

## Consent Agreement

1. I understand that Heather Walker, PhD, BSN is a licensed Registered Nurse who provides Holistic Nursing services self-described as Embodied Emotional Support. I understand that Heather Walker is not a therapist and does not provide psychotherapy.
2. I understand that Heather Walker is a mandated reporter, and if I disclose actual or intention of harm to myself or others she is obligated to report. I further understand that Embodied Emotional Support is not meant to be a crisis intervention service. I understand that if I feel actively suicidal or harmful towards others I need to call the National Suicide Prevention Lifeline (800-273-8255), 911 Emergency Services, or present myself to the closest Emergency Room.
3. I agree to pay for sessions within 24 hours of completion. I understand that it is preferred but not required for payments to be made prior to the start of sessions.
4. I understand that I will be responsible to pay the fee for a session I have committed to if I fail to cancel within 12 hours of my scheduled session time. I understand I can cancel via email or text at any time day or night. Waiver of late/no show cancellation fee due to unforeseen circumstances will be considered on an individual basis.
5. I agree to provide a contact person Heather Walker may contact in case of an emergency. Foremost this would be done only with my permission unless it is deemed absolutely necessary. **Contact Person:** \_\_\_\_\_
6. I understand that Heather Walker offers ongoing 'check ins' via text or email to active clients, but that responses are guaranteed for only one time per day. I agree to keep Heather's phone number private.
7. Packages of six sessions are offered at a discounted rate. I understand that packages must be used within 6 months of the purchase date, and that no refunds are given for sessions not used within the 6 month timeframe.

I have read the above requirements and have had the opportunity to ask for any clarifications I needed. I agree to the above requirements, and have provided an Emergency contact. I agree that my typed name is equal to my in person signature.

Signature: \_\_\_\_\_ Date \_\_\_\_\_