

Conscious Heart Healing & Mentoring Service, LLC
Private Healing & Counseling Sessions
Client Bill of Rights and Waiver of Informed Consent

Company address: 5850 Town & Country Blvd. #502, Frisco, Texas 75034

Service Provider: Dena B. Wvong - Master Exorcist • Regression Specialist • Facilitator • RhD.

Client Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Best Phone # to reach you _____ Date of Birth _____ Age _____
Email Address _____ Occupation _____
Referred by or _____
How did you find out about us _____

I, the undersigned, understand that those under the age of consent require written permission by their parent or guardian, along with their attendance during all sessions.

I understand that Dena Wvong has received her education and training as such: Certified Meditation Facilitator by Jeddah Mali; Certified Spiritual Counselor, Advanced Light Energization Healer and Doctor of RoHun by Delphi University; Certified Success Coach, Regression Specialist and Master Exorcist by Ascension Centers. I understand that as the State of Texas has not adopted educational and training standards for the practice of alternative healing and/or hypnotism, this statement of credentials is for informational purposes only.

I understand that all services given to me are not offered as a substitute for or replacement of conventional medical or mental health psychological diagnosis or any therapies for physical, mental or emotional ailments. I understand that Dena Wvong is not a physician nor a licensed health care provider and does not provide medical diagnose or treatment nor practice psychotherapy, does not prescribe substances nor recommend discontinuance of medically prescribed treatments. I agree that it has been recommended that I see a licensed healthcare professional for any physical or mental health ailment, and that if I desire a diagnosis or any other type of service from a different practitioner, I may seek such services at any time. I agree that I have a right to know the expected duration of sessions, and may assert any right without retaliation.

I understand that my personal information shared in the sessions will not be released to anyone without a written authorization from me, except as provided by law. I understand that I have a right to be allowed access to Dena Wvong's written record about me.

I understand that payment of fees for services rendered at today's session and future sessions is an acknowledgement of my willingness and decision to receive such services as an alternative healing. I agree that I am responsible for paying the total session fees for cancellations or missed appointments without 24 hours notice. I agree that if I have pre-paid for a package of sessions and do not give 24 hours notice for a cancelled or missed appointment, one session will be forfeited from the package.

Signature _____ Parent / Guardian (if less than 18) _____
Date _____