

INFORMED CONSENT FORM

I understand that the state of New York issues licenses to health and wellness professionals authorizing them to analyze, assess, diagnose, evaluate, examine, and investigate their patients to determine what's wrong with them. This license also authorizes them to advise, caution, counsel, guide, prescribe, recommend, and suggest cures, drugs, interventions, remedies, and treatments to address what's wrong with them. I understand that Florence Lynds does not hold such a license and will refer me to a properly licensed professional if I need -- or if I feel I need -- a specialist to diagnose, treat, counsel, or cure me of anything.

I understand that Florence Lynds is a Natural Therapies Certification Board (NTCB) certified Vibrational Sound Coach (VSC) using the techniques from SomaEnergetics™. I also understand that she holds a license as Spiritual Health Coach from the Federation of Spiritual Healers License Board (FSHLB) and is qualified to help me identify, remove, and prevent my spiritual disconnections that may express themselves as stress or pain in 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 that Vibrational Sound is not a substitute for adequate medical care, and I intend to remain under the care of my primary healthcare provider.

I understand Florence Lynds will keep all information she learns about me completely confidential unless I release her in writing or as required by law.

I agree to settle any disagreements I have with Florence Lynds and if this is not possible, then I agree to turn our concerns over to a mediator to reach an agreement acceptable to both of us.

I agree to allow Florence Lynds to help me learn to heal myself, whether through an in-person session or through a distance healing session, using the natural and spiritual healing techniques and modalities herein listed.

I have had all my questions answered to my satisfaction. I agree with the services offered by Florence Lynds.

I acknowledge I have read and understand this form.

Name of Client _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Email _____

Signature _____ Date _____