



Breakthrough Spiritual Coaching & Shamanic Energy Medicine Agreement & Consent

Name:

DOB:

Telephone:

Address:

Email:

I, the client, fully understand that:

- Breakthrough Spiritual Coaching and Shamanic Energy Medicine work in no way replaces a diagnosis or advice from a medical doctor or psychiatrist.
- It is my responsibility to share about my physical, mental and emotional wellbeing, including any other therapies or treatments past, present or ongoing that may inform or influence the work.
- I am also responsible for my own self-care and progress during and post sessions.
- The most will be gained from this experience by being open and curious and working with the process outside of the sessions.

Payment and Cancellation Policy

- Payment is due 2 days in advance of your session, to secure your appointment.
- Payment is made online to: Business Account, Dawn Giulietta Rosser, 42298589, 09-06-66, Ref: Your Initials.
- If for any reason you are unable to make your session, cancellation notice is 48 hours, from the time of your appointment, otherwise the full fee is charged.
- Where possible, sessions can be rearranged. Please ask.

Confidentiality

- Sessions are confidential and GDPR guidelines are adhered to.

Record Keeping

- Brief written session notes are kept with no personally identifiable details and stored in a locked cabinet.

By signing this you are consenting to the above Agreement, Confidentiality and Record Keeping procedures.

Client Signed: _____

Print Name: _____ Date: _____

For Children and Young People (aged 12-17):

I, _____, give my consent for Dawn Giulietta to work with my child,

_____ Age/DOB: _____.

Signed (Parent/Guardian): _____

Print Name: _____ Date: _____