

DISCLOSURE OF SERVICES-LIFE GUIDANCE & CONSCIOUS THERAPY

In recognition that millions of Californians receive a substantial volume of healthcare services from complementary and alternative health care practitioners, California Law allows access by California residents to complementary and alternative healthcare practitioners who are not providing services that require medical training and credentials. The following disclosure is provided in compliance with Section 2053.6 of the California Business and Professions Code.

I, the undersigned, understand that the Life Guidance & Conscious therapy provided by *Roni Hopkins* are for the purpose of spiritual development, self-empowerment, stress reduction and relaxation.

I, understand clearly that the therapy provided by *Roni Hopkins* is not a substitute for medical or psychological diagnosis and treatment. As a conscious therapist, *Roni Hopkins* does not prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. Individual healing manifests in different ways and a particular outcome is not guaranteed.

By entering into this agreement with *Roni Hopkins* participating in this and any future sessions, I declare that I am taking charge and responsibility for my personal spiritual growth in whatever form it may take, for my highest good.

I am voluntarily participating in this session and I accept complete responsibility for my own psychological, mental, emotional, and spiritual well-being. In consideration of my voluntary participation in this and future sessions, I release, discharge, waive and forever relinquish *Roni Hopkins* from any and all claims, known or unknown, arising out of or in any way connected with my participation or involvement in this or future sessions.

I agree that in the event any claim for damages shall be prosecuted by *Roni Hopkins* or as a result of my acts or omissions, that I, or my estate, shall indemnify and save harmless *Roni Hopkins* from any and all claims, including the costs and expense (including attorney's fees) of defending the same. I understand that sessions are considered confidential and shall not be disclosed except required by law.

I have carefully read and fully understand this Agreement. I am aware that this Agreement constitutes a contract between myself and *Roni Hopkins* and contains a release of liability on behalf of myself and my assigns, heir, executors, guardians and other legal representatives, and I sign this agreement of my own free will.

I have read, accept and agree to abide by the terms and conditions listed above.

I have received a copy of this disclosure and understand the information described above.

Client Name (please print): _____

Client Signature: _____ Date: _____