



All's Well Therapy, LLC
Addressing the root causes of symptoms through energy balancing
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CLIENT INFORMED CONSENT FORM FOR SERVICES WITH PAULA DAVIS AND ALL'S WELL THERAPY, LLC

Dear Client,

It is important to read this form carefully and in full. If questions arise or if further explanation is needed, you are welcome to contact me using the e-mail address above. Please sign and return this form, via e-mail, before our first session.

Brief Description of Negative Energy and of The Emotion Code Modality

Everything in the world and in our bodies, including thoughts, beliefs, and emotions, is composed of energy vibrating at various frequencies. Often, the energy of these thoughts, beliefs, and emotions, all of which are acquired throughout our lives and even inherited from our ancestors, is *negative* and can create *emotional* symptoms such as anxiety, and depression. Moreover, since these negative thoughts, beliefs, and emotions are literally balls of energy vibrating in our bodies, they can distort tissue and, as a result, cause *physical* symptoms such as pain. Thus, negative energy or *energetic imbalances* in the body often contribute to the *emotional and physical* symptoms we experience. Using The Emotion Code, imbalances caused by negative emotional energy, referred to as trapped emotions, can be identified and permanently released. Applying this energy balancing technique then allows the body to begin its innate process of healing so that symptoms can be resolved!

Benefits and Risks of The Emotion Code

As described above, the benefit of treatment with The Emotion Code is that negative emotional energy is released from the body, thereby allowing the body to initiate a self-healing response.

Although The Emotion Code is a gentle, complementary, energy-based approach to addressing emotional and physical symptoms, clients may experience some discomfort as the body is “processing” the released energy. Most people process the release of trapped emotions very easily. However, some clients may experience one or more minor symptoms such as fatigue, irritability, anxiety, nausea, headache, tingling, a feeling of being a little “off”, etc. The severity of the symptoms depends on the specific trapped emotions that were released, other imbalances that are affecting your body, your stress level, and other external factors. Most people have few, if any, of these symptoms but, if they do, they feel better once the processing is done! This can take anywhere from 1-2 days for most people. Some take up to 4 or 5 days to process the energy released.

You can make the processing period easier by getting extra sleep the night before your session, drinking a lot of pure water, and avoiding stressful situations. **Paula Davis at All's Well Therapy, LLC** requests that you contact her immediately if any processing is too uncomfortable so that she may help you.

Brief Description of a Typical Session

A typical Emotion Code session will last 30 - 40 minutes and will be held via Zoom. I will act as your proxy by "connecting", energetically, with your subconscious mind. After setting the intention that our session be safe and effective, I will use muscle testing to identify the trapped emotions that are contributing to your symptoms. For each tapped emotion found, I will run a magnet three times over a small section of my Governing Meridian, typically the top of my head, while holding the intention for the trapped emotion to be neutralized or "released". I will continue with this process until your subconscious mind indicates either that there are no more trapped emotions contributing to your symptoms or that no more trapped emotions can be released at that session. I will then install some positive emotions that your subconscious mind indicates would be beneficial. Finally, after stating the intention that the processing be peaceful and gentle for you, I will determine the number of days required for processing the energy that was released and then "disconnect", energetically, from you. You may ask questions at any time during our session! Please note that it may take several sessions to release all of the trapped emotions contributing to your symptoms.

Practitioner Credentials

BA, Mathematics

MS Ed., Education

MS Ed., Counselor Education

Certified Emotion Code Practitioner (CECP)

National Certified Counselor-Retired (NCC-Retired)

Additional Training in Emotional Freedom Techniques (EFT/"Tapping")

Classes with Amy B. Scher, Energy Therapist and with Donna Eden, Energy Practitioner

Energy Medicine Weekend Attendee at The Omega Institute

Member of Energy Medicine Professional Association (EMPA)

Vegan Nutrition Certification

Experienced Follower of The Medical Medium Protocol

Professional Liability Insurance provided by Energy Medicine Professional Association

Disclosure of Health Information

Upon scheduling your first paid appointment, you will receive a **Client Intake Form** on which will be required full disclosure of any health information. (emotional and physical limitations, symptoms, and diagnoses). **Paula Davis and All's Well Therapy, LLC** cannot be held responsible for any information not disclosed regarding current and/or past medical conditions.

Client Rights

At any time, you have the right to discontinue services, change consent, or leave a session. You also have the right to ask any questions about your session.

Confidentiality of Client Records and Session Experiences

Your client information and records are treated in a confidential manner. Your confidential personal file is kept in a secure location and it is retained for four years after you suspend services. At that point, all information will be destroyed in a proper manner.

Your experiences during our sessions are confidential subject to the usual exceptions governed by state or federal laws and regulations.

Confidentiality is subject to the following exceptions:

- I may release information, if you instruct me in writing to do so, to other health care practitioners.
- I may release information if I am subpoenaed or if I am otherwise obligated or reasonably allowed to do so. This includes circumstances where there is clear and imminent danger to yourself or to another person.

Fee Payment and Client Responsibilities

Payment in full using PayPal is due at the time of scheduling an appointment. Appointments must be scheduled at least 24 hours in advance of an available time slot. I require 24 hours' notice for cancellation or rescheduling of an appointment. If we start a session late, I will not be able to extend the time for the session. No refund will be given for a missed session.

Disclaimer

Emotion Code treatment with **Paula Davis and All's Well Therapy, LLC** is a gentle, complementary, energy-based approach to health that can assist your body in its natural ability to heal. Treatment with The Emotion Code is not intended to replace any currently prescribed medical treatments as ordered by your physicians nor any other medical care you have sought or may have been advised to seek. Services with **Paula Davis and All's Well Therapy, LLC** are not construed to be medical advice or medical treatment and are not meant to replace the medical advice of your doctor. **Paula Davis and All's Well Therapy, LLC** are not licensed, certified or registered by any state as a healthcare professional and are not trained to diagnosis illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies. **Paula Davis and All's Well Therapy, LLC** make no claims as to healing or recovery from any service and offer no guarantee towards validity. You will be encouraged to consult a licensed medical practitioner for any physical or mental complaints you may have.

Release of Liability

Except in the case of gross negligence or malpractice, I or my representative agree to fully release and hold harmless **Paula Davis and All's Well Therapy, LLC** for and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with your session with me.

If my session will be virtual, I understand that, when paying for services, I fully consent to the services offered by **Paula Davis and All's Well Therapy, LLC**.

I agree to allow **Paula Davis and All's Well Therapy, LLC** to send me information via e-mail. I understand that my e-mail address will be kept confidential and will not be given to any other party.

By signing below, I acknowledge that:

- I have read and understand the nature and scope of the services provided by **Paula Davis and All's Well Therapy, LLC**
- My questions regarding the nature and scope of the services provided and regarding the background of **Paula Davis and All's Well Therapy, LLC** have been answered to my satisfaction.
- I fully consent to use the services offered by **Paula Davis and All's Well Therapy, LLC**.

Signature of Client: _____ Date: _____

Emergency Contact: _____ Phone: _____

If the client is a minor, the signature of a parent or guardian is required.

Signature of Parent/Guardian: _____ Date: _____