

## INFORMED CONSENT FOR SPIRITUAL COUNSELOR

Due to the current state of our medical and legal system, it is important that you read, understand, and sign this consent form.

I acknowledge that LeeAnn Heinbaugh is not a health professional or psychotherapist and is not responsible for any medical diagnosis or treatment. I understand that the medical and/or counseling profession does not necessarily recognize or understand the spiritual work [LeeAnn Heinbaugh will be offering such as energy work, spiritual guidance, guided meditations, rituals, ceremonies, divinations, retreats and discussions. I also recognize that LeeAnn Heinbaugh will not be practicing psychotherapy or medicine. Therefore, I will continue to see my regular doctor and/or counselor and all medical or psychological decisions will be made explicitly between my health professional, counselor and me.

I understand that I am fully responsible for communicating with LeeAnn Heinbaugh regarding any special health needs, issues or concerns, psychologically or physically that may be sensitive to spiritual change. I understand that spiritual guidance, discussions, teachings, ceremonies, workshops, readings, and meditations will uncover many hidden spiritual issues in me, which may lead to some discomfort and disruption, as spiritual changes are integrating into my life. I accept this spiritual change and still choose to participate in this form of teaching, guided meditations, shamanic work, and spiritual healing. I further understand that no results have been implied or guaranteed to me personally by LeeAnn Heinbaugh.

By participating in spiritual guidance work with LeeAnn Heinbaugh, I acknowledge that I have been duly informed that many personal spiritual issues will be revealed in me. I understand that I AM FULLY RESPONSIBLE for myself at all times and, if I am unwilling to confront my spiritual issue, I must choose to say NO, otherwise a YES to spiritual revelation and spiritual healing will be inferred. I recognize that LeeAnn Heinbaugh will try to be sensitive and aware of each person's spiritual needs, yet she cannot take responsibility for my own personal choices.

I certify that to the best of my knowledge, I do not have any medical or psychological condition or any physical issues, which would prohibit me from participating in spiritual healing sessions, receiving teachings, ritual, or doing guided meditations. Being 100% responsible for myself, I am open to receive and benefit in all ways from energy work, spiritual guidance, guided meditations and/or discussions with LeeAnn Heinbaugh.

### Client's Rights:

- The client is entitled to receive information about the methods of spiritual counseling, the techniques used, and the duration of spiritual counseling, if known, and the fee structure, provided above. If psychotherapy is desired, please see a licensed psychotherapist.
- The client may seek a second opinion from another provider or may terminate services at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies, State of Colorado.

- The information provided by the client during spiritual counseling sessions is legally confidential except for certain legal exception that will be identified by the provider should any such situation arise during counseling sessions. Situation exceptions may include but are not limited to child abuse, danger to oneself or others, etc.

Signature & Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_