

CLIENT CONSENT FORM

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www.kerrychinn.com

All clients preparing to work with Rev. Kerry Chinn must first sign a Client Consent Form. **Please print this form, read it thoroughly, sign it, and send a copy via fax to 602.707.7572. Alternatively, you may postal mail a copy to the address listed above or send a signed PDF version via email to RevKerryChinn@gmail.com.** Thank you.

I, the undersigned, understand that:

1. The practitioner, Rev. Kerry Chinn, is an ordained minister with Celebrating Life Ministries and works through the power of the Divine to help and assist others. As a member of the ministry the practitioner is granted the legal authority to lay hands on clients, perform healing and/or prayer as a form of spiritual and energetic healing.
2. This work is to be seen only as a discipline, which is complementary to any and all accepted medical and alternative practices. This work is not offered as a replacement or substitute for conventional medical or behavioral health care treatment, but rather as an ancillary modality.
3. The practitioner is not and does not claim to be a medical doctor, psychologist, psychotherapist, chiropractor or licensed health care provider of any sort.
4. The client understands that the practitioner does not offer any diagnosis or treatment for any physical or behavioral health care problem, ailment or disease.
5. The client understands that regardless of any testimonials or reports of client healings or miraculous cures, the practitioner makes no claim that he will cure or remediate any physical or behavioral health care problem, ailment or disease.
6. The client understands that if they have a serious physical, emotional or behavioral health condition, the practitioner strongly suggests they seek primary assistance from a licensed professional health care provider such as a medical physician, psychotherapist, chiropractor, etc.
7. Whether the client has, or has not been, referred to the practitioner by a licensed health care provider, the client realizes that the licensed health care providers, which the client has engaged, are the only entities who are legally and clinically accountable for the health and welfare of the client. This practitioner does not take any legal or clinical responsibility for the health or welfare of the client.
8. No third party, including apprentices, assistants or members of the client's family, may be present during the course of a session with an adult client without the express consent of the client.
9. Any spiritual, energetic or prayer work done with anyone under the age of 18 will only be done with the approval of parent or guardian.
10. The client agrees to not hold the practitioner legally or clinically responsible for any aspect of their physical or behavioral health or care thereof.

I have read and I understand all the statements above, and I agree to these terms.

Print Name: _____

City: _____

Signature: _____

State: _____

Phone: _____

Date: _____

E-mail: _____

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