

Mass Wellness LLC

MAP CLIENT CONSENT FORM

I, _____ (name of client), understand the Make Anything Possible (MAP) Method™ is an approach intended to neutralize emotions and disempowering beliefs and align me to my goals.

I understand the MAP Method™ is not a substitute for medical or psychological treatment and/or diagnosis, and any mental, emotional or medical issues or concerns should be addressed with a qualified physician or licensed psychotherapist. I understand that if I have any mental, emotional or medical issues or concerns I will communicate them to the MAP coach.

I also understand I may experience so-called “parts waking up” between MAP sessions and that this may happen particularly if I have a history of chronic or heightened levels of trauma and have been suffering from addictions. In this case, calling or contacting my MAP coach if needed is advised, especially when or if I have received the MAP on the Go training and it is not helping.

I understand participation in a MAP session is voluntary and I may choose to end my participation at all times.

I understand that information exchanged with the MAP coach is confidential and will not be released without my prior written consent, except as required by law. Any information provided by the MAP coach is educational and to be used at my own decision and discretion.

I understand that by providing this informed consent I am assuming full responsibility for my MAP session, what I say, and I hold harmless both the MAP coach and the facility/location where the session is provided.

Should any claim arise out of this MAP session, I agree to engage in mediation and/or arbitration as provided by **United States of America** law.

I understand that full payment is due for each service. Since time has been especially reserved for me, I understand a **48-hour** cancellation notice is expected and missed appointments may be charged.

Insurance may not be accepted with my specific MAP coach and I choose to accept the insurance terms of my MAP coach.

If I have any questions or concerns, I will address these promptly with the MAP coach.

I hereby authorize **Gregory G. Massery** to provide me with MAP session(s).

Client Print _____

Client Signature _____

Date _____