



Liam J. Adair

Doctor of Natural Medicine (Student)
Wellness Life Coach

CONFIDENTIALITY & HEALER-CLIENT RESPONSIBILITY AGREEMENT

Client Name:

Client Birthday:

Address:

Client Email:

Thank you for your interest in working with me as a client either in person or at a distance using the phone or Zoom tele-conferencing system. Please review the following information to make an informed choice about your decision to engage my services. Please read this information carefully and contact me if there is any portion you do not understand.

SERVICES OFFERED/THEORETICAL APPROACH. I offer my services as a Natural Medicine Specialist, Wellness Life Coach, & Energy Healing Practitioner. I work with clients in a number of areas, including, overall health, life issues, business consulting, and energy and spiritual wellness. My mission is to inspire, empower and help you bring balance to your Body, Mind & Spirit. My focus with a client is to work with the whole person, encompassing whole body healing using a variety of complementary and natural energy and herb-based approaches. The approaches I use primarily in my business are based on the newly emerging field of Quantum Medicine and include: certified wellness coaching, intuitive and past life readings, tarot readings, crystal healing, herbal & oil body products and flower remedies. You have the option of using individually or collectively any of the techniques I offer as part of our work together.

The natural techniques are designed to assess where the body's energies are blocked or not in harmony and then correct and balance the flow of these energies thereby aligning the body's energies to boost health, vitality, and restore the body's natural energies. With my natural techniques, I also assess the energetic impact of how thoughts, beliefs, and emotions can influence the health and well-being of the client. Quantum Medicine reveals that the flow and balance of the body's electromagnetic and subtler energies are important for physical, spiritual, and emotional health, and for fostering well-being. With any of the approaches I use, I will encourage you to ask questions and provide feedback to me during the session as to how you are feeling and what you are experiencing. If you ever have questions or concerns about the nature of the theories and methods I use, please feel free to ask me for further resources or references.

Although the natural techniques I use appear to have promising emotional, spiritual and physical health benefits, they have yet to be fully researched by the Western academic, medical, and psychological communities. Therefore, the natural techniques I use may be considered experimental and the extent of their effectiveness, as well as their risks and benefits, are not fully known.

NATURE OF THE RELATIONSHIP. Please be advised I offer my services solely as complementary natural medicine techniques. You should discuss any recommendations I make during your session with your primary care physician, obstetrician, physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician, or other board-certified physician. *The natural medicine, energy and herb-based methods are self-regulated and the State of Texas does not license, certify, or register natural medicine specialists, complementary and alternative health care practitioners. While I have extensive experience as a healing arts specialist, I'm not a psychologist, psychotherapist, physician, or other licensed health care professional. Under the Secretary of the State of Texas Domestic Limited Liability regulations & Texas Comptroller regulations, I can offer my services subject to the requirements and restrictions that are fully described therein.*

OUTCOME EXPECTATIONS/RISKS & BENEFITS. While clients report positive outcomes in using my services, please note that it's impossible to guarantee any specific results and we don't know how you will personally respond to using the natural medicine, energy and herb-based techniques. However, we will work together to achieve the best possible results for you. Participation in sessions can result in a number of benefits to you, including improvement and/or resolution of the specific concerns that led you to seek my services. While the natural medicine, energy and herb-based techniques are considered gentle and non-invasive, it's possible in our sessions together, or on your own between sessions, to experience some physical discomfort or emotional distress that can be perceived as negative. It is also possible to experience some emotional distress and physical discomfort related to stressful experiences you may have had earlier in your life. You agree to promptly inform me if you experience any emotional distress and/or physical discomfort during our work together, particularly between our sessions. If appropriate, I can help refer you to an appropriate professional health care provider for further assistance.

OTHER IMPORTANT INFORMATION. When using the natural medicine, energy and herb-based techniques you understand I'm not "diagnosing" or "treating" the physical body, which is the domain of the medical field and other allied health care professionals. You understand there is a distinction between "healing and curing" using the natural medicine, energy and herb-based techniques and the practice of medicine or any other licensed health care practice. Further, you understand the services I offer and the use of the natural medicine, energy and herb-based methods are not intended to be a substitute for medical or psychological treatment and they do not replace the services of health care professionals. You agree and understand it is your responsibility to consult with your health care provider for any specific health care problems. Further, you understand I may suggest you contact your professional health care provider if I believe it's advisable. In addition, you understand that any information shared during our sessions is not to be considered a recommendation that you stop seeing any of your health care professionals or using prescribed medication, if any, without consulting with your health care professional, even if after working together it appears and indicates that such medication or treatment is unnecessary. I am covered by liability insurance applicable to any injury caused by an act or omission by me in providing my complementary and natural medicine services pursuant to this Agreement.

EDUCATION AND TRAINING. I have an Associate's of Arts from Houston Community College, a Bachelor's of Business Administration in International Business with a Minor in Computer Information Systems from the University of Houston Downtown, a Master's of Science in Information Assurance & Cybersecurity; Specializing in Network Defense from Capella University. I am currently pursuing my Doctorate of Natural Medicine from Quantum University. I have studied Crystal & Stone Healing Therapy, Bach Flower Therapy and a variety of energy techniques, including Pendulum-based Chakra Balancing and Gem/Crystal Water creation.

ACKNOWLEDGMENT & CONSENT TO RECEIVE SERVICES. By signing this document you agree that I have disclosed to you sufficient information to enable you to decide to undergo or forgo the services I offer. You have considered all of the above information and have obtained whatever information or professional advice you deem necessary to make an informed decision. By signing this document you understand I am offering my services solely as a complementary and alternative health techniques and our relationship is not to be construed as medical treatment, psychotherapy, psychological counseling, or any type of medical therapy, nor is it a substitute for these services. Due to experimental nature of the natural medicine, energy and herb-based techniques, you agree to assume and accept full responsibility for any and all risks associated with using the natural medicine, energy and herb-based techniques. You acknowledge that we have discussed and you understand, and agree to and have received a copy of my **Office Policies & Procedures**, which is attached hereto and incorporated herein by reference.

You understand it is your responsibility to maintain a relationship with a health care professional. Further, you understand your consent to the nature of our sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future. You represent that you are competent and able to understand the nature and consequences of the proposed sessions and agree to be personally responsible for the fees related thereto. You have discussed with me the nature of the services to be provided and you understand that I'm not a licensed, registered, or certified health care provider in the State of Texas. You agree and understand that this Agreement is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law. By signing in the space provided below, you knowingly, voluntarily, and intelligently assume these risks and agree to irrevocably release, indemnify, hold harmless and defend Liam J. Adair and his agents, representatives, consultants, and employees from and against any and all claims of whatsoever kind or nature, and for any loss, damage, or injury, including but not limited to, financial, personal, emotional, psychological, medical, or otherwise which you may incur arising at any time out of on in connection with your sessions.

OFFICE POLICIES & PROCEDURES

This agreement, between **Wholesome Healing Consultants LLC's Owner & Natural Medicine Specialist (NMS) Liam J. Adair** and the above-named client will begin on _____ and will continue for _____ *session(s)*. Each session lasts minutes. *If applicable, subsequent schedule dates TBD.*

SERVICES. The services to be provided by the Owner to the client are in-person or tele-conferencing, as jointly designed by the Owner and client. The cost of the program is \$ _____ *Normal Fee: Each single session is \$95.00 per 90-minutes, \$75.00 per 60-minutes, \$50.00 per 30-minutes or \$45.00 per 20-minutes. Lower fees may be available via coupons and multi-session packages, on a limited basis. 15-minute free consultation will be upgraded to fee-for-service sessions at the request of the client or if the time exceeds 15-minutes and zero seconds. At that time, a verbal payment arrangement agreement will be made. Payments must be received prior to receiving fee-for-service sessions from Owner Liam J. Adair.*

RECORDING. I understand that for the personal records of **Owner Liam J. Adair**, and for my personal records, my session(s) may be recorded; depending upon whether in-person or through tele-conference, via audio or video. I understand that I have the right to obtain copies of my recorded session(s). I understand that I must make this request in writing; email is acceptable. I understand that although I may receive the audio/video recording sooner, I must allow at least 72 hours before making a second request for the previously requested session recording. I understand that the healing session(s) with **Owner Liam J. Adair** may be recorded for my, the client's, personal records. I understand that I **will** be notified **prior to the start** of the session(s) that such a recording may take place. I understand that I have the **right to refuse** having my session(s) recorded for any reason. Only the owner, myself, and any person or entity I grant permission may listen to or view the recording(s) and I understand the content of the recording(s) will remain confidential. I understand that if I obtain a copy of the recording that I am personally and wholly responsible for breach of confidentiality of the records in my possession.

RESCHEDULING OR CANCELLATION. I understand that if I need to, I will make every effort to reschedule or cancel my appointment at least 24 hours prior to its scheduled time. I fully understand that rescheduling or cancellation of an appointment must be made at least 24 hours in advance. Unless otherwise approved, at the sole discretion of **Owner Liam J. Adair**, I understand if I fail to adhere to the time constraints for rescheduling or cancelling the session(s) or session package that I will still be liable for paying the fee(s) associated with the appointments. I understand to obtain approval to be relieved of paying the fee(s) associated with rescheduling or canceling an appointment scheduled within 23 hours and 59 minutes, I must receive verbal confirmation from **Owner Liam J. Adair**, followed by an email from **Owner Liam J. Adair**, which directly states I am not liable for paying the applicable session fee(s). I understand that **Owner Liam J. Adair** may reschedule or cancel my appointment for any reason, without notice. However, **Owner Liam J. Adair** will make every effort to contact me by way of a text message, an email or a phone call, with at least 24 hours advance notice, to inform me that my appointment needs to be rescheduled or that it will be cancelled. I understand that if my appointment rescheduling or cancellation requirement originates from **Owner Liam J. Adair**, I will have only 24 hours from the time that I receive the first method of contact, whether it be a text message, an email, or a phone call, to call and confirm a reschedule date and time to avoid forfeiting my session and fees(s).

PUNCTUALITY: I agree to be on time for our sessions. In cases where I am running late, I must text and call **Owner Liam J. Adair**. If I am late, I understand that the session may still need to end at the scheduled time depending on the client load that day. I understand that if I arrive late, depending upon the client load and currently scheduled appointments, I may be required to forfeit the remaining time of my scheduled session. This means I would not be able to add the remaining time to another scheduled session nor would I be able to schedule a separate session for the remaining time. I understand that if I need to leave early, depending upon the client load and currently scheduled appointments, I forfeit the remaining session-time of that scheduled session. I understand that if I need to leave a session early, which has time remaining, I would not be able to add the remaining time to another scheduled session nor would I be able to schedule a separate session for the remaining time.

LIMIT OF LIABILITY. YOU EXPRESSLY UNDERSTAND AND AGREE THAT Wholesome Healing Consultants LLC, Wholesome Healing and Liam J. Adair SHALL NOT BE LIABLE TO YOU FOR:

- (A) ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL CONSEQUENTIAL OR EXEMPLARY DAMAGES WHICH MAY BE INCURRED BY YOU, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY. THIS SHALL INCLUDE, BUT NOT BE LIMITED TO, ANY PERSONAL INJURY, EMOTIONAL DISTRESS, LOSS OF GOODWILL, OR OTHER INTANGIBLE LOSS;
- (B) SOME JURISDICTIONS AND STATES PRECLUDE LIMIT OF LIABILITY CLAUSES. IN THE EVENT DAMAGES ARE ASSESSED, THE LIMIT OF LIABILITY FOR Wholesome Healing Consultants LLC, Wholesome Healing and Liam J. Adair SHALL NOT EXCEED THE TOTAL AMOUNT OF THIS CONTRACT – The Documented Amount of my Paid Coaching Session Fees - TO THE LICENSEE OR THIRD PARTY.
- (C) AS A COACH I WILL NOT TELL YOU WHAT TO DO, AND YOU, AS THE CLIENT, ARE ALWAYS EMPOWERED TO CHOOSE AND ARE HELD RESPONSIBLE FOR YOUR ACTIONS. THE CLIENT ASSUMES ALL RESPONSIBILITY FOR ANY ACTION TAKEN ON ACCOUNT OF A COACHING SESSION AS WELL AS ALL OUTCOMES AND RESULTS.

_____ **Client Initials** _____ **Date**

(D) IN THE EVENT THAT THE CLIENT DIVULGES INFORMATION THAT I DETERMINE THAT THE CLIENT IS A RISK TO HIM/HERSELF OR OTHERS, I AM LEGALLY RESPONSIBLE TO NOTIFY THE CLIENT’S PARENTS AND OTHER APPROPRIATE PERSONNEL.

THE LIMITATIONS ON Wholesome Healing Consultants LLC, Wholesome Healing and Liam J. Adair ABOVE SHALL APPLY WHETHER OR NOT Wholesome Healing Consultants LLC, Wholesome Healing and Liam J. Adair IS NEGLIGENT OR HAS BEEN ADVISED OF OR SHOULD HAVE BEEN AWARE OF THE POSSIBILITY OF ANY SUCH LOSSES ARISING.

The signatures below indicate full understanding and agreement with the information above.

Client

Date

Parent/Guardian

Date

Coach

Date

If you are submitting this Agreement electronically, typing your name in the space provided above will be considered your signature and constitute your acceptance and agreement of this Agreement

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