

Wellspring to Wellbeing, LLC

Marlene Boring, ECP1, BCP2, and BCP3

Certified Emotion Code Provider

Certified Body Code Provider

Certified Belief Code Provider

Faith-based Provider

CLIENT PROFILE

Date: _____

Client Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Date of Birth: _____

Referred by: _____

Fee Schedule

Initial Emotion/Body/Belief Code Session – 1 hour \$100.00

Follow-up Sessions:

45 minutes – 1 hour \$ 80.00

15 minute extended increments \$ 20.00

Payment due at time of session

Client's Signature: _____

Provider's Initials: _____

Please give a 24-hour notice for changing or canceling your appointment. Thank you.

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Consent Form and Disclaimer

- The client is aware that the Emotion Code, Body Code, and Belief Code (ECP1, BCP2, and BCP3) sessions are not psychological counseling or any kind of therapy and are not a substitute for medical care. ECP1, BCP2, and BCP3 do not treat illness or pathology.
- The client is also aware that ECP1, BCP2, and BCP3 results cannot be guaranteed. The client agrees that he/she is entering into ECP1, BCP2, and BCP3 sessions with the understanding that the client is responsible for his/her own decisions and results.
- The client also agrees to hold the ECP1, BCP2, and BCP3 Provider free from liability for any actions or results for adverse situations created as a direct or indirect result of a referral or recommendation given by the ECP1, BCP2, and BCP3 Provider.
- I, the client, understand that these sessions are confidential, with the exception of laws of the State of residence of my Provider or of Federal Laws and Regulations.
- I understand that by signing this form, I fully consent to participating in Emotion Code, Body Code, and Belief Code sessions with the Provider listed below.

Provider Name: **Marlene Boring, ECP1, BCP2, and BCP3**

Date: _____

Client's Printed Name: _____

Client's Signature: _____

Please list the names of anyone to whom you authorize the Provider to release your Personal Health Information. Please write "None," if you choose no one.

Professional Wellness Alliance

Membership Agreement

Who We Are: The Professional Wellness Alliance is on a mission to assure that holistic providers have a defensible basis for offering their services and to bring individuals and families together with PWA licensed providers to learn ways to have the best in health.

How it Works: Licensed providers, Individuals and families join in a private member community to share the services defined below. The PWA is structured as a private community that requires licensing for providers to assure provider ethics, competency, and quality services along with good community order.

Services Provided: PWA licensed providers are authorized to assist members through health education, instruction and products.

Services Not Provided: PWA licensed providers do not offer any state licensed health services, DO NOT take responsibility for the health of any person or for the diagnosis, treatment or resolution of any symptom or condition.

How Do I Enroll as A Member: You may enroll as a PWA community member through the PWA website at <https://www.pwai.us/become-a-member> or through a PWA provider and you must agree to be accountable to the member rules shown below.

Agree that Provider Members (PWA Licensees) provide only the services described above under "Services Provided" and that these are self-help and educational services not medical services.

1. Agree that all records of services you receive are available to you upon request as "private member educational records" and not medical records;
2. Agree that the Professional Wellness Alliance does it's best to assure the integrity and competence of Provider Members (Licensees) and while Licensees represent the PWA mission, that they are independent educators that do not work for the PWA. Therefore, you agree to hold the PWA and affiliates harmless in all matters related to your association with PWA, affiliates or Provider Members;
3. Agree to make your best efforts to resolve any and all complaint you may have with another member with them personally and in the event you are unable to resolve satisfactorily, agree to settle any dispute or complaint through binding arbitration through a mutually agreed arbitrator;
4. Agree that any and all content on the PWA website, newsletters, writings, affiliate links or otherwise are for educational purposes only and are not intended as medical advice.

Term and Cancellation: Membership in the PWA shall begin when you agree to this Membership Agreement and shall terminate with written notice from you to the PWA or from the PWA to you. The PWA reserves the right to deny or terminate membership of any member without cause. Termination shall not waive or relieve you of any obligations or agreements made while you were an enrolled member.

By placing your signature below or agreeing to membership through the PWA on-line electronic system you accept membership and agree that this agreement is a "contract" binding you to follow the herein terms.

_____ Member Name	_____ Date	_____ Address
_____ City / State / Zip	_____ Email / Phone	_____ Member Signature

Enrolled Into Membership By: _____ PWA Provider # _____