

Energy Therapy Consent Form

Energy Therapy is a complementary therapy which can enable the client to release emotional trauma, increase inner peace, promote self-healing and spiritual growth, reduce anxiety, fears and stress, rehabilitate emotional, physical and spiritual illness and strengthen self-love.

Energy Therapy is a process of self-awareness, acceptance and forgiveness. Energy therapy helps to identify the barriers that block a healthy flow of Divine healing light, which are often caused by unresolved emotions and past traumatic experiences. Identifying the cause of these blockages allows one ultimately to resolve them, open up, release and let go.

While the methods and techniques of Energy Therapy are completely energy based, complementary treatment plans and exercises are recommended based on the client's specific needs, such as meditation, pressing on energy points on the body, positive affirmations, gemstones and other relevant exercises. Additionally, although this therapy is expected to produce beneficial results, such **results cannot be guaranteed**. More so, this therapy should not be integrated with any other (energy based interventional) therapies and that doing so is at client's own risk. Energy Therapy is a complement, not a substitute for medical or psychological treatment, and any ongoing treatment should not be discontinued without the advice of your treating physician.

For most clients, adverse effects are rare. Some experience temporary side effects as a result of this therapy such as an increase of headache, fatigue, anxiety, sadness, frustration, symptoms, etc. The number of sessions required for improvement is not predictable. Fees for the initial evaluations, maintenance, suggested follow ups with intermittent evaluations have been discussed.

Sepideh Peykar, MA, PT, DPT is not licensed to diagnose, treat, cure, mitigate or prevent any medical or psychological disease or disorder and in the case of uncertainty, the client is free to discontinue training and treatment at any time.

CONFIDENTIALITY

Client information will be kept in confidence and will not be disclosed to anyone outside of this office without your written consent, unless as required by law.

CONSENT

Your signature below indicates that you have read and understood the information in this document, answered the questions in the questionnaire to the best of your knowledge, understand the cancellation policy and that you consent to energy therapy under the provisions stated.

The information contained in this document is valid for **six months** from the date of signing. The purpose of this document is in order to make a proper assessment and suggest a treatment plan for the client. **Should the client be interested in receiving further sessions six months after the date on this document, it is solely the client's responsibility to resubmit and update the questionnaire and sign the treatment form again.** This is so that Dr. Peykar can gain a new perspective and possibly suggest a new plan based on a new set of facts (especially since it will be the most reflective of the client's state of being and mental health).

An integral part of this therapy is to take an active role in one's own wellness. It is **therefore required within three days after each session, to submit in writing** a few short sentences summarizing the main points you took away from the session summary audio and to tell us how you are feeling. This enables greater clarity and focus for future sessions. **Your typing is considered a signature.**

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Client Name	DOB Client	Signature	Date
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FOR PARENTS/GUARDIANS OF MINOR CLIENT

I attest that I have full legal authority to make decisions for the minor below, and that I give my permission for him/her to undergo Energy Therapy.

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Parent/Guardian's Signature	Minor's name	Date
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