



Energy Healing

Relate.Release.Renew

Caption

## **PRIVACY & CONFIDENTIALITY AGREEMENT**

**Practitioner Name:** Dr. Sepideh Saiedi

**Business name:** Quantum Healing Clinic

**Phone:** (703) 945 9135

**Email:** [saiedisepdeih9@gmail.com](mailto:saiedisepdeih9@gmail.com)

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **1. Confidentiality**

All information shared during sessions is kept strictly confidential.

This includes, but is not limited to:

- Personal history
- Emotional experiences
- Spiritual experiences
- Health information

Information will not be shared with third parties without written consent from the client, except where required by law.

## **2. Legal Exceptions**

Confidentiality may be broken only if:

- There is risk of serious harm to the client or others
- There is suspected abuse of a minor, elderly, or vulnerable person
- Records are subpoenaed by a court of law

## **3. Record Keeping**

Client records may include:

- Intake forms
- Session notes
- Contact information
- Payment history

Records are stored securely (physical files locked / digital files password-protected).

#### **4. Online Sessions**

If sessions are conducted online:

- The practitioner will use secure platforms.
- The client is responsible for ensuring privacy on their end.
- No session will be recorded without written consent.

#### **5. Data Protection**

Client information will not be sold, shared, or used for marketing without explicit consent.

Clients may request access to their records at any time.

#### **Client Agreement**

I understand and agree to the Privacy & Confidentiality terms outlined above.

**Client Signature:** \_\_\_\_\_  
(Type if electronic)

**Date:** \_\_\_\_\_

## **PAYMENT & CANCELLATION POLICY**

### **1. Session Fees**

Payment is due:

At the time of a booking a session  
Via online booking system

Accepted payment methods: All Major Debit and Credit cards

Not accepting American Express

### **2. Cancellation Policy**

Clients must provide at least 24 hours notice to cancel or reschedule a session.

- Cancellations made with sufficient reason: Sudden illness (fever, flu, vomiting, severe migraine)
- Injury requiring urgent care
- Emergency hospitalization
- Contagious illness (to protect others)

#### **Family Emergency**

- Illness or injury of a child or dependent
- Death in the family
- Urgent caregiving responsibility

#### **Severe Weather or Natural Events**

- Road closures

- Power outage
- Dangerous travel conditions
- Natural disasters

#### **Work or School Emergency**

- Medical or Health Emergency
- notice: No charge
- Late cancellations: 100% of session fee
- No-shows: Full session fee charged
  
- Unexpected mandatory shift
- Emergency meeting
- Exam schedule change (for students)

#### **Technology Failure (for Online Sessions)**

- Internet outage
- Platform crash
- Major power failure

### **3. Late Arrivals**

If a client arrives late:

- The session will end at the originally scheduled time.
- The full session fee still applies.

#### **4. Refund Policy**

All sales are final

#### **5. Practitioner Cancellations**

If the practitioner must cancel:

- The client may reschedule without penalty
- Or receive a full refund

#### **Client Agreement**

By signing below, I acknowledge that I have read and agree to the Payment & Cancellation Policy.

**Client Signature:** \_\_\_\_\_  
( Type name if electronic)

**Date:** \_\_\_\_\_

