

INTENTION AND CONSENT FORM FOR SPIRITUAL COUNSELING

The purpose of this consent form is to explain what I can do for you and what you can expect.

My belief about spirituality is that we each have a connection to Divine Source within. As we go on a quest to connect to our mission, purpose and pathway, we often seek advice and counsel from others. While I can support you on your path by accessing information that you have not yet learned to “hear, see or know” on a conscious level, you and you alone, are still the one responsible for your progress. With the information I provide and bring through from higher light beings, I can assist you on this journey, as a facilitator of higher consciousness and Light. Oftentimes, in some of the modalities I use, a spiritual healing takes place. I believe that each one of us has their own code to healing residing within. Bringing this information to the forefront is what the healing process entails. Therefore, I can help you support your pathway by facilitating various techniques for which I am trained. Bringing balance to your energy body and awareness to dysfunctional patterns current in your life can enhance your sense of well-being for supporting optimal form and function.

During your sessions, specifics about avocation, health, relationships, or even past situations (including past lives) may come up and may or may not be relevant. We may discuss major stresses in your life, your belief systems, health history, childhood or other issues that have an influence on your physical, emotional, mental, and spiritual expression. These discussions will be kept confidential at all times, unless disclosure is required to prevent clear and imminent danger to you or others.

Please remember that all spiritual counseling is presented in order to assist you with your own consciousness and that no matter what I say, you are responsible for reviewing this in context of your own life.

In signing this consent and release form, you agree that:

- Ronna Prince may work with you in the above-described manner.
- You fully understand that Ronna Prince is not a medical doctor or psychological or any other type of state or national mental counseling organization; you further acknowledge that you are not here for medical diagnostic/drug prescription procedures.
- Full payment of services is expected at time of service.

I hereby acknowledge that I have read the foregoing Intention and Consent Form for Spiritual Counseling. I am satisfied that I fully understand the nature of the sessions and freely elect to receive the information provided by Ronna Prince. I release Ronna Prince from any and all claims of malpractice, non-disclosure, privacy concerns, or lack of informed consent. I freely assume any risks of counseling whether presently contemplated or hereinafter discovered.

Respectfully, Ronna Prince

Certified Spiritual Counselor, Certified Reiki Master Teacher; Spiritual Research Technique Practitioner, Certified Aura-Soma Practitioner, Non-Denominational Minister, Doctorate of Divinity

Signed: _____ Date: _____

24 hour cancellation policy adherence

Please sign this form and fax it to: 602-788-0601 or Type your name and date electronically and email the completed form to azliving@azlivinglight.com. Receipt of your form by electronic means will be documented by the attachment of your email.