



Kami Wellness Center Inc.

Be the best that you can be

Informed Consent For Consultation

By signing this form I _____
of sound mind; understand that I am participating in a consultation with a coach/counselor from
Kami Wellness Center Inc. I also understand and agree to the limits of this consultation as
outlined below:

- A onetime free consultation with Kami Wellness Center Inc. that will last up to 45 minutes;
- The purpose of the consultation is for me to have a chance to meet the counselor/coach before I start the counseling/coaching, to see if I feel comfortable, and to have any questions about this process answered;
- This consultation does not oblige me to enter into a helping relationship with Kami Wellness Center, and if I start working with Kami Wellness Center; this consultation was not considered a bio-psychosocial assessment or a therapy session;
- The information discussed is strictly confidential except; if I disclose any information that would indicate child abuse, elder abuse, intent to harm myself or harm anyone else; then the consultant at Kami Wellness Center Inc. reserves the right as a mandated reporter to call the authorities which would include 911 or the abuse hotline (1800-96-ABUSE);

If you are interested in a helping relationship with Kami Wellness Center Inc. to “*be the best that you can be,*” make an appointment today.

Name

Date of Birth

Address

City

State

Zip

Cell Number (s)

Today's Date

Signature

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