

**Holistic Health and WellBeing, LLC, dba Cathleen L. Balfour  
Client Service Agreement**

As a client of the Independent Energy Therapy Practitioner and Holistic Health and WellBeing, LLC, and Cathleen L. Balfour, and having signed below, I understand that the nature of the services rendered in the energy therapy and/or healing process is that of a spiritual support in the holistic health and energy work processes provided through specific, subtle energy techniques. I understand that the energy support process can assist me in enhancing all aspects of wellbeing.

Cathleen L. Balfour is not a medical doctor and has made no claims as to the curative effect of the energy therapy process. I enter into this Client Service Agreement to receive services with the understanding that this energy work represents a form of Spiritual/Holistic Support and is not intended as a means of clinical diagnosis or to replace traditional medical care. In accepting the supportive spiritual energy work process by Cathleen (Facilitator), I am willing to accept responsibility for any and all effect and outcomes of this treatment, understanding that the Facilitator serves only to stimulate my own innate powers of wellbeing.

I acknowledge that the success of all energy modalities depends upon one's personal relationship with their private spiritual being. There are no known side effects associated with energy applications, other than the frequently reported increase in the sense of wellbeing.

My acceptance of services implies that I release the Facilitator, and all her affiliates, from any and all liability related to the administration of the spiritual techniques and energy practices contained in this Spiritual/Holistic Support. With my signature, I give consent to the Facilitator for the administration of the Spiritual/Holistic Support described above. I understand that the charge for Cathleen's first session is \$220 for a 50-minute session. Additional sessions are \$164 per 50-minute session, or \$2 per minute for check-in's or questions, and that I will be charged for Cathleen's services whether my session is in person, by telephone, text, or email.

I acknowledge that this Client Service Agreement form is intended to provide me with a clear understanding of the Facilitator's services, and my rights and responsibilities in relation to such services. I have read this Client Service Agreement, or it has been read to me, and I affix my signature below as my statement of entering into this Agreement with the Facilitator in good faith, so I may request the services of the energy work facilitation with a clear understanding and appropriate expectations.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name (printed clearly) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Print Email Address \_\_\_\_\_

Sign and mail to:  
Cathleen L. Balfour,  
1328 N Stanford Lane, Suite 101,  
Liberty Lake, WA, 99019

Please scan and send to the form and your picture to [cathleen@cathleenbalfour.com](mailto:cathleen@cathleenbalfour.com)