

******* EFFECTIVE DATE: 03/01/2025 *******

Clients will receive a signed copy of this agreement.

POWER OF ATTORNEY (POA) AUTHORIZATION FORM

Akina Garden Healing

Website: <https://www.akinagardenhealing.com>

Business Contact: (225)-407-0625

Email: akinagardenhealing@gmail.com

I. APPOINTMENT OF REPRESENTATIVE

I, [Client's Full Name], hereby appoint [Agent's Full Name] as my lawful Power of Attorney (POA) for wellness and holistic services provided by Akina Garden Healing. This authorization grants my designated POA the ability to:

1. Schedule, reschedule, or cancel appointments on my behalf.
2. Receive and disclose necessary health information related to holistic services.
3. Authorize recommendations and referrals if needed.
4. Sign any necessary documents related to my wellness services.

II. LIMITATIONS OF AUTHORITY

- The appointed POA cannot make medical decisions outside of holistic wellness services.
- This authorization does not allow financial transactions unless specified separately.
- This POA only applies to services provided by Akina Garden Healing.

III. DURATION & REVOCATION

- This POA will remain in effect until revoked in writing by the client.
- To revoke, a written notice must be sent to akinagardenhealing@gmail.com.

IV. SIGNATURES & NOTARY (If Required)

Client Name: _____

Client Signature: _____

Date: _____

POA Name: _____

POA Signature: _____

Date: _____

Provider Name (Akina Garden Healing): _____

Signature: _____

Date: _____

Notary (if applicable):

Notary Name: _____

Seal & Signature: _____

Date: _____