

Informed Consent Form

Teresa Eidt, Licensed Spiritual Health Coach

- I. I understand that most states within the United States issue licenses to health care professionals. This license authorizes them to analyze, assess, diagnose, evaluate, examine and investigate their patients to determine what's wrong with them. This license also authorizes them to advise, caution, counsel, guide, prescribe, recommend and suggest cures, drugs, interventions, remedies and treatments to address what's wrong with them. I also understand that if I need the services of a licensed professional, Teresa Eidt, LSHC will refer me to one.**
- II. I understand that Teresa Eidt is a Licensed Spiritual Health Coach who is qualified to help me diagnose, treat, heal, and prevent any spiritual disconnection, intuitive error, or mental block as it may manifest on any level of my being. I understand that Teresa Eidt incorporates spiritual coaching with the use of a variety of tools to include spiritual healing techniques, working with spirit guides, prayer, meditation, and intuitive development.**
- III. I understand that I am responsible for my own health, healing and wellbeing. I also understand I have the ability to heal myself. I further understand Spiritual Health Coaching is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider. I understand it is my responsibility to advise Teresa Eidt of anything that might help us work together better to achieve the healing I seek.**
- IV. I understand that Teresa Eidt will safeguard the confidentiality of my identity and all that she learns about me unless I give her written permission or such release is required by law.**
- V. I understand that if I have -- or if I think I have -- a medical concern, condition, disease, disorder, issue or symptoms, Teresa Eidt will help me reduce any related stress and refer me to a licensed chiropractic, functional medicine, medical or osteopathic physician for further assistance.**
- VI. I also understand if I have -- or if I think I have -- a psychological or emotional concern, condition, disease, disorder, issue or symptoms, Teresa Eidt will help me reduce any related stress and refer me to a licensed counselor, psychologist or psychiatrist for further assistance.**
- VII. I acknowledge that I have read and understand this form. I agree to allow Teresa Eidt to help me learn to heal myself using the natural healing techniques and modalities herein listed.**

Name of Client _____

Address _____

State/Province _____ **Postal Zip Code** _____ **Country** _____

Telephone number _____

Signature _____ **Date** _____

Name if other than client _____

Relationship to client _____