



DECLARATION OF CONSENT

Name _____ Date of birth _____

Adress _____

Phone numer _____ ID number _____

I hereby confirm that

☐ I agree that my photos may be used for advertising purposes.

☐ That my personal data, as well as health-related information collected in the context of energetic assistance, may be recorded in writing and stored for internal purposes if necessary. I have the right to revoke my consent at any time by email or in writing.

☐ I do not suffer from any illnesses. If this is the case, I will immediately inform Angelika Guttman BEFORE the treatment.

☐ I have voluntarily come to Angelika Guttman for treatment and have been fully informed about the process and therapy. The work offered serves, among other things, to activate my self-healing abilities. However, it does not replace the work of a doctor, which is why an ongoing medical or therapeutic treatment should neither be interrupted nor discontinued. Likewise, a necessary treatment should not be postponed or omitted.

Place, Date

Signature