



HHH INSTITUTE

HOLISTIC HARMONY HAVEN

Holistic & Complementary Health Education · Calgary, AB, Canada

STUDENT CONSENT PACKAGE

Consent Forms

Enrollment · Media · Virtual Practicum · Health Information

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Document Owner	Pardeep Kaur Randhawa, Director
Approved By	Pardeep Kaur Randhawa, Director

About This Consent Package

This package contains four (4) separate consent forms used by HHH Institute, the educational arm of Holistic Harmony Haven. Each form begins on its own page. Please read each carefully, complete the fields, and sign where indicated. Forms A is required of all students; Forms B and C apply to most students; Form D applies to Practitioner Track students only.

Contents

- Form A — Enrollment & Educational Consent (all students)
- Form B — Media & Likeness Release (with opt-out)
- Form C — Virtual Practicum & Recording Consent
- Form D — Health Information Consent (Practitioner Track only)

Scope-of-Practice & Compliance Notice

HHH Institute is a private educational institution offering certificate programs in holistic and complementary health education. Our certificates are educational credentials only and do not constitute a license to practice medicine or any regulated health profession. Graduates may not diagnose disease, prescribe medication, or treat medical conditions, and must always refer clients to licensed medical professionals for diagnosis and treatment.

Purpose

This form confirms your enrollment with HHH Institute and your understanding of the educational nature of our programs, including the limits of the certificate you will earn. It is required of all students before commencing study.

What You Are Consenting To

By signing, you acknowledge and agree that:

- HHH Institute programs lead to a **certificate of completion** — an educational credential only, not a license or a degree.
- Graduates may not diagnose disease, prescribe medication, or treat medical conditions, and must always refer clients to licensed medical professionals for diagnosis and treatment.
- You have access to and agree to abide by the Student Handbook and Code of Conduct.
- You have read and understand the Refund Policy, including the cooling-off period and withdrawal schedule.
- You have read and understand the Privacy Policy and consent to the handling of your personal information as described in it.
- Information you provide at enrollment is accurate, and you are at least 18 years of age.

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Duration

This consent applies for the duration of your enrollment and the subsequent retention of your academic records as set out in the Privacy Policy.

Withdrawal

You may withdraw from your program in accordance with the Refund Policy. Withdrawal of certain consents (such as privacy consents) may affect our ability to provide services; contact privacy@holisticharmonyhaven.com.

Program / certificate

Track (Personal / Practitioner)

Signatures

Student Name (print)

Date

Student Signature

Date

Witness / Instructor Signature

Date

Purpose

From time to time HHH Institute may capture photographs, video, audio, or written testimonials that include students, for use in promoting its programs. This form sets out how such media may be used and gives you a clear way to opt out.

What You Are Consenting To (if you opt in)

If you grant this release, you permit HHH Institute and Holistic Harmony Haven to use your name, image, likeness, voice, and any testimonial you provide in marketing and educational materials, including the website, social media, brochures, and course previews. You confirm this use is without obligation of payment to you.

Your Choice

- ☐ **I OPT IN.** I grant HHH Institute the media and likeness release described above.
- ☐ **I OPT OUT.** I do **not** consent to the use of my image, likeness, voice, or testimonial in HHH Institute marketing. (Selecting this option will not affect my enrollment or standing in any way.)

Duration & Withdrawal

If you opt in, this release remains in effect until you withdraw it in writing to info@holisticharmonyhaven.com. Upon withdrawal, HHH Institute will cease future use of your media and make reasonable efforts to remove it from materials within its control, though it may not be able to recall materials already distributed.

Signatures

Student Name (print)

Date

Student Signature

Date

Witness / Instructor Signature

Date

Purpose

HHH Institute delivers live cohort sessions and, for the Practitioner Track, supervised peer-practice activities. These sessions may be recorded for the educational benefit of registered students. This form obtains your consent to participate in, and to be recorded during, these sessions.

What You Are Consenting To

- Participation in live cohort sessions and, where applicable, peer-practice activities with fellow students.
- Audio and/or video **recording** of live sessions in which you appear or speak.
- Storage of recordings on secure HHH Institute systems for **up to twelve (12) months**, after which they are deleted, except where a student specifically requests longer access for a documented reason.
- Use of recordings solely for educational purposes (review, make-up access, and instructor feedback) — not for marketing (marketing use is governed separately by Form B).

Confidentiality

You agree to keep confidential any personal or practice information shared by peers during sessions and not to copy, share, or redistribute recordings.

Duration & Withdrawal

This consent applies for the duration of your participation in live sessions. You may withdraw consent to future recording at any time by writing to info@holisticharmonyhaven.com; note that some Practitioner Track competencies require participation in recorded peer practice, so withdrawal may affect your ability to complete those requirements.

Signatures

Student Name (print)

Date

Student Signature

Date

Witness / Instructor Signature

Date

Applies to Practitioner Track students only.

Purpose

During Practitioner Track clinical practicums, students practise intake and wellness-education skills using **mock or peer-client** scenarios. These exercises may involve collecting and handling health-related information about a peer acting as a client, or your own information when you act as the client. This form governs the responsible handling of that information and references PIPEDA and Alberta PIPA.

What You Are Consenting To

- Collecting, recording, and discussing mock or peer-client intake information solely for educational practicum purposes under instructor supervision.
- Handling such information in accordance with PIPEDA, Alberta PIPA, and the HHH Institute Privacy Policy.
- Retention of practicum health-related records for up to **ten (10) years**, consistent with Alberta health-records norms, after which they are securely destroyed.
- Not using any health information collected during practicum for any purpose outside the educational exercise, and not disclosing it to anyone outside the supervised cohort.

Important — No Clinical Authority

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Acknowledgement

You acknowledge that practicum activities are **educational simulations**. They do not constitute the practice of medicine or any regulated health profession, and no diagnosis, prescription, or treatment is provided. Any real health concerns must be referred to a licensed medical professional.

Duration & Withdrawal

This consent applies for the duration of your Practitioner Track practicum and the associated record-retention period. You may withdraw consent to future data handling by writing to privacy@holisticharmonyhaven.com; withdrawal may prevent completion of practicum requirements. Existing records are retained or destroyed per the Privacy Policy.

Signatures

Student Name (print)

Date

Student Signature

Date

Witness / Instructor Signature

Date
