

Fragrance Healing Ministries

Policies/Disclaimer/ Release

Thank you for your interest in receiving from Fragrance Healing Ministries.

Scheduling:

Once your forms are returned, I will share potential session times available. Upon confirmation and payment of your session, I will send you a link to our online appointment to the email address you provide. If in-person, I will send you the address and parking details.

Be aware, it may take 2-4 weeks for your first appointment. I schedule appointments one at a time, no advanced booking of multiple appointments. You or I may schedule your next appointment once you have completed your currently scheduled one. If we meet regularly, I can schedule your follow-ups.

Please let me know in advance of any necessary schedule changes, or if you cannot keep the appointment by contacting me by phone on my professional number. 48-hour notice is requested.

These forms are kept in the strictest of confidence.

Fees/Payment:

Fees are subject to change without notice. Please contact us for fees. Payment is accepted through online banking and cash. For In-person: Please arrange with me prior if you intend to pay with cash. For Online/Remote Clients: Payment is accepted at time of booking. Sessions are scheduled according to a therapeutic hourly rate and time. Sessions that are booked for one hour are 50 minutes in length. Sessions that are booked for two hours are 1 hour and 50 minutes in length.

Donations:

Additionally, we accept donations via online banking. By sowing into this ministry, you are supporting our vision and mission to bring healing to others and build up the God's Kingdom. Please note, donations are not tax deductible. Please contact with any questions.

ROSEANN@FRAGRANCEHEALINGMINISTRIES.COM

Returns/Refunds:

This policy applies to all services provided on www.fragrancehealingministries.com

No refunds after delivery of services.

Client may cancel an appointment within 24 hours of booking and request a refund. If client needs to cancel and it is 48 hours prior to scheduled appointment, Client may request refund in writing via email to roseann@fragrancehealingministries.com.

Refunds will be issued through the best available method, based on the Client's situation and at the discretion of Fragrance Healing Ministries. A 5% transaction fee of the refund amount will apply and be subtracted from all refunds.

Rescheduling:

Once Fragrance Healing Ministries has scheduled sessions with the Client, they are considered set appointments. However, if necessary, the Client may request to reschedule a session, if they give at least 24 hours advance notice.

Any missed or cancelled sessions with less than 24 hours will be forfeited.

STATEMENT OF RELEASE FROM LIABILITY and DISCLAIMER/ DISCLOSURE FORMS

I hereby acknowledge that I have voluntarily applied to receive prayer ministry for emotional/inner healing.

I understand that my participation Emotional/Inner Healing prayer ministry is not:

1. A substitute for my active involvement in a local Christian church body of my choice.
2. A substitute for psychiatric treatment, psychotherapy, therapeutic counselling or any other form of professional counselling, therapy and/or medical treatment.

I am voluntarily participating in Emotional/Inner Healing prayer ministry/groups with full knowledge of these facts. I acknowledge that all information I reveal is given voluntarily to facilitate the prayer minister working with me. I accept full responsibility for my own psychological, mental, emotional, spiritual and physical well-being. I accept that prayer ministers do not claim to be trained counsellors, nor do they claim knowledge and expertise in any areas of counselling, psychology, physical ailments, suicide, life or death situations, or other areas that may be life threatening.

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I understand that the healing prayer minister does not diagnose illness, disease or any other physical or mental disorder, does not prescribe medical treatment. The information you provide is to assist the prayer minister to areas where healing is needed, for the purpose of prayer.

I understand and agree that I will inform the healing prayer minister of any current condition at the time of each visit.

I accept that the prayer ministers and intercessor/s will maintain confidentiality and anonymity concerning any and all information that I provide.

I accept that confidentiality cannot be guaranteed, when information of an illegal or life-threatening nature is given.

I release Fragrance Healing Ministries, its founder and staff and team, from any liabilities and retributions that may result from these sessions, groups, classes or retreats.

I HAVE READ THIS AGREEMENT AND FULLY AGREE WITH AND UNDERSTAND ITS CONTENTS CONCERNING THIS MINISTRY. I AM AWARE THAT THIS IS A RELEASE FROM LIABILITY AND AN AGREEMENT BETWEEN ME AND THE PRAYER MINISTER AND FRAGRANCE HEALING MINISTRIES, LLC.

I SIGN THIS AGREEMENT OF MY OWN FREE WILL, VERIFYING THAT ALL INFORMATION HEREIN IS ACCURATE AND TRUE.

PERSONAL DETAILS

Name

Date

Contact number

Email

Sign here X

Prayer Minister: Roseann Sherry (signature)

Fragrance Healing Ministries Testimony Release Form

Date _____

Testimonial Statement:

Authorization and Release of Testimonial Information

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of Fragrance Healing Ministries, LLC (hereinafter called Fragrance Healing Ministries) may be used in connection with publicizing and promoting Fragrance Healing Ministries. I authorize Fragrance Healing Ministries to use my name, brief biographical information, and the Testimonial as defined on this form. I hereby irrevocably authorize Fragrance Healing Ministries to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing Fragrance Healing Ministries services or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites, social media or in any other distribution media. I agree that I will make no monetary or other claim against Fragrance Healing Ministries for the use of the statement. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my testimonial appears. I hereby hold harmless and release Fragrance Healing Ministries from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: _____

Date: _____

I have read the authorization and release information and give my consent for the use of my testimonial as indicated above.

Printed Name: _____

Signature: _____

Email: _____

Address: _____