- I understand that packages must be paid in full before first appointment.
- I am aware of session costs:
First visit 90 minutes \$150
Follow ups:
\$100/session (pay as you go)
Package of 4: \$360 (\$90/session)
Package of 8: \$600 (\$75/session)
Package of 12: \$720 (\$60/session)
Animal Session: \$60/hour (pay as you go)

I understand that packages are to be used within 6 months of purchase date.

- Since time has been especially reserved for me, I understand that a 24 hour cancellation notice is expected and missed appointments will be charged.
- If I have any questions or concerns, I will address these promptly with the practitioner. I hereby authorize, Elvira Gesummaria to provide me with Medical Intuitive healing sessions.

Signature _____ Date _____

Printed Name _____

Practitioner Signature: _____