

Informed Consent for Ayurveda Psychology Course

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1. I understand this course is not a substitute for mental health care nor is it group therapy but can be used in conjunction with it.
2. I understand that if anyone shares personal experiences in the class it will remain confidential and stay within the boundaries of this course. This will allow us to create emotional safety in our online classroom.
3. I understand the information which written and recorded for this course are copyrighted and permission is needed to give or share with others.
4. I understand that no specific benefit is promised from this course. Practice of the techniques are encouraged to receive benefits which will be unique to each person.
5. If you are going to offer advice, please ask the other person for permission before offering if they wish it.

Sign Name:

Electronic Signature

Rose Carol