Plain & Simple Holistic Health & Wellness

Please read the following and sign at the bottom:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), hereby acknowledge my understanding that the Holistic Health & Wellness services offered by Tia Tomashek and Plain & Simple Holistic Health & Wellness are not meant to replace psychological and/ or psychiatric treatments, allopathic medicine, other mainstream therapies, nor to ‘cure’ specific ailments.

I take full responsibility for my physical, mental, emotional, and spiritual health and well being. I understand that the Holistic Health & Wellness sessions are designed to complement the steps I am currently taking to nurture myself in body, mind, heart, and spirit.

I understand that the policy of Plain & Simple Holistic Health & Wellness is such that I must give at least 24 hours notice before canceling or rescheduling an appointment. If I fail to do so, I realize that it is my responsibility to pay in full for the missed session.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_