



(303) 601-6016  
jaymehartwig@gmail.com

## CONFIDENTIALITY AGREEMENT

This confidentiality agreement is made effective on \_\_\_\_\_, between JAYME MARGARET HARTWIG and client \_\_\_\_\_.

Both parties agree to protect the confidential information and materials that may be disclosed between them.

The parties agree as follows:

**CONFIDENTIAL INFORMATION:** The term Confidential Information means any information or materials which may be proprietary to either party or any information or materials that disclose personal information.

**PROTECTION OF CONFIDENTIAL INFORMATION:** Both parties agree to keep any materials, process, procedure or information between the client and provider. At no time will any information be disclosed to third parties including any government agencies, individuals, institutions, organizations, or advertising campaigns.

**UNAUTHORIZED DISCLOSURE:** Unauthorized disclosure of confidential information will result in violation of contract and shall be entitled to injunction or restraint from disclosing confidential information.

**RELATIONSHIP OF PARTIES:** Neither party is under any obligation to purchase goods or services from each other. This agreement does not create any partnership, obligation, or joint venture of any kind. Services purchased will be services rendered on an at-will basis.

**WARRANTIES:** JAYME MARGARET HARTWIG makes no warranties regarding services provided.



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**PATIENT RESPONSIBILITY/WAIVER:**

Neurosculpting meditation services are not to be substituted for or considered therapy of any kind.

**PLEASE MARK EACH FOLLOWING SECTION WITH YOUR INITIALS:**

I realize that the instruction/coaching provided are not a suitable substitute for medical diagnosis and/or treatment for medical conditions. Neuwiring, Neurosculpting, and TRE instruction/coaching are provided to promote a healthy lifestyle, assist in reducing symptoms, and prepare participants for proper use of these modalities. A licensed medical professional(s) should be consulted to resolve any serious medical conditions(s).

I realize that emotional and/or physical release may occur during sessions and that all symptoms, conversations, techniques and work herein remain strictly confidential.

I have informed Jayme of all known health conditions, my physical history, and current medications and treatments.

I understand that I am participating voluntarily at my own risk and release Neuwiring and Jayme Margaret Hartwig from any and all claims or costs in respect to loss, damage, or bodily injury or death to persons, including myself or to property, which may arise from my participation in any associated participation in these sessions, activities, or modalities.  
o I agree that all exercises, activities, and modalities are undertaken at my own risk and that I can request to pause or stop this process or any activities at any time.

Client Name: \_\_\_\_\_

Provider Name: \_\_JAYME HARTWIG\_\_

Client Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Signature Date: \_\_\_\_\_