

TED CIBIK'S



825 Lovers Leap Road
Leechburg, PA 15656
(724) 845-1041

Consultation Agreement

I, _____, Phone: _____
(printed Name of Client)

of _____,
(Street Address)

City of _____, State of _____, Zip _____

This agreement made this (on date) _____, 20____, by and between Inner Strength Inc. and Client.

Inner Strength observes four standards of practice:

Do no harm.*Primum non nocere* is part of the Hippocratic oath. We do not use artificial substances such as drugs and pharmaceuticals; nor do they use invasive and dangerous procedures, such as surgery.

Recognize the healing power of nature. We understand the body's innate capacity for self-healing. They educate clients in creating external and internal environments conducive to healing.

Find and eliminate the cause of poor health. We educate clients on structural problems, energetic fluctuations, as well as evaluate lifestyle choices to identify both the cause of a problem and how to correct it.

Teach health. We teach clients how to achieve and maintain good health. They empower clients, enabling them to participate in the process of staying well.

Honor the total person. We understand that people are interconnected physical, mental, and spiritual beings, and that one "dis-ease" affects all areas of life.

Whereas Client wishes to avail himself/herself of Inner Strength's services, advice and programs during the term of this agreement, and Inner Strength is willing to offer such services upon the terms and conditions set forth herein. Inner Strength, Inc. staff does everything in its power to provide you with a safe, educational and helpful experience. We respect your time and privacy.

We treat all client sessions within the confidentiality standards of the Joint Commission of Health Care Providers. Our facility is handicapped accessible and meets all standard by the Dept of Labor and Industry.

I, the client, warrant and represent that I am not a member of any law enforcement agency, federal, state or local coming for treatment and care with the intent of informing or using any information for the purpose of either civil litigation or criminal prosecution.

I the client further warrant and represent that I am not a member of any medical or insurance association or corporation, or an employee, agent or independent contractor thereof, requesting treatment and care for the purpose of gathering information for such an association or corporation.

*This notice is to provide with to you pursuant to DC law. Ted J. Cibik, DMQ, is a Doctor of Medical QiGong, but not a licensed medical doctor and therefore **does not** practice "the application of scientific principles to diagnose, or treat physical and mental diseases, disorders and conditions and safeguards to the life and health of any woman and infant through pregnancy and parturition".*

X _____(Client)

Our Mission

The nature of Inner Strength, Inc. is to provide the opportunity for personal development and healing in mind, body and spirit by balancing the triune nature of man.

By placing the yin and the yang in harmony within oneself, the person remains in a disease-free state of optimal health, clarity of mind, and soundness of spirit.

Inner Strength provides the tools, education and support necessary to deliver this delicate balance to the most difficult of cases or to those looking to express their optimal development.

What we require from you is the willingness to do so.

Our Scheduling and Cancellation Policy

Inner Strength honors that each person is an individual, and we schedule appointments so that adequate time is spent on an individual, not a diagnosis.

We do not overbook and we do not schedule multiple people within the same time. Our focus is on one-on-one treatment. We also do our utmost to run on an accurate time schedule, so that your valuable time is not spent waiting. Some of our services require research and preparation time in advance, even though that occurs prior to your arrival.

We work very hard to accommodate the times during days, evenings and weekends that our clients request appointments that fit into their busy schedules. Therefore, we ask that you understand our cancellation policy.

Please give us 24 hours notice when you need to cancel an appointment, so that we could have to opportunity to contact someone on a waiting list, and do the necessary preparation for other clients to be seen.

If you have an emergency and must cancel the day of the appointment, we request that you reschedule that appointment as soon as possible. We will do our utmost to work to find a time that is mutually beneficial. This include if you are feeling unwell, or if you have been notified to quarantine.

We will need to charge you for appointments cancelled less than 24 hours before its scheduled time and a new appointment not rescheduled.

CANCELLATIONS. Cancellations must be made at least 24 hours in advance of scheduled sessions, and rescheduled at that time. Sessions cancelled less than 24 hours will be charged in full to Client. There are no cash refunds. In the event of inclement weather, the 24-hour cancellation policy set shall not be applicable. Any session cancelled due to inclement weather shall be rescheduled immediately by Client.

FEES. Inner Strength, Inc. shall be paid in full upon execution of this agreement and/or session. Payment can be made by cash or check. We not do not accept credit cards at this time.

LATE ARRIVALS. Sessions are scheduled in half hour increments and shall start at the scheduled time. Sessions shall not be extended due to the tardiness of Client or due to interruptions caused by the Client. Any Client who has not arrived 15 minutes after the scheduled time shall be deemed to have cancelled and will be charged for that entire session.