



Gail Lois Jaffe, P. A.
Healer -- Artist

ACKNOWLEDGEMENT, RELEASE, AND CONSENT TO RECEIVE SERVICES FROM:

Gail Lois Jaffe, P.A., Brennan Healing Science Practitioner

In signing this Acknowledgement, Release, and Consent, you agree that I may work with you in the manner described above. You agree that you have read, understood, and received a copy of this form.

I [redacted] have listed all my known medical conditions and physical limitation, and I will inform Gail Lois Jaffe, P.A. of any changes in my health. I understand that Gail Lois Jaffe, P.A. does not diagnose any medical, physical, or mental disorder, nor prescribe medications. I accept my responsibility in consulting a qualified physician for any physical disease that I may have.

I agree that all services rendered to me are charged directly to me at the time of service and that I am responsible for payment. I agree to pay for all scheduled appointments that I am unable to keep unless I notify Gail at least 24 hours in advance.

I hereby acknowledge that I have read the foregoing Consent for Treatment. I am satisfied that I understand the nature of the treatments and freely choose to receive these treatments. I release Gail Lois Jaffe, P.A. from any claims of malpractice, non-disclosure, or lack of informed consent. I also assume any risks of the treatment whether presently contemplated or hereinafter discovered.

Printed Name: [redacted]

Signature: [redacted] Date: [redacted]

Gail Lois Jaffe, P.A. Date: _____