

Informed Consent Form of Francisca B. Michel

I understand Francisca B. Michel is a licensed Spiritual Health Coach, who is allowed to perform all of the services contained within the scope of practice for her license.

I also understand that Francisca is an Accredited Journey Practitioner as described in The Journey™ founded by Brandon Bays, and that she can assist me to heal myself by guiding me to fully feel the emotions that are at the core of the emotional or physical issue I am working on, and guiding me to coming to a place of forgiveness. Further, I understand Francisca uses The Journey™ healing modality to help me relax, and go on an inner journey, much like a guided visualization, in which I am assisted to fully let go of the root cause of the issue I am working on, so that I can heal from within and enhance the quality of my life.

I understand that I am responsible for my own health, healing and well-being. I also understand I have the ability to heal myself. I further understand it is my responsibility to advise Francisca of anything that might help us work together better to achieve the healing I seek. Finally, I understand that The Journey™ healing modality is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand all healing may cause me some minor discomfort and some adverse side effects may occur through no fault of myself or Francisca, such as feeling temporarily exhausted, hot or cold or nauseous.

I understand Francisca will keep all information she learns about me completely confidential unless I release her in writing or as required by law. I further understand Francisca will not acknowledge my presence or discuss anything with me publicly unless I initiate the conversation and the topics of discussion.

I agree to settle any disagreements I have with Francisca B. Michel and if this is not possible, then I agree to turn our concerns over to The American Association of Spiritual Healers and Coaches to mediate an agreement acceptable to both myself and Francisca.

I acknowledge that I have read and understand this form. I agree to allow Francisca to help me learn to heal myself using the natural healing techniques and modalities herein listed.

Client's Name: _____

Address: _____

Phone Number _____

Signature: _____ Date: _____

Guardian's Name (If client is a minor) _____

Relationship to client _____