

Client Consent and Confidentiality Form

Printable and fillable consent form | Effective October 10, 2026

This form records your informed and voluntary consent, privacy choices, service details, and signature.

1. Client information

Full legal name

Birthday (MM/DD/YYYY)

Email

Preferred contact method

Selected service

Appointment date

Start time and time zone

2. Informed and voluntary consent

I understand the selected service is spiritual, cultural, educational, or for general wellness support. I choose to participate. I have the right to ask questions, decline an activity, or stop the session. Experiences differ and no result is promised.

- ☐ I understand this service does not replace medical, mental-health, legal, financial, or emergency care.
- ☐ I will participate from a safe place and will not drive or operate machinery during a live session.
- ☐ I remain responsible for my choices, actions, safety, and decisions.

3. Confidentiality and privacy choices

Kaopheng uses your information to schedule, discuss, prepare, and provide your service. Disclosure occurs only with your permission, when required by law, for an immediate safety concern, or through a provider supporting scheduling or communication.

- ☐ I understand email, Google Meet, Google Chat, Messenger, and WhatsApp follow their own privacy rules.
- ☐ I give permission for an anonymous, de-identified case summary to be used for education. Optional.
- ☐ I give permission for my testimonial to be shared after I approve the final wording. Optional.
- ☐ I do not give permission to use a case summary or testimonial.

4. Recording choice

- ☐ I will not record, photograph, screenshot, livestream, transcribe, or share the private session without advance permission.

Approved recording or sharing arrangement, if any

5. Another person, family member, or minor

- ☐ This service concerns another adult.



☐ This service concerns a minor, and I am the parent or legal guardian.

Other person's full name

Birthday, if known

Relationship to you

☐ The other adult gave direct consent for prayer or Reiki.

☐ Direct consent is unavailable. I request only a general prayer for wellbeing that respects the person's free will.

Readings about a person who is not participating often provide less detail and accuracy. Spiritual work does not control another person or override choices. The recipient's needs, willingness, decisions, and actions shape the experience.

6. Service boundaries

- Kaopheng does not provide medical diagnosis, pregnancy or fertility determinations, medication guidance, legal advice, tax advice, investment advice, gambling guidance, or emergency care.
- Kaopheng does not accept requests for stalking, spying, threats, control, manipulation, revenge, harm, cheating, or invasion of privacy.
- Kaopheng does not promise exact death dates, guaranteed spirit contact, fixed predictions, or guaranteed results.
- Kaopheng has the right to redirect, limit, decline, pause, or end a service for safety, ethics, conduct, boundaries, competence, or service-fit concerns.

7. Payment and final sale acknowledgement

Except where required by law, services and products are final sale after payment or preparation begins. If Kaopheng decides he is unable to serve your needs or form a meaningful working connection, he reserves the right to offer a refund, exchange, or account credit. Dissatisfaction with guidance or results does not create a refund right.

☐ I understand the payment, refund, cancellation, and rescheduling terms.

8. Signature

☐ I read this form, had the opportunity to ask questions, and voluntarily consent to the selected service.

☐ The information I provided is accurate to the best of my knowledge.

Client or guardian signature

Date

Printed name and guardian relationship, if applicable

Typing your name in the signature field or signing by hand serves as your electronic signature.