Grace Labyrinth, LLC

Angel Card Reading (In Office) Policies, Terms, and Conditions

ANGEL CARD READING (IN OFFICE) POLICIES:

Please note that this Angel Card Reading takes place IN OFFICE at Grace Labyrinth Wellness Center, 16515 S. 40th St., Suite 125, Phoenix, AZ, 85048. Angel Card Readings are given to clients 18 years or older.

You have the option to receive an audio recording of your Angel Card Reading and photos of your Angel Cards. Maura Kirby can record your Angel Card Reading, take photos of your Angel Cards, and send you the audio file and Angel Card photos through Filemail Pro. All precautions will be taken to ensure your audio recording and Angel Card photos. However, the recording and photos are not guaranteed. You also have the option to record your Angel Card Reading and take photos from your device (phone, voice recorder, etc.) as well.

FEES AND PAYMENTS:

A 60 minute Angel Card Reading is $95. A 90 minute Angel Card Reading is $145. Payment is due at the time the Angel Card Reading is booked online. Credit card payments are processed online through Square. Visa, MasterCard, American Express, and Discover are accepted. Cash and checks are not accepted.

CANCELLATIONS:

If you need to cancel or reschedule your reading, please give a 24 hour notice. Refunds requested 24 hours before the reading will be fully reimbursed. Failure to cancel appointments within the 24 hours of appointment time will be billed at 1/2 the rate. Missed appointments will be billed at the full rate. Emergencies will be considered.

CONFIDENTIALITY:

Maura Kirby and Grace Labyrinth, LLC will keep all information strictly confidential and will not voluntarily release information to an outside party without your approval. Information will be released if Maura Kirby and/or Grace Labyrinth, LLC are required to do so by law or if court order is present.

NONDISCRIMINATION POLICY:

Maura Kirby and Grace Labyrinth, LLC do not discriminate on the basis of age, gender, religion, sexual orientation, color, heritage, race, disability, political beliefs, marital status, or family status.

ANGEL CARD READINGS VERSUS THERAPY AND MEDICAL CARE:

Angel Card Readings are not therapy, mental health care, or medical treatment. Maura Kirby of Grace Labyrinth, LLC is not a trained psychologist or medical care provider. Angel Card Readings are not meant to be a replacement for medical treatment, psychotherapy, mental health care, treatment for psychological issues, treatment for physical illness, or treatment for substance abuse.

WAIVER OF LIABILITY:

You are fully accountable for your own physical, mental, emotional, and spiritual well-being, as well as your choices, actions, and outcomes. You understand that any information given during an Angel Card Reading is of a spiritual nature. All actions and decisions are made by you and are solely your responsibility. You are responsible for your life outcomes based on your choices. You understand that an Angel Card Reading is not a substitute for legal counsel, financial guidance, medical treatment, psychotherapy, mental health care, treatment for psychological issues, treatment for physical illness, or treatment for substance abuse.

There is no guarantee that the Angel Card Reading will produce certain results. Maura Kirby and Grace Labyrinth, LLC are not liable, not responsible, and not accountable for actions chosen, or not chosen, by you. Maura Kirby and Grace Labyrinth, LLC cannot guarantee a specific outcome. Maura Kirby and Grace Labyrinth, LLC make no claims as to the effects of the Angel Card Reading. Maura Kirby and Grace Labyrinth, LLC do not warrant any results, either inferred or expressed, to be attained.

FEEDBACK:

If you feel dissatisfied from the Angel Card Reading or your personal needs are not being fulfilled, please inform Maura Kirby so the reading can be made to better suit your situation.

FOR NEW CLIENT: Emergency Contact_____

FOR NEWE CLIENT: Emergency Contact Phone Number_____

FOR NEW CLIENT: How did you hear about Grace Labyrinth Wellness Center?

___Family/friend/colleague ___Web search ___Healthcare Professional

Other_____

FOR NEW CLIENT: If referred, by whom?_____

FOR NEW CLIENT: If you feel comfortable, please share your spiritual and/or religious affiliation (God, Universe, Mother Earth, Spirit Guides, Angels, etc.).

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What is your goal or intention for your Angel Card Reading?

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If applicable, please list any concerns related to your reading or if there is anything else Maura Kirby should know.

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Would you like Maura Kirby to record your Angel Card Reading and send you the audio file through Filemail Pro? Yes___ No___

Would you like Maura Kirby to take photos of your Angel Cards and send them to you through Filemail Pro? Yes___ No___

☐ I am at least 18 years of age.

Please sign your name below to certify that you have read and agree to the Angel Card Reading (In Office) Policies, Terms, and Conditions listed above.

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Client Signature Date