**CLIENT AGREEMENT AND DISCLOSURE STATEMENT**

Thank you for your interest in collaborating with me either in person or at a distance through the internet. I am providing you with the following information so you can make a choice about your decision to engage in this joint experience. Please read the below carefully and let me know if there is something you would like me to clarify.

**SERVICES OFFERED**

I have developed my own unconventional method to transform your life and expand your existence. In our sessions, we collaborate in a thought-provoking partnership that inspires you to become aware of your possibilities, release old patterns that hold you back, and maximize your potential. Throughout our relationship, we engage in direct and personal conversations and I might use light touch or other body manipulations during our sessions/experiences. Everything unfolds effortlessly: I don’t have a predefined agenda; I go with the flow. As we interact, I sense and follow the inner deeper needs that are being expressed.

We may decide that I need to enter your everyday life, to explore your family, your home, your professional environment, your interaction with others. This joint exploration will identify the changes and the path to a new era of existence. To be clear, the self-discovery that I facilitate and the identification by you of the things that you need to change can have a profound impact. **A REMINDER THAT THESE EXPERIENCES ARE ONLY FOR THE BOLD.**

**EXPECTATIONS/CHALLENGES & BENEFITS**

To achieve the best possible results for you, you will need to participate actively. Participation in sessions or retreats can result in a number of benefits to you, including improvement and/or resolution of the specific matters that led you to reach out to me. Please note that results depend on your personal respond.

This is a very unpredictable, unconventional, intimate, provoking, evoking, rewarding and exciting experience.

This unique journey might stir a lot of emotions and you might experience a lot of breakthroughs accompanied by emotional, mental and physical discomfort.

For example, may cry, get upset or feel angry during a challenging exposure session. This can lead to temporary stress, anxiety and short-term incapacity to operate normally. After the meeting you might also feel lethargic, groggy, dizzy, tired, uncoordinated. If you are unavailable to drive, I recommend you get an Uber.

So please make sure you have no serious health problems before participating in this experience. If you have any concerns about your health, please consult your doctor.

**EDUCATION AND TRAINING**

NGH certified hypnosis training At the Academy for Professional Hypnosis in LA, California.

ICF accredited “The art & science of coaching" at the Erickson College in Los Angeles California.

From the NHS Institute in Athens Greece, I received certification in:

Homeopathy (detoxification, homotoxicology, Bach Flower remedies, herbalism, holistic nutrition)

Naturopathy (holistic health practice), Electro-acupuncture and Chinese treatments.

At the Ghyta Yoga School in Athens Greece, I studied Yoga and Meditation.

I hold Angelic Reiki Master Level certification bt Kevin & Christine Core.

I also hold a BA in Italian language, literature, film history, and history of arts from the Universita di

Perugia, in Perugia Italy.

**CONFIDENTIALITY**

With the exception of special situations described below, I keep our collaboration confidential. You may direct me to share information with whomever you choose and you can change your mind and revoke that permission at any time.

Although I am not a licensed professional health care provider, I choose to be in alignment with general ethical standards by adhering to the following legal exceptions to confidentiality:

1. If I believe the client is in imminent danger of hurting herself/himself

2. If I believe the client is threatening serious bodily harm to another

3. If I believe that a child, elderly or disabled person is being abused

4. If I am presented with a legitimate court order to present testimony in a legal proceeding

5. If a client fails to pay for services requiring action to collect fees due

**SESSIONS/EXPERIENCES**

A minimum period of 6 months for sessions ensures that you are dedicating the necessary time to start changing your habits, and your patterns of thinking and acting.

Change only comes through commitment, focus, and patience.

Experiences could last from 1-7 days worldwide.

**PAYMENT**

Sessions may be paid for by personal check, cash, or credit card. Payment is expected prior to the appointment and is non-refundable. Please notify me right away if a problem arises regarding your ability to make payments.

**CANCELLATIONS**

Scheduling of appointments involves the reservation of time specifically for you. Please allow a minimum of **36-hour** advance notice by phone for rescheduling or cancelling an appointment. The full fee may be charged for missed appointments without such notification. Should you cancel or postpone more than two appointments, we will evaluate whether or not our sessions are suitable for you right now.

**ACKNOWLEDGMENT OF DISCLOSURE AND CONSENT TO RECEIVE SERVICES**

As of January 2003, Alternative Healing Practitioners such as myself, Polyxeni Kokovika, can lawfully practice in the State of California without violating the state’s Medical Practitioner Code, under section 2053.5 and 2053.6 of California’s Business and Professional Code and can offer you Life Consulting Sessions, as long as I make the following disclosure to you and obtain from you a written acknowledgment and consent to receive my 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 care practitioner and our relationship is not to be construed as medical treatment, psychotherapy, psychological counselling, or any type of therapy, nor is it a substitute for these services.

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 the services I provide are not licensed by the state of California and that I’m not a licensed, registered, or certified health care provider. 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 Polyxeni Kokovika and her 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.

I (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the above disclosure. I understand and agree that I am responsible for my health and well-being, including all of my choices and decisions. I have consented to use the services that Polyxeni Kokovika offers, and I agree to be personally responsible for fees to Polyxeni Kokovika. I agree that Polyxeni Kokovika may use touch or some body manipulations and I might feel vulnerable, physically and emotionally challenged or emotionally exposed during our sessions. You agree that I, Polyxeni Kokovika, am not and will not be liable for any actions or inaction, or for any direct or indirect result of any services that I provide.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_