

# CLARITY CONSULTS LLC

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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 \$180.00 for the first session, \$175.00 for follow-up sessions. Initial Session: \$180

- 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: \$175

- 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 \$200, Follow-up Session \$175

*\*Further phone consultation time is available at a rate of \$50 per 10 minutes, billed in 10 minute increments, \$50 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: \_\_\_\_\_