

Cynchronisity

Biofeedback & Energy Work



Client Informed Consent

I understand that Cynthia Sharpe is a certified Access Bars® practitioner and Certified Biofeedback Specialist. I understand that Mrs. Cynthia Sharpe is qualified to help me identify stressors in my life that can lessen the quality of my health and life. I understand that she is trained in stress reduction and the re-educating of the energetic body to reduce the stressors that cause pain and disease.

I understand that the State of Florida issues licenses to healthcare professionals. This license authorizes them to analyze, assess, diagnose, evaluate, examine and investigate their patients to determine what's wrong with them. This license also authorizes them to advise, caution, counsel, guide, prescribe, recommend and suggest cures, drugs, interventions, remedies and treatments to address what's wrong with them. I also understand that if I need the services of a licensed professional, Cynthia will refer me to one.

I understand that even though I am coming to Cynthia Sharpe for Energy Work or biofeedback, I am responsible for my own health and wellness. I understand that if I have -- or if I think I have -- a medical concern, condition, disease, disorder, issue or symptoms, Cynthia Sharpe will help me reduce any related stress and refer me to a licensed chiropractic, medical or osteopathic physician for further assistance.

I also understand if I have -- or if I think I have -- a psychological or emotional concern, condition, disease, disorder, issue or symptoms, Cynthia Sharpe will help me reduce any related stress and refer me to a licensed counselor, psychologist or psychiatrist for further assistance.

I further understand that Energy Work or biofeedback is not a substitute for effective standard medical, chiropractic or psychotherapy treatment or veterinary treatment for my pet. Cynthia has advised me to continue ongoing medical treatment and therapies until otherwise advised by my psychotherapist, physician or medical practitioner. I understand it is important for me to stay in close communication with my physician. I further understand it is my responsibility to ask my medical doctor for permission to undergo Energy Work or biofeedback if I have any medical condition that may be exacerbated by relaxation.

I understand that Mrs. Cynthia Sharpe operates under total confidentiality. Cynthia will not discuss or release any information regarding me. I may request that findings during a session be released to another party in writing only. If I need for records to be sent to another licensed or certified professional, I need to sign a records release form. Cynthia will keep all client information strictly confidential with the exception of written permission by me, the client, or as required by law.

Finally I understand that Mrs. Cynthia Sharpe does not make any guarantees or promises regarding the outcome of my sessions. _____ Initials

I acknowledge that all sessions must be paid for at time of booking or atleast 48 hours (2 days) prior to the appointment time. If I need to cancel an appointment, whether in-person or remote, I must provide at least 24 hours' notice. In the event of a timely cancellation, funds will not be refunded, instead they will be applied toward a rescheduled session. Should I fail to cancel within this timeframe or not receive a confirmed cancellation, my session will proceed remotely, and the payment will be applied to that session.

I hereby request and consent to the Energy Work or biofeedback sessions via distance within the scope of Cynthia Sharpe's healing techniques and practice. I also hereby give consent to Cynthia Sharpe to do distance/remote sessions even if I am not available to be on the phone or via virtual technology like Google Meet.

I also understand that Cynthia will communicate what was worked on and communicate that via text or email, per my preference as discussed at time of scheduling session. _____Initials

By signing this consent form I am acknowledging:

- I have read and understood the above information.
- Any and all questions or concerns have been addressed by Cynthia Sharpe.
- I also understand but after biofeedback session I may feel drowsy, relaxed or even energized. I may also experience a temporary increase in emotional transformation and/or release. This may also present itself on a physical level through elimination. It is my responsibility to make Cynthia Sharpe aware of any concerns I may have during or after my Biofeedback and Healing Energy Work sessions.
- I am giving my consent to Energy Work and/or biofeedback.
- I understand that in no way does Mrs. Cynthia Sharpe replace care by a qualified medical physician.

_____Initials

Client Name (please print) _____

Date: _____

Client Signature (or Parent signature on behalf of child):