

RELEASE

Please sign this release and email as attachment to info@ricksheffmd.com

I, _____ acknowledge and agree that any spiritual coaching services offered or provided by Richard Sheff, MD, are intended solely to support my spiritual practice. They are not intended to replace any medical or psychological treatment for any conditions I may have. I further acknowledge that Dr. Sheff strongly recommends that I continue all medically indicated treatment(s) recommended by my currently treating physician(s) and/or counselor(s). I release Dr. Sheff from any and all liability arising from the provision of spiritual coaching sessions.

NAME

SIGNATURE