

Holistic Health and WellBeing, LLC, dba Cathleen L. Balfour
2023 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 \$330.00 for a 60-minute session. Additional sessions \$220.00 per 60-minute office session, \$200.00 per 50-minute phone session, \$120.00 for 30-minute phone session (only), or \$4 per minute for check-ins or questions, and that I will be charged for Cathleen's services whether my session is in person, zoom, by telephone, or email. Please do not message or text me session questions.

I acknowledge that this Client Service Agreement form is intended to provide me with a clear understanding of the Cathleen'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 Cathleen 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 _____

Who referred you? _____

Cathleen L. Balfour, Holistic Health Practitioner
23403 E Mission Ave, Suite 100C Liberty Lake, WA, 99019

I must have this form before your session. Scan, email and send to cathleen@cathleenbalfour.com