

Allow Your Well-being Group Practice LLC
1232 E. Wardlow Rd.
Long Beach, CA 90807
909-241-8790

ACKNOWLEDGEMENT OF SERVICES AND FEES

I, the undersigned, acknowledge that I understand and agree to the following:

I agree to pay Allow Your Well-being Group Practice the full fee (\$150 for Amanda's services/\$200 for Nadeshda's service) per 45-50-minute sessions.

I also agree to pay Allow Your Well-being Group Practice for your services, in full, on the date of each session.

I agree to give Allow Your Well-being Group Practice 24 hours' notice for all cancellations or changes of scheduled appointments. I understand, that missing a scheduled appointment without prior cancellation, or canceling with less than 24 hours' notice, may be charged to me at the current full rate.

I understand that the program of conditioning offered by you will include an undetermined number of private individual, family, or couple's counseling/hypnotherapy blend sessions, depending on my individual needs. I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of our sessions.

Additional Conditions:

Client Date

Client Date Therapist/Hypnotherapist Date