

Fiery Sage Healing

Client Name: _____ Date: _____

Phone Number: _____ Email: _____

Home Address: _____

Emergency Contact Name: _____ Contact #: _____

Date of birth: _____

May I send you discounts/special via email: Y/N

Have you experienced acupuncture before? Y/N

Have you experienced hypnosis before? Y/N

If so, how was your experience(s)?

What issues(s) would you like to work on today? Please explain briefly.

DISCLOSURE STATEMENT

Jennifer Finegold, L.Ac, C.Ht (*Fiery Sage Healing, PLLC*) Degrees/Certifications:

Licensed in Acupuncture-Texas, #01524

M.S. in Chinese Medicine- Colorado School of Traditional Chinese Medicine, Denver, CO.

Five Element Acupuncture- Jade Woman de LaLonde, Lakewood, CO.

B.S in Advertising- University of Colorado, Boulder, CO.

Hypnotherapist Certification- School of Healing Arts, San Diego, CA,

Fee Schedule:

Initial Treatment (90 minutes)- \$125

Follow-up Treatment (60 minutes)- \$95

Client Rights and Important Information:

a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.

b. You can seek a second opinion from another therapist or terminate therapy at any time. c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate.

d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed is privileged communication and cannot be disclosed in any court of competent jurisdiction without the consent of the person to whom the testimony sought relates.

e. If the client discloses information that the therapist believes he/she is a danger to themselves, their family, or society, the therapist is required to report them to the appropriate authority.

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a client/ patient.

****24 hour notice is required for appointment cancellations/rescheduling, or the price of a full session will be charged. All packages are final sales. No refunds on packages.***

Signature Date _____ Client/Patient

Finegold, L.Ac, C.Ht Date _____ Therapist/Jennifer