

CONSENT CLIENT FORM

I,

consent to treatment for myself (or my minor child)

and understand that the services provided by the practitioner Theresa Potgieter, company Seii Harmony of Energy, are intended to enhance relaxation and increase communication within my body.

I understand that these services are not a substitute for medical treatment or medications. I am aware that diagnosis is not given, and medication is not prescribed. I agree to continue to have regular medical check-ups as part of my overall health care plan.

I understand that participation is always voluntary and that I may choose to end my participation. I understand that I may experience 'healing reactions during the 24 to 48 hours following the services provided.

I understand that any information exchanged during any session is educational in nature and is to be used to my own discretion. I also understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my written permission. I do, however, give the practitioner consent to use my case history and results without using my name. I understand that only the practitioner Theresa Potgieter will have access to information in my file to enhance my healing.

I understand that by providing this informed consent I am assuming full responsibility for my services, and I hold harmless both the practitioner Theresa Potgieter and the facility/location where the services are provided.

I agree with the terms and conditions set out by this consent form and certify that the above information is true and correct. I agree to pay for distance sessions, should I request them.

We at Seii would love to keep you informed about our latest promotions, special offers, and updates. Please indicate how you would prefer to receive these communications:

☐ WhatsApp

☐ Email

☐ I do not wish to receive promotional communications

By ticking your preferred option(s), you consent to receiving promotional messages from Seii via the chosen platform(s). You can opt out at any time by contacting us or using the "unsubscribe" option in our communications.

SIGNATURE

WITNESS SIGNATURE

DATE

WITNESS PRINT NAME