

## **Quantum Entwinement Subspace Prayer Therapist AGREEMENT**

**THIS AGREEMENT** between \_\_\_\_\_ (Patient/Client and or Guardian of Patient/Client) and \_\_\_\_\_, (Clinic) and \_\_\_\_\_ (Board Certified Quantum-Entwinement SubSpace Prayer- Therapist).

The basis of this agreement is to define the relationship of the Patient/Client and the Quantum-ESP- Therapist. As a Quantum-ESP- therapist we try to find non-drug therapies for people. These therapies center around insight oriented behavior modification, lifestyle education, stress reduction modalities, and awareness training. We might use evidence based therapies like nutrition, herbal, prayer, spiritual coaching, homeopathy, awareness training, imagery, meditation and cybernetic Quantum-ESP- among other natural means. We seek to use evidence based techniques even though we realize that not everyone agrees with the evidence. But validation and verification is important. Our base dictum is First Do Not Hurt. Your safety is our primary concern. Natural Process, awareness, drugless, and safe subtle energetic prayer therapies are our skillful interventions to help you. We seek to help you increase your wellness and awareness with subspace prayer while decreasing your stress and stressor levels.

The Quantum-ESP- therapist is at no time trying to be your primary care doctor. The Quantum-ESP- therapist is an assist to your primary care medical doctor. The Quantum-ESP- therapist is not diagnosing disease. The Quantum-ESP- therapist will ask questions of your lifestyle and symptoms to help increase your awareness of your body and to help increase insight as to the causative factors. Reports will be shared with your primary care physician when needed or requested. The Quantum-ESP- therapist will direct prayers to help the patient transcend above the concept of disease and accept the flow of the universe as more important than the trivial concerns of suffering and pain.

As a Quantum-ESP- therapist we try to use drugless therapies. But the therapist is never directing any patient to change a medication schedule from your doctor. If you wish to change your medication schedule you must do so with the advice of your prescribing physician. If your prescribing physician wants the Quantum-ESP- therapist to help in substituting natural therapies for the medical prescription the doctor must ask the therapist directly.

In consideration of the mutual covenants set forth herein and other good and valuable consideration, the parties agree as follows:

1. Subject to the terms and conditions of this Agreement, I give my informed consent to proceed with the Quantum-ESP- test and therapy. I understand that therapy is completely safe, confidential, most probably beneficial, and has some validation and verification evidence.
2. I understand and agree that the Quantum-ESP- therapist is not a medical doctor and the therapist is not diagnosing any disease, is not altering my medication program or schedule, and I agree to not twist or misconstrue any of the therapist's remarks into a diagnosis of illness or guarantees of success. The Quantum-ESP- therapist could not, will not, ever diagnose disease.
3. I fully understand that the attending therapists do not offer allopathic drugs, surgery or chemical stimulants or radiation therapy. I understand that illness is not being diagnosed nor treated and that my wellness and stress are being measured and prayers are being made to help

the patient accept what they must change what they can and to have the wisdom to know the difference.

4. I presently seek counsel, advice, opinions, Quantum-ESP-therapy or points of view and/or programs within the scope of the attending QESP therapist's wellness and stress reduction practice. I am aware and, release the Quantum-ESP- technician to do Quantum-ESP- tests and prayer treatments.

5. I fully understand that the services provided by the attending therapists are not generally accepted and/or recommended by allopathic doctors or other conventional health professionals.

6. I understand that a referral to a medical doctor is strongly suggested and I choose one of the following choices. Please choose one of the following by circling the front letter:

**a. I have a Family and or personal medical doctor and he should become aware of my Quantum-ESP- therapies.**

**b. I do not have a personal medical doctor and I wish to find a local and or distant doctor to help check my case and offer some supervision for my Quantum-ESP- therapies.**

**c. I do not wish to have any additional medical supervision. I am aware of the strong suggestion but I choose to get the Quantum-ESP- therapies with no additional monitoring.**

7. I accept full responsibility for my body and my health and I will work on making my life healthier. I will not hold the therapist responsible for any of my conditions present or future. I understand that the therapist encourages taping for memory assistance but I agree I will not make any electronic or other recordings without written permission from the therapist and clinic.

8. Patient/Client agrees to pay the Therapist and or clinic \_\_\_\_ usd per 45 min to one hour session. No refunds or recompenses are allowed.

9. Applicable Law; Construction. This Agreement will be governed by and construed in accordance with the laws of the State of \_\_\_\_\_, without regard to any conflict of laws rule or principle that might refer the governance or construction of this Agreement to the laws of another jurisdiction. This Agreement will at all times and in all events be construed as a whole, according to its fair meaning, and not strictly for or against any party.

10. Entire Agreement; Amendment. This Agreement constitutes the entire understanding between the parties and supersedes all proposals, commitments, writings, negotiations, and understandings, oral and written, and all other communications between the parties relating to the subject matter hereof. This Agreement may not be amended or otherwise modified except in writing duly executed by all of the parties.

11. Mutual Understanding. Each party has read this entire Agreement, fully understands the contents hereof, has had the opportunity to obtain independent advice as to its legal effect, and is under no duress or obligation of any kind to execute it.

Signatures of Patients/Clients or Guardians