



## Informed Consent

I understand my own health and wellness is my responsibility. I understand that Tyhson Banighen is a Certified Sound Coach with The Natural Therapies Certification Board and a Licensed Spiritual Healer with the Federation of Spiritual Healers Licensing Board.

I understand that if I have a health problem, condition, disease, disorder, issue, problem or bothersome symptoms, Tyhson Banighen will coach me to the best of his ability to help me relax, manage my stress, improve my health and wellbeing related to that problem and refer me to a licensed professional for further assistance if I request a referral.

I understand that Tyhson Banighen cannot diagnose, treat, heal or cure me of any condition. I also understand that I am responsible for my own health, healing and wellbeing. I also understand I have the ability to heal myself by resolving my physical, emotional, mental and emotional issues; using my intuitive insight to reconnect with the Divine on every level of my being.

I further understand coaching is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand Tyhson Banighen will hold my identity and specific information about me in the strictest confidence, except when released by me in writing or specifically required by law. I have a right to waive this confidentiality agreement in whole or part at any time.

I understand that I may discontinue the services, or any portion of services, offered by Tyhson Banighen at any time without penalty.

I agree to allow Tyhson Banighen to help me to learn to heal myself.

I agree to settle any disagreement I have with Tyhson Banighen and if this is not possible then I agree to mediate an agreement acceptable to both myself and Tyhson Banighen.

For additional services mutually agreed on, like coaching and mentoring if not part of the course signed up for, I also agree to pay Tyhson Banighen by cash or cheque \$100.00 an hour for services rendered plus any additional costs for purchased products.

By signing below, I acknowledge that I have read and understand this form and have received acceptable answers to all of my questions.

Client Name: (print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name if other than client: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

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