



**TAP INTO HEALTH**

EMOTIONAL FREEDOM TECHNIQUES

**CONSENT FOR AUDIO OR VIDEO RECORDING**

I consent to working with \_\_\_\_\_  
(EFT practitioner)

for one or more sessions using Emotional Freedom Techniques (EFT) which will be video recorded solely for the benefit of the client. Neither my name nor any other identifying information of the client will be associated with the audio or video recording or the transcript. Only the client and the practitioner will be able to listen to or view the recordings, which will be available on a private link emailed to the client after each recorded session.

By signing this form, I am allowing the EFT practitioner to audio or video record me during our session. I also understand that this consent for recording is effective until our work together has ended or the client requests that they no longer wish to be recorded. The recordings will be destroyed a year from the date below.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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