

# Consent and Agreement

## for Distant Energy Optimization Sessions

### between

Barbara Robins and \_\_\_\_\_

*I look forward to working with you .  
Please carefully read the following information.  
The terms and conditions below are binding on you.*

#### **The Session Process**

To facilitate healing with the intention of aligning you with your highest good I remotely locate and optimize the quantum signals in your body's subtle energy field. Each session usually lasts approximately 30 minutes however, energy work is fluid and does not always respect the time allotted. A session may last as few as two minutes and may be as long as over two (2) hours. Consequently, a session's effectiveness cannot be gauged by the length of time. Each session is conducted remotely by telephone, internet communication, or telepathically.

Barbara Robins makes no guarantee or promises as to the outcome of the session. We are all different and no two sessions or problems are the same. If we come to the end of our scheduled session time and it seems there is more we can work on we will discuss it at that time.

#### **Fees**

Prepaid session fees are not refundable. *See Payment Procedure below.*

Individual Session with Barbara – see website for current session rates. [www.healingisfun.com/individualsession.html](http://www.healingisfun.com/individualsession.html). If we agree to continue beyond the scheduled session length you will be charged accordingly. If the work is completed in less than any prepaid time you will be credited for that time and can apply it to future sessions.

Depending upon the nature or severity of your issues, you may find a series of sessions helpful. Within 10 days of your individual session, if you choose to upgrade to a session package the fee for your individual session will be applied to the package.

Session packages of fixed, special rates can be viewed at [www.healingisfun.com/sessions](http://www.healingisfun.com/sessions).

Rates may change at any time.

#### **Payment Procedure**

First time individual sessions and session packages are paid in advance by credit card, PayPal, check or cash/money order. The first session begins after this agreement is signed, submitted, and your payment is received. First time sessions are paid in advance, or the session cannot be provided. A la carte sessions continue to be paid in advance unless I have

your current credit card information and signature on new client agreement. With your card info on file your credit card will be charged after the session and Client agrees to pay all amounts owed depending on the actual length of the session and authorizes the charges as reasonable and appropriate. Consistent with our no refund policy, you hereby agree to waive any credit card chargeback claims.

#### **Session Time & Call Procedure**

Phone, Skype and Second Life Sessions are easily scheduled via my online scheduler at [www.BarbarasCalendar.com](http://www.BarbarasCalendar.com). You will phone/Skype me at the prearranged session time. In between sessions, if you wish to briefly connect with me, with a challenge, a success or an inquiry, I will make every attempt to respond within 24 hours, with an email or short phone call. I provide this extra level of service at no additional charge.

#### **Late, Missed and Canceled Sessions**

It is important for us to keep our appointments for your benefit. Prior notice is required to cancel an appointment. If you are delayed for an appointment, please let me know. TEL: +1-847-566-6559 or TXT: 847-868-0438.

#### Over 10 Minutes Delayed by You without Prior Notice

1. If you have paid in advance I will work on you remotely for the remainder of the scheduled appointment length.
2. If you are an established client and I have your credit card and signature on file with authority to charge for services, I will work on you remotely for up to 15 minutes. You will be charged at the regular session rate for up to 15 minutes. After I complete your session I will email you.

#### **Changes**

If you need to reschedule your appointment, please give me 24 hours notice. If I need to reschedule, I will give you at least 24 hours notice as well, barring an emergency or illness.

#### **Communication**

My objective is to have a professional relationship that is fully open, honest, real and trusting in our communication styles. We both know that communication via telephone or email entails extra challenges since we can not see body

language, facial expressions, etc. Therefore we give each other plenty of latitude, and promptly ask for clarification if there is a miscommunication.

**Confidentiality**

The information that you furnish me will remain confidential, unless you give me specific permission to release the information or if I am required by law to release it. In an emergency, information may be released to an appropriate party in my sole discretion in accordance with acceptable professional practices.

**Barbara’s Office Hours**

I do not answer the phone or respond to email from Friday 4pm Eastern through Sunday 1pm Eastern. During all other times my goal is to reply to you within 24 hours.

**Agreement**

I, \_\_\_\_\_, (print name legibly) fully understand all the above on page one and two, and that my signed submission of page two is my agreement to purchase one or more energy optimization sessions or products from Barbara Robins and to the terms and conditions set forth in this document.

I understand that Barbara Robins makes no guarantee or promises as to the outcome of the session. We are all different and no two sessions or problems are the same.

I understand that if for some reason I miss my scheduled appointment, I am still liable for the Session Fee and that the session will take place remotely.

I understand that nothing in our communications nor in any of Barbara Robins’ websites should be construed as medical diagnosis or treatment. No doctor-patient relationship is established by these email or telephone contacts. I agree to consult with my own doctor for diagnosis and treatment specific to my particular case.

I understand and agree that I am fully responsible for my well being, including my choices and decisions.

I understand and agree that any liability of Barbara Robins shall be limited to the amount I have paid for the sessions.

I understand and agree that I will not disparage or make any negative statements about Barbara Robins or the sessions.

I understand and agree that this Session Consent and Agreement is formed in the State of Illinois and that it and any and all disputes arising therefrom shall be governed by Illinois law without regard to its choice of law principles.

I understand and agree that any dispute between me and Barbara Robins shall be decided by binding arbitration in Lake County, Illinois and that all costs including attorney’s fees shall be borne by the losing party.

Agreed to this day,

\_\_\_\_\_  
Client Signature Date

**Contact Information**

*Please enter your mailing address. Or, if you are paying by credit card, enter the address on your credit card statement.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Payment Method**

Cash  Check  PayPal  
 Visa  Master Card  Discover  American Express

Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_

Cardholder’s Name \_\_\_\_\_

Cardholder’s Signature \_\_\_\_\_

By signing this Cardholder’s signature I give Barbara Robins permission to charge this card, or a different card in the future, for services under this Agreement and for any services/products requested and performed in the future and for her to click the “I agree” box on her shopping cart’s check out page.

**Please Submit this Signed Agreement  
Before your First Session**  
  
**FAX: 1-815-301-5402**  
**Email : Zemira@ZemiraHealing.com**  
**Or Mail to:**  
**Barbara Robins**  
**1329 Spalding Drive**  
**Mundelein IL 60060 USA**