

Session Consent and Agreement

for Distant Energy Healing

with

Barbara Robins

Individual Sessions and Session Packages

*I look forward to working with you .
Please carefully read the following information.*

The Session Process

To facilitate healing with the intention of aligning you with your highest good I remotely locate and optimize the signals in your body's subtle energy field. Many people experience changes immediately. For others it takes longer. If we come to the end of our scheduled session time and it seems there is more we can work on we will discuss this.

Barbara Robins makes no guarantee or promises as to the outcome of the session. We are all different and no two sessions or problems are the same.

Fees

Individual Session with Barbara - \$140 for 30 min. module and \$4.67/min for part of a module. If we agree to continue beyond the scheduled session length you will be charged accordingly. If the work is completed in less than any prepaid time you will be credited for that time and can apply it to future sessions. Prepaid session fees are not refundable. See *Payment Procedure below*.

If you have chronic issues or a number of issues you may find a series of sessions helpful. Within 10 days of your individual session, if you choose to purchase the First Steps, Pathways or Destinations session package the cost of your individual session will be applied to the package fee.

Session packages of fixed, special rates can be viewed at www.zemirahealing.com/sessions.

Payment Procedure

Individual first sessions or the first portion of your chosen session package are paid in advance by credit card, PayPal, check or cash/money order. The first session begins after this agreement is signed and faxed/mailed/email submitted, and your first payment is received. First time sessions are paid in advance, or the session cannot be provided. After that, sessions paid by cash, check or PayPal are paid in advance. If you have previously paid by credit card and I have your current credit card information on file the session will be charged after it is completed (or the beginning of each 1/3 package partial payment. Any changes to this procedure must be mutually agreed upon in writing.

Session Time & Call Procedure

Phone, Skype and Second Life Sessions are easily scheduled via my online scheduler at www.healingisfun.com/calendar. You will phone/Skype me at the prearranged session time. Please email me your Skype ID or Second Life name. (For SL I will teleport you to our meeting place.)

If you are outside the US and do not know how to use Skype or Second Life let me know as I have local phone numbers to call from some countries.

In between sessions, if you wish to briefly connect with me, with a challenge, a success or an inquiry, I will make every attempt to respond within 24 hours, with an email or short phone call. I provide this extra level of service at no additional charge.

Late, Missed and Canceled Sessions

It is important for us to keep our appointments for your benefit, as well as the benefit of my other clients. Prior notice is required to cancel an appointment. If you are delayed for an appointment, please call me to let me know 847-566-6559.

Over 10 Minutes Delayed without Prior Notice

1. If you have paid in advance I will work on you remotely for the scheduled appointment length.
2. If you are an established client and I have your credit card on file I will work on you remotely for up to 15 minutes. You will be charged at the regular session rate. After I complete your session I will email you.

Changes

If you need to reschedule our appointment, please give me 24 hours notice. If I need to reschedule, I will give you at least 24 hours notice as well, barring an emergency or illness.

Communication

If I, Barbara, ever say or do anything that upsets you or doesn't feel right, please bring it to my attention so that we can resolve it as soon as possible. My objective is to have a professional relationship that is fully open, honest, real and trusting in our communication styles. We both know that communication via telephone or email entails extra challenges since we can not see body language, facial expressions, etc. Therefore we give each other plenty of latitude, and promptly ask for clarification if there is a mis-connection.

Confidentiality

The information that you furnish me will remain confidential, unless you give me specific permission to release the information or if I am required by law to release it. In an emergency, information may be released to an appropriate party in accordance with acceptable professional practices.

Barbara’s Office Hours

I do not answer the phone or respond to email from Friday 4pm Eastern through Sunday 1pm Eastern. During all other times my goal is to reply to you within 24 hours.

Agreement

I, _____, (print name legibly) fully understand all the above on page one and two, and that my signed submission is my agreement to purchase one or more energy healing sessions or session packages from Barbara Robins of Zemira Healing.

I understand that Barbara Robins makes no guarantee or promises as to the outcome of the session. We are all different and no two sessions or problems are the same.

I understand that if for some reason I miss my scheduled appointment, I am still liable for the Session Fee and that the session will take place remotely.

I understand that nothing in our communications nor in ZemiraHealing.com web pages should be construed as medical diagnosis or treatment. No doctor-patient relationship is established by these email or telephone contacts. I agree to consult with my own doctor for diagnosis and treatment specific to my particular case.

I understand and agree that I am fully responsible for my well being, including my choices and decisions.

Agreed to this day,

Client Signature Date

Contact Information

Please enter your mailing address. Or, if you are paying by credit card, enter the address on your credit card statement.

Name_____

Address_____

City_____

State_____ Zip Code_____

Phone_____

Email_____

Payment Method

Cash Check PayPal
 Visa Master Card Discover American Express

Card Account Number_____

Expiration Date_____ CVV#_____

Cardholder’s Name_____

Cardholder’s Signature_____

**Please Submit this Signed Agreement
Before your First Session**

FAX to : 1-815-301-5402
Email (pdf or jpg) to:
Zemira@ZemiraHealing.com
Or Mail to:
Barbara Robins
PO Box 342
Mundelein IL 60060 US