

CLIENT INFORMATION

Sample Disclosure Form

In their personal consultations, Phillip and Jane Mountrose serve their clients as Ministers of Holistic Healing with Awakenings Institute. The focus of their consultations is on helping these clients to optimize their potential and realize their dreams and goals, through the integration of the body, emotions, mind, and spirit.

The exact nature of the services provided depends on the clients' stated goals and may include some or all of the following:

- **Physically**, services may include helping clients to create vibrant physical health and wellbeing.
- **Emotionally**, they may include helping the clients to clear stuck emotional patterns and open to a more joyful existence.
- **Mentally**, they may include helping clients to release limiting beliefs and negative attitudes and open to the freedom of their infinite potential.
- **Spiritually**, they may include helping clients to transform judgment to unconditional love, free their expression of themselves and their true divine purpose, clarify their higher vision and intuition, and open to an awareness of the soul and higher truth.

The Mountroses' holistic services generally include a combination of the following approaches:

- **Holistic Hypnotherapy**
- **Spiritual Counseling**
- **Spiritual Intuition**
- **Energetic Healing**
- **Holistic Coaching and Support**

To facilitate integration, clients may also be taught the use of self-help techniques to assist in achieving goals and resolving issues.

These holistic services include methods used in support of the client's physical well-being and the care of the sick in accordance with the religious tenets of the Ministers. These methods are not intended to replace professional medical diagnosis and treatment, as Ministers of Holistic Healing are not licensed physicians. The Mountroses do not recommend substituting their services for the professional services of a doctor, psychologist, or psychiatrist. The Client is advised to consult his or her medical health professional regarding any aspect of the consultation that relates to professional medical care.

I, the undersigned Client, acknowledge that I have been advised of the foregoing information, and that I have been given a copy of this "Client Information" form.

Client Print Name

Client's Signature

Date