

CLIENT CONSENT FORM

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All clients preparing to work with Rev. Siobhan Nicolaou must first sign a Client Consent Form. **Please agree, or download this form read it thoroughly, sign it, and send a signed PDF version via email to soveriegnmastery@gmail.com or snail mail to Siobhan at the above address.** Thank you.

I, the undersigned, understand that:

1. The practitioner, Rev. Siobhan Nicolaou, is an ordained minister with Universal Church of The Master and works through the power of the Divine to help and assist others. As a member of the ministry the practitioner is granted the legal authority to lay hands on clients, offer spiritual guidance, perform healing of house and prayer as a form of spiritual and energetic healing.
2. This work is to be seen only as a discipline, which is complementary to any and all accepted medical and alternative practices. This work is not offered as a replacement or substitute for conventional medical or behavioral health care treatment, but rather as an ancillary modality.
3. The practitioner is not and does not claim to be a medical doctor, psychologist, psychotherapist, chiropractor or licensed health care provider of any sort.
4. The client understands that the practitioner does not offer any diagnosis or treatment for any physical or behavioral health care problem, ailment or disease.
5. The client understands that regardless of any testimonials or reports of client healings or miraculous cures, the practitioner makes no claim that he will or can cure or remediate any physical or behavioral health care problem, ailment or disease.
6. The client understands that if they have a serious physical, emotional or behavioral health condition, the practitioner strongly suggests they seek primary assistance from a licensed professional health care provider such as a medical

physician, psychotherapist, chiropractor, etc.

7. Whether the client has, or has not been, referred to the practitioner by a licensed health care provider, the client realizes that the licensed health care providers, which the client has engaged, are the only entities who are legally and clinically accountable for the health and welfare of the client. This practitioner does not take any legal or clinical responsibility for the health or welfare of the client.
8. No third party, including apprentices, assistants or members of the client's family, may be present during the course of a session with an adult client without the express consent of the client.
9. Any spiritual, energetic or prayer work done with anyone under the age of 18 will only be done with the written consent of a parent or guardian.
10. The client agrees to indemnify and hold harmless the practitioner from any legally or clinically responsibility for any aspect of their physical, behavioral, mental or emotional health or care thereof.

I have read and I understand all the statements above, and I agree to these terms.

Print Name: _____

Signature: _____

Phone: _____

E-mail: _____

City: _____ State: _____ Date: _____

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