

*“Rediscover Your
True Nature”*

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Service, Privacy and Energy Consent Signature Form

My signature below indicates that I read, understand and agree to the information provided in the Service Agreement, Ohio Privacy Notice and Energy Medicine/Energy Psychology Consent Form. The following points are highlights of each form and are not intended to review all the information. I have received a copy of these forms.

Service Agreement:

1. Sessions are 55 minutes.
2. The Fee is \$130 for the session, payable at the end of the session.
3. Sessions cancelled with less than 24 hours notice are charged for the full fee, with certain exceptions applying.
4. A form will be submitted for insurance reimbursement, but you are responsible for all costs not paid by insurance.
5. I have received suicidal hotline and other emergency numbers and know to call 911 or go to my nearest emergency room if ever needed.

Ohio Privacy Notice:

1. Confidentiality may be broken in the case of Child Abuse, Elderly/Disabled Abuse, or Serious Threat to Harm Yourself or Others.
2. A judge or bureau of workers compensation may subpoena and obtain your records.
3. If we email each other, confidentiality cannot be guaranteed.

Energy Medicine/Energy Psychology Consent:

1. Energy work has not been proven effective by western scientific standards and is therefore considered experimental.
2. Energy work assesses and corrects for energy imbalances and does not diagnose or treat medical or psychological conditions.
3. Energy work may involve some psychotherapeutic touch. You have the right to express any discomfort and decline such services.

Printed Name

Signature

Date

Revised: 10/30/20