

Consent Form

Dear Friend, thank you for choosing me for this journey. Please print this consent form and send it to me through email when I will tell you to. This will constitute your appointment as valid. I will give you further directions when I will contact you.

Full Name:

Birth Date:

E-mail:

Telephone Number:

Address:

I am interested in (circle your interest):

Ancient home structure

Natural Breathing

Healing

Diet

Self image & Communication

If applicable state any health or mental health issue and possible medication intake:

Please tick the boxes to accept the terms & conditions

I accept that "The H. (Harmony) Method"® system is not responsible for any ill physical or mental health issues that I had, have or may have in the future. I declare that I have the permission to follow "The H. (Harmony) Method"® system from my expert (doctor, physician, mental health expert, diet expert, etc) and I accept responsibility for any health or mental health issues that I had, have, or may have in the future. I consent for the implementation of "The H. (Harmony) Method"® system. In some cases in the healing or natural breathing touching from the therapist may be necessary. I consent that I accept to be touched when necessary.

All personal data will be kept for five years. All personal data are confidential. "The H. (Harmony) Method"® & Danai Fasouli is not responsible for any of my personal data shared & shown in any social media that are related with "The H. (Harmony) Method"® (e.g. taking part to related Facebook groups/sharing my experience, etc.) by me as I understand that these are public.

Date:

Signature: