

Medical Educational Intuitive Reading Request and Skype Sessions Consent For

By Signing Below, I hereby represent and agree as follows:

- * I am over 18 years of age; or I am the parent or legal guardian of the subject of the reading.
- * I wish to obtain a medical educational intuitive reading.
- * I am currently under the care of a physician or other health care practitioner.
- * I understand that no physician-patient relationship is established through my participation in this reading. I understand that this reading is not psychotherapy.
- * During this educational consultation, a list of available options or solutions will be described, but I agree that before undertaking any of these options or solutions, I will consult my physician or other health care practitioner whose care I am currently under.
- * I acknowledge by signing this form that I have not been hospitalized for psychiatric reasons within the last three (3) years.
- * I promise to carefully read this form before and after the reading.
*
- * I understand that Laura Loterszpil reserves the right to refuse to do a reading or end one, at any time and will refund the client's payment \$250 in full.
- * After the first 10 minutes of our Session, you will be asked if the reading matches your experience. If it doesn't seem valid, the reading will be ended and a full refund will be granted. However, if you state that the reading matches your experience, and you ask me to complete the session, you are agreeing to the full fee and understand that no refunds will be available. I understand that a Medical Educational Intuitive Reading is not medical diagnosis, medical treatment or medical advice; therefore I understand that a Medical Educational Intuitive Consultation will not provide prescription, treatment or psychotherapy.
- * I understand that a Medical Educational Intuitive Reading, including Skype online sessions and phone consultations are not design to give medical diagnosis, medical treatment or medical advice; therefore I understand that a Medical Educational Intuitive Consultation will not provide prescription, treatment or psychotherapy.

* I understand that a Medical Educational Intuitive Reading and Skype online sessions are not reimbursable by medical insurance.

* Cancellation Policy: No refund will be given if we receive notice of your cancellation less than 48 hours from your scheduled appointment time

X _____ (SIGNATURE)

DATE and TIME of APPOINTMENT

Laura Loterszpil

1903 Towne Centre Blvd. Suit 522

Annapolis MD 21401

LauraLoterszpil@gmail.com

301-325-0828

Thank you for calling for a Medical Educational Intuitive Reading or a Skype one to one online session and/or course!

PLEASE email or mail this form back at LauraLoterszpil@gmail.com

ON THE DAY OF THE READING or the SKYPE SESSIONG , PLEASE CALL

301-325-0828

you can call me through Skype which is down bellow on my Website page.

You payment holds your appointment.. If you cancel your appointment with an advance notice of greater than 48 hours, your credit card will be refunded in full***.

By signing this form, you are accepting these terms, if you apply for a credit card "Charge Back", an additional \$35.00 service fee will be charged.

Please Sign:

Print First and Last Name:

Signature:

Date of Signing:

Thank you!