



Client Consent Form

I _____ hereby request and agree to receive consulting services from Marsha Genin, d/b/a Gedalia Healing Arts, LLC (“Gedaliah”). I have clearly requested these services from Gedaliah.

I _____ agree to truthfully answer a client intake form about my current health concerns. I agree to be completely truthful about my current health practices, medications and health history., and I agree to take full responsibility for the choices I make as a result of my consult with Gedalia.

Except in the case of gross negligence or malpractice, I or my representatives agree to fully release and hold Gedalia harmless from and against any and all claims or liabilities, known or unknown, of whatever kind of nature arising out or in connection with my Services performed, that I, or my heirs, personal representatives, executors, successors and assigns now has or may hereafter have against Gedalia. I hereby irrevocably covenant to refrain from, directly or indirectly, asserting any claim or demand, or commencing, instituting or causing to be commenced, any proceeding of any kind against Gedalia.

If any provision of this Consent Form is held invalid or unenforceable by any court of competent jurisdiction, the other provisions of this Consent Form will remain in full force and effect. Any provision of this Consent Form held invalid or unenforceable only in part or degree will remain in full force and effect to the extent not held invalid or unenforceable.

I agree to pay for services at the end of each session. I understand that several sessions may be needed, and that Gedalia and I will agree upon the estimated number of sessions needed during the first session.

If I need to cancel an appointment, I will do so within 24 hours of the scheduled appointment. If I do not cancel within 24 hours of the appointment, I agree to pay a \$75.00 fee.

Client Signature _____ (parent if minor)

Client’s printed name _____

Date _____