

# INFORMED CONSENT



**Hidden Divine**

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## TREATMENT AGREEMENT CONCERNING:

Treatment Hidden Divine

By entering into a treatment by Dayle Naarden I declare;

Mr./Mrs : \_\_\_\_\_

Date of birth: \_\_\_\_\_

Resident : \_\_\_\_\_

- \* to be familiar with Hidden Divine's working method;
- \* to have been clearly informed (orally or in writing) by Hidden Divine about the treatment method used;
- \* consciously opting for the complementary approach and treatment method used by Hidden Divine;
- \* to have truthfully provided all relevant information;
- \* to be familiar with the rates charged by Hidden Divine;
- \* be aware that a session must be paid for in case of no-show or if it is canceled less than 24 hours in advance.

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

Signature: \_\_\_\_\_