



# Client Agreement Form

## Personal Details

Full Name:

Residence

Email Address:

State:

Phone Number:

Country:

\* I would like to subscribe to the Vital Space Nexus newsletter

## Emergency Contact/Next of Kin

Please provide name, relationship to you and contact phone number

Full Name:

Relationship:

Phone Number:

## Terms of the Agreement

This contract is between Vital Space Nexus (the 'Business') and the 'Client' as of the date the form is completed. By initialling each of the terms of the agreement, you, the 'Client', acknowledge that you have read and agree to the terms.

### Services

The services to be provided by the Practitioner(s) (Niki and/or Ben) to the client may include Embodied Processing, Mentoring/Coaching, Emotional/Shamanic Clearing, Spiral, Pellowah, Karmic Releasing and/or Vortexhealing® Divine Energy Healing. These modalities, which are not advice, therapy or counselling, may address specific personal challenges, business successes, or general conditions in the client's life or profession.

### Extra Time

You may email or message your Practitioner(s), Niki and/or Ben, at any time if you have a query, need support, have a challenge or can't wait to share your breakthroughs. The Practitioner will aim to respond within 48 hours, often sooner. The Practitioner agrees to support as is reasonably practical within the constraints of other obligations. Depending on the nature of the support, you may need to book additional sessions.

# Terms of the Agreement Continued



## Confidentiality

*PLEASE NOTE: that as the Practitioner(s), if Niki and/or Ben were concerned that you may harm yourself or others we are obligated to disclose this.*

This relationship, as well as all information (documented or verbal) that you the Client shares with the Practitioner (Niki and/or Ben) as part of this relationship, is bound to confidentiality by the ICF Code of Ethics but is not considered a legally confidential relationship (like in Medicine or Law). Being your Practitioner I/we agree not to disclose any information pertaining to you without your consent within the boundaries of lawful practice.

## Client Declarations

### Suitability of Services

I, the client, agree to discuss any doubts or concerns about the suitability of the services provided by Niki/Ben (Practitioners) either during face to face consultation or before sessions via email (admin@vitalspacenexus.com)

### Personal/Medical History

I, the client, understand that services provided by Vital Space Nexus may facilitate profound and positive shifts. I understand that these services are not for the official diagnosis, prevention or cure of any condition or disease.

I, the client, agree to disclose to my practitioner any other relevant personal/medical information (Either in this Intake Form or during consultation) that may affect my ability to safely engage in the services provided.

### The Nature of the Services

I, the client, understand that working with Niki/Ben is distinctly different from counselling, psychotherapy or psychoanalysis (and similar therapies) and does not deal with the diagnosis of emotional/psychological problems.

I, the client, understand that transformational processes may touch on repressed emotional material. It is highly recommended I have a support network I can reach out to (eg. family, friends and health professionals).

I, the client, understand that work with Niki/Ben is NOT to be used as a substitute for professional advice... either legal, psychological, financial, medical or other... I agree to seek independent professional guidance for such matters.

I, the client, understand I may wish to make some life changing decisions as a result of dialogue or insight that occurs during sessions with Niki/Ben. I understand Niki/Ben (the Service Providers) will not be held responsible for any choices or big decisions I make, and that it is recommended and encouraged to let the 'dust settle' AND seek appropriate support and advice in these matters.

# Client History & Medical Info



Client self-responsibility to disclose any conditions that are relevant and may impact the ability to safely engage in the services provided.

Please provide relevant information here

Anything else you'd like your practitioner(s) to know?

## Client Signature



By signing here you, the client, agree to the terms and provisions of this agreement.

Full Name

Signature

Date