

This client information is legally verified in German language only.

MindFlow Practice Aiga von Kesselstatt, Tölzer Str. 9a, 83703 Gmund, Germany

Client information

Dear client, with this information I would like to explain to you the general working agreements to which I am committed. **My offers are about personality development and self-awareness on the client's own responsibility.**

My working techniques are: Conversations, relaxation techniques, energy work.

- I do not practice medicine in the legally defined sense. My offers are not therapies. They do not replace the treatment of a doctor, naturopath or psychotherapist.
- If you are in medical, curative or psychotherapeutic treatment, this should not be interrupted or discontinued, or a future necessary treatment should not be omitted.
- I do not diagnose diseases and illnesses and their treatment, nor am I expected to do so. If we talk about diseases or illnesses during the work, this is always done to expand knowledge or to make the connection to the practical health work clear.
- My qualification includes the consideration of general precautions, but not the recognition of specific endangering.
- I am bound to secrecy towards third parties about occasions and contents of our cooperation.

Principles of cooperation:

- You remain fully responsible for your actions inside and outside the offer.
- You decide on the type, extent and duration of my support.
- You decide how far you want to go in the experiences and exercises.
- You inform me about acute and chronic illnesses, as well as about taking medication.
- In case of physical or mental illness, you are requested to consult specialists beforehand and, if necessary, to arrange your active participation accordingly.
- You should know and keep in mind that even with gentle methods, physical and psychological stress can occur under certain circumstances. Despite your and my caution, reactions and complications may arise, which may require medical or therapeutic treatment.

Aiga von Kesselstatt

I have been informed about what to expect during an application and how the fee is calculated. I acknowledge the basic principles of our cooperation and have truthfully provided all information regarding my physical and mental health, as well as any medication I may be taking.

Name

Date, Signature
