



Path To Heal Session Consent Form

The Path to Heal sessions are intended to assist in healing the body, mind and spirit, but do not guarantee the alleviation of symptoms. I understand that **The Path to Heal** is not a substitute for other medical or therapeutic treatment. I understand that Joanna Chodorowska is not a medical doctor or therapist by schooling and is not performing any medical procedure or medical therapy. **The Path to Heal** is safe and non-invasive. I do understand that physiological, psychological and spiritual issues will be identified during the session. This identification is not intended to label or provide treatment plans for the client, rather the identification is used to direct the client to where more self-love is needed so that any experience of the condition can be released.

I also understand that there is a 24-hour cancellation policy. I agree to give Joanna Chodorowska 24-hours notice if I need to cancel or change an appointment. If notice is not received, the session fee will be charged in full (with the exception of a documented emergency).

I give permission for Joanna to perform **The Path to Heal** sessions.

Printed Name _____

Signature _____

Date _____