



Informed Consent Form

Date: _____

Dear Fei,

I hereby request to get Vibrational Astrology consultation based on my complete birth data. The date of birth, time of birth, and birth place I have provided are from hospital records or a vital records department. In furnishing me with this information, I understand that you obtain it from charts constructed by you and from your education, training and experience in Vibrational Astrology.

I understand that you make no claim to any psychic or occult power.

I understand that I am not asking you to tell my fortune in any sense, and that you do not attempt or pretend to do so.

I understand that, while I seek guidance, all decisions or choices I make based upon this reading are my responsibility alone.

I understand that you do not do in depth readings of other people's charts in my consultation unless you receive written permission from them to do so. You can read charts of people in my life for synastry purposes without their permission with the focus being solely on relationship patterns between our charts.

In addition, I understand that:

- 1) All sessions are sixty minutes. My session will be recorded unless I request otherwise. If my session is recorded, I will also take notes as I understand you do not guarantee audio quality. The link to my recorded session will be sent to me within 5 business days. If we meet on a virtual platform, I will be responsible for the audio quality of my microphone.
- 2) All fees are due and payable at the time of my session, or before my session. I understand that payment must be by check or to your address at PayPal.

3) All sessions are confidential. Unless an authorization to release information is signed, I understand that neither my chart nor my session will be discussed with anyone. The exceptions to this are danger to self, danger to others, and child or elder abuse. I understand that, in these exceptions where there is clear and imminent danger, my astrologer may intervene in accordance with the ethical guidelines established by the astrology profession.

4) Information about me in its entirety:

Full Name: _____

Home Address:

Street Address: _____

City & State/Country/Zip Code: _____

Cell Phone #: _____

E-mail: _____

Birth Data:

Date of Birth (MM/DD/YYYY): _____

Time of Birth (AM or PM): _____

Place of Birth (City & State/Country): _____

Source (Birth Certificate, Rectified, Baby Book, etc.): _____

Signature: _____ **Date:** _____

5) Permission to use: Consent to use Recorded Sessions or Parts of Sessions

Because my work often involves teaching astrologers to use counseling skills in their work with clients, it can be very useful for students to hear parts of tapes of actual astrology sessions or to watch videotapes of sessions. If you would be interested in having your recorded session be used for this purpose, please sign and date below.

By consenting to the use of recorded portions of your session, you understand that

1. Recorded sessions may be edited by a technician who has signed an agreement with me to abide by ethics of confidentiality;
2. I am ethically required to ensure your confidentiality to the degree possible. With your signed permission, I will use only your first name to identify you but can substitute another name for yours if you prefer complete anonymity;
3. Video recording of your sessions are the property of Fei Cochrane;
4. a copy of this agreement can be provided for you;

Your authorization gives me permission to use portions of your session(s) for educational purposes only. I authorize Fei Cochrane to record my astrology session:

Client signature: _____ Date: _____

Fei Cochrane Signature: _____ Date: _____

Use of first name:

I authorize Fei Cochrane to use my first name only to identify me in recording of my session(s): _____

I do not authorize Fei Cochrane to use my first name only and request a substitute name: _____

-
- E-mail this completed form to cochranfei@gmail.com Include your name and a message with your email. Thank you.