

# CLARITY CONSULTS LLC

PO BOX 841 • PLEASANT HILL, OR 97455 • PHONE: 541.915.5715 • FAX 541.343.7700

CODYCLARITYCONSULTS@GMAIL.COM

## DISTANCE ENERGY CONSULTATION: Client Information

Last Name		First Name		Middle Initial	
Birth Date		Sex		Current Date	
Address		Street/Apt. #	City	State/Province & Country	Zip
Home Phone		Work Phone		Cell Phone/Pager #	
Email					

### Consent to Treat:

I, \_\_\_\_\_, consent to all distance energy treatments.

### -Agreement for Services-

#### 1. Financial Agreement:

I require payment at the time of service.

My Phone Consultation fee is \$160.00 for the first session, \$150.00 for follow-up sessions.

Initial Session: \$160

- Includes reviewing New Client email covering issues and goals, initial 10 minute phone consultation to answer questions and review issues/goals, the session itself, and a follow-up *10 minute phone call or email.* \*

Follow-up Sessions: \$150

- Includes email contact to set up date & time and discuss problem area(s), the session itself, and a follow-up email. \*

Emergency sessions are available, schedule permitting:

- Initial Session \$175, Follow-up Session \$150

*\*Further phone consultation time is available at a rate of \$25 per 10 minutes, billed in 10 minute increments, \$25 minimum*

#### 2. Memorandum of Understanding:

In consideration of receiving service rendered by Marci Cody, I hereby declare:

- ▶ My true and legal name is as signed below and not otherwise.
- ▶ I understand and have been informed that Marci Cody may be able to assist in my feeling better AND that there is no scientific proof to show that it works.
- ▶ I have been informed that Marci Cody is not a medical doctor, and I am aware that she is not licensed under laws of this state to practice medicine.
- ▶ I understand that Marci Cody's sessions are not physical therapy and are not a substitute for physical therapy treatment.
- ▶ Marci Cody has stated she will neither diagnose nor prescribe for any medical condition or problem from which I may appear to be suffering. She has suggested, should I have any physical or mental complaints, I should consult a licensed medical practitioner.
- ▶ I have been informed and I understand that Marci Cody makes no guarantees or promises that I will improve.
- ▶ I am 21 years of age or older.

**"I agree to all of the terms and conditions stated above"**

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

Please Print Name: \_\_\_\_\_