

## **Infinity Healing, LLC**

### **Integrated Energy Therapy® Informed Consent**

I, \_\_\_\_\_, (client) understand that Integrated Energy Therapy® provided by ANNE-MARIE SHERMAN is intended to help me balance and release energy blocks in my cellular memory and human energy field to promote my mind, body and spirit's ability to support the healing of my physical, emotional, mental, and spiritual disorders and diseases. I understand that I may experience tingling, hot or cold sensations, lightheadedness, or emotional release during a session. I will inform ANNE-MARIE SHERMAN of any uncomfortable sensations or physical/emotional distress during or after my treatment. I understand that the session involves the use of touch on my fully clothed person in a professional manner that is consistent with the Integrated Energy Therapy Technique.

I also understand that Integrated Energy Therapy is not a substitute for medical or psychiatric treatment or medications, and that it is recommended that I consult with my primary physician or psychologist/counselor for any condition I may have. I am aware that an Integrated Energy Therapy practitioner does not diagnose disease or disorders and does not prescribe medications.

I have informed ANNE-MARIE SHERMAN of all my known physical and emotional conditions and medications, and will keep her notified of any updates or changes.

Client

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