

# Susan Hikel ~ Completion Process Certified Facilitator

A certification program developed by Teal Swan

## Client Agreement & Disclosure Statement

### STATEMENT OF INTENT

All coaching services delivered by Susan Hikel, utilizing principles, methods and tools of Teal Swan's Completion Process Program are meant to encourage, uplift, and support you emotionally. However, this technique is not psychotherapy. If you feel psychologically stressed to the point that it is interfering with your ability to function, please have the courage to seek the help you need in the form of a professional counselor.

### Risks and Benefits

Please note that it is impossible to guarantee any specific results regarding your goals using the services I offer. Most clients have very positive outcomes using The Completion Process and report that they gain a deeper sense of peace, awareness and empowerment. The beauty of the Completion Process is that you are guided and given unconditional positive presence in a safe environment and every step is your choice and you do not have to do what you do not want to do. At any point in the process you feel you cannot go on, this will be honored. You agree to take full responsibility for your self-care in the emotional, mental, physical, and spiritual dimensions of your life.

### Acknowledgment and Consent to Receive Services

By signing this document you agree that I have disclosed to you sufficient information to enable you to decide to undergo or forgo using the Completion Process Program that I offer. Further you understand I am offering my services solely as a coach/facilitator and intuitive practitioner and our relationship is not to be construed as psychotherapy, psychological counseling, or any type of therapy, nor is it a substitute for these services. You understand that it is your responsibility to maintain a relationship with a health care professional.

- I understand that my life coach facilitator will maintain the confidentiality of our communications only to the extent defined by the laws of the states in which each of us resides.
- I understand and agree that I am fully responsible for my well being during my coaching calls, and subsequently, including my choices and decisions.
- I understand that all communication offered by Susan Hikel are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to Susan Hikel to assist me in achieving such goals.

You represent that you are competent and have discussed with me the nature of the services to be provided and you understand that I'm not a licensed health care provider and that my services are not licensed by the State of Texas. By signing on the line below, you knowingly, voluntarily, and intelligently agree to release, waive, acquit, indemnify, hold harmless and defend from and against any and all claims of whatsoever kind or nature, which you, or your representatives, may have for any loss, damage, or injury arising out of or in connection with your sessions with Susan Hikel.

I have read the statements above and I understand and agree with the points contained therein:

Client Signature and Date

**Sign and date on the line below.**

Name \_\_\_\_\_ Date: \_\_\_\_\_