

INFORMED CONSENT FOR EFT COACHING

I have been informed about Emotional Freedom Techniques (EFT) as a therapeutic approach that works with the human energy system and is understood to affect the body/mind interconnection. In addition, I have been informed that clinical experience and scientific studies are confirming that EFT is an evidence based therapy that can assist in addressing symptoms and conditions such as stress, physical discomfort, low mood, emotional eating, worries, fears and traumatic memories. Positive effects attributed to EFT include lowering of the stress hormone cortisol, enhancing relaxation, increased sense of wellbeing, and a reduction of unpleasant sensations. I have been advised that there are currently no known side effects to EFT treatments when properly administered by an experienced practitioner.

I further understand that, because EFT is relatively new, the extent and breadth of effectiveness, including risks and benefits are not yet fully known. I have been advised of the following:

- Previously vivid or traumatic memories may fade. This could adversely impact the ability to provide detailed legal testimony regarding a traumatic incident.
- Reactions may surface during a treatment that neither my practitioner nor I can fully anticipate, including strong emotional or physical sensations, or additional, unresolved memories.
- Emotional material may continue to surface after a treatment session and give indication of other incidents that may need to be addressed.
- My EFT Practitioner may refer me to practitioners who have specific skills to help with the problem areas that have been identified.
- Light touch may be involved in assessment with applied kinesiology (energy checking) for which I can choose to give permission or not.
- I will be learning how to perform personal EFT self-care by working with my own energy system.

I have considered the above information before selecting to receive an EFT treatment and have obtained whatever additional information or professional advice I consider necessary to make an informed decision. I choose to participate in EFT treatment on my own free will and know I have the right to cease using this approach at any time. I agree to take full responsibility for my self-care in the physical, emotional, mental and spiritual dimensions of my life.

My signature on this form acknowledges my choice to consent to the EFT coaching services that my practitioner offers. My consent is free from pressure or influence from any person or group.

Payment is due in full before each scheduled appointment takes place. Failure to pay prior to your scheduled appointment forfeits your time slot for that day. Payment may be made via Venmo, PayPal or Square for online appointments and in person appointments. Evening, weekend/holiday hours or emergency appointments are subject to an increased rate to be discussed with the client prior to booking. Tap Into Health LLC is fully insured by EMPA (Energy Medicine Professional Association).

Client signature	 Date:
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