# Remote Spirit Release – Terms and Conditions & Informed Consent

# Aims and Objectives.

The primary **objective** of this procedure is to give aid and assist you in relieving the distress that you or a person close to you is experiencing. In addition, a secondary **aim** is to provide evidence to the psychiatric community that these spiritual procedures work. Your request for assistance is helping to provide such evidence.

## **Methods employed**

For *remote* methods two practitioners are employed and the procedure is conducted from a distance by telepathic and clairvoyant methods. All spiritual work is conducted beyond the physical boundaries of time and space. You therefore will not be aware when the procedure is performed and there will be no need for the patient to be in any particular place at any particular time. You will be informed when the procedure has been completed. The remote method is ideal for patients who are below the age of consent and for those who are too incapacitated or too ill to give consent or are detained within mental health institutions.

## **Definitions of Terms Used**

The person who is the subject of the remote spirit release procedure is referred to as *The Patient*. The person requesting the procedure and taking responsibility for the payment of fees is referred to as *The Client*.

In cases of self-referral, the Client and the Patient are one and the same

#### **Payment of Fees**

The total fee for a remote spirit release procedure is £100. When a request for help is submitted by you (The Client) a small deposit of £10 will ensure that your case will be entered into our schedule. On completion of the procedure you (The Client) will be sent a written report of what we found and how it was dealt with, together with instructions for keeping safe and heathy. At this point you will be invoiced for the remaining balance of £90. Upon receipt of the balance of £90 you will be sent an audio recording of the intervention for your full understanding.

#### **Confidentiality & Anonymity**

The information collected about your experience and your views is to be used for your benefit and for bona fide research and teaching purposes only. You and all members of your family are assured of absolute anonymity and confidentiality in the use of the information collected. Under no circumstances whatsoever is your name or any other personal information to be used for any purpose whatsoever.

#### **Protection & welfare**

Your welfare is of the utmost importance and you may be assured that all means will be taken for your protection during the procedure.

#### **Financial Considerations**

The Client agrees to pay the balance of £90 for consultations and interventions according to the schedule of charges on the Fees and Bookings page of the Practitioner's web site.

#### **Informed Consent**

Your acceptance of these *Terms and Conditions* is acknowledgement that you give your *Informed Consent*, either on behalf of yourself or a client of your own if you are a medical practitioner or other therapist, or for a friend or family member.

If you are acting on behalf of someone who is not able to give their own informed consent for any reason then, as referrer, you agree to take full responsibility for requesting the scan and intervention on their behalf, and you therefore agree to the terms and conditions contained herein and for the payment of any fees due.

# Return to the Fees and Bookings page to accept these Terms and Conditions and to complete your request for help