

Consent to Coaching Session with KARILEE Shames PHD, RN, HNC

I, _____, fully understand that this form constitutes my agreement to purchase health coaching session from Karilee Shames PhD, RN, Certified Holistic Nurse. I agree to work directly and regularly with a primary care doctor in my local vicinity, who will manage my ongoing medical care. I understand that Karilee Shames' health promotional coaching services **do not replace individual medical care** in any way, but instead constitute a health education opportunity - not the diagnosis and treatment of an illness. **I understand that Dr. Karilee Shames is not available for questions except during scheduled follow-up phone appointments.**

I further agree that at the time of faxing this form, with my credit card number and signature on it, my credit card will be charged (\$150 for Initial Coaching-50 minutes or \$100 for a Follow-up Coaching-25 minutes) to hold an appointment slot for me, and that I then call 415-472-2343 between 9am-5pm (PST) to schedule the exact time of the appointment. It is further understood that should I need to later change my appointment time, I will have one opportunity only to reschedule without a fee, as long as I have called to reschedule more than 72 hours in advance (3 days). (You must cancel by Thursday/Friday before the time you are scheduled on the following Monday/Tuesday respectively.) **I understand that once my form is faxed and my credit card charged, there will be no refunds, only possible re-schedules.**

I understand that if I for some reason miss my scheduled discussion appointment, or have to cancel with less than 3 days notice, I am still liable for the \$150 fee. I will call to reschedule another appointment **within 3 months** of my scheduled appointment, and understand that Dr. Karilee Shames will make every effort to save time for a 25 - minute make-up session as soon as possible after my cancellation, but that there is no guarantee that I will be able to be scheduled without having to pay for another coaching session.

I understand that Dr. Karilee Shames RN PhD is not available for questions except during scheduled phone appointments.

I understand that by signing this contract, I am purchasing informational educational services only, and will so do and submit to the jurisdiction of the State of California where the information is disseminated. I have supplied a witness signature, my credit card number, as well as my own signature below.

This contract may only be enforced against persons and entities associated with Shames Family Services in the State of California, County of Marin, and under the internal laws of the state of CA. This constitutes the complete contract between myself and Shames Family Services for telephone discussion only.

Nothing in our e-mail communications nor in our web pages should be construed as medical diagnosis or treatment. No doctor-patient relationship is established by these e-mail or telephone contacts. I agree to consult with my own doctor for diagnosis and treatment specific to my particular case. For a full disclaimer, see: <http://www.feelingfff.com/disclaimer.html>

To schedule your session, fill out the Coaching Session Request Form below. All lines must be filled in below, and must have a witness signature to be processed. Fax it to: 415-472-7636. Then call 415-472-2343 between 9am-5pm (PST) to schedule a Monday/Tuesday appointment for your coaching session with Dr. KARILEE Shames. **YOU** will be given a phone number for **YOU** to call her at your appointment time! **NO MEDICARE BILLING OR REIMBURSEMENT IS POSSIBLE.**

Print Name	Signature and Date
Print Witness Name	Witness Signature and Date
Your Street Address:	_____
City, State, Zip	_____
Home Phone, Work Phone:	_____
Cell Phone, Fax:	_____
Email Address:	_____ Best Times to Call _____
Birth Date:	_____
Type of Card:	_____ Credit Card Number: _____
Formal Name on Card:	_____ Expiration Date: _____
Signature of Card Holder-if different from "coachee":	_____
How did you hear about our services?	_____
Name of Local Doctor:	_____

PLEASE FAX ENTIRE AGREEMENT TO 415.472-7636; then call 415. 472-2343 for appt. time