

# Client Consent Form

## CLIENT INFORMATION

Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

## CLIENT'S CONSENT

- My participation in services is voluntary, and I may withdraw my consent at any time without penalty.
- Services provided are non-clinical in nature and are intended to support, advocate, and empower me as I navigate my healthcare journey. Inspired Souls LLC does not provide medical, legal, or psychological treatment or advice.
- All personal and health information shared during services will be kept confidential and will not be released without my written consent, except as required by law (e.g., risk of harm, abuse reporting, court order).
- Communication may take place via phone, email, text message, video conferencing, or in person, depending on my preferences and needs. I understand that electronic communications may not be fully secure and consent to their use at my discretion.
- I understand that the advocate's role is to provide support, education, and guidance, not to make healthcare decisions on my behalf. Final decisions about my care rest with me and my licensed healthcare providers.

By signing below, I acknowledge that I have read and understood the information provided in this Consent to Services Form. I have had the opportunity to ask questions and receive clarification. I consent to receive patient advocacy services from Inspired Souls LLC.

Client's Signature:

Advocate's Signature: