

CLIENT INFORMATION LETTER AND CONSENT FOR PRACTICE SESSION(S)

Date _____

Dear _____,

I am a board-certified Doctor of Naturopath and certified Master Life Coach. I am currently working through attaining EFT certification and accreditation through EFT Tapping Academy and from EFTi (EFT International). As a part of the accreditation process, I am required to hand in session documentation to my Mentor/s to review and discuss with me only. Session notes will contain no names and will remain anonymous to the Mentor/s.

The EFT Tapping work that I am practicing can help to clear stress in the body by addressing unresolved emotional issues. It is important that you understand that I do not and am not learning to medically diagnose or prescribe treatment. If you have a physical injury, disease condition, or mental health disorder, you must be in the care of a licensed professional. Any information you share with me during our session is always kept confidential, except in certain situations of child or elder abuse, or imminent harm to self or others. I may also discuss practice clients, using numbers instead of names, with my professional Mentor for the purpose of my continuing professional development. If you wish more information about Emotional Freedom Techniques, I suggest you read the EFT Manual that is offered for free at www.EFTInternational.org.

EFT is currently not officially identified as an evidence-based technique and may be considered experimental. Since EFT's risk and benefits are not fully known, you agree to assume and accept full responsibility for any and all risks association with participating in the Session(s) and using EFT.

By signing this document, you grant to me permission to conduct the Session(s), and write the Session Documentation that you participated in as a Practice Client, and consent and authorize my Mentor(s) to review the Session Documentation and discuss it with me. You understand that your participation as a Practice Client is strictly voluntary, at your own risk, and that you freely choose to participate in your Session(s). You agree to forever fully release and hold me, Candy Lewis Williams, Candy Lewis Enterprises, LLC., The Lotus Concept Wellness and The Tapping Lotus, harmless from and against any and all claims or liability of whatsoever kind or nature which you might incur as a result of your voluntary decision to participate in the Session(s) as a Practice Client. Further, you agree to forever fully release and hold harmless EFT International, EFT Tapping Academy, C & R Inc., its owners, members, employees, agents, representatives, consultants, independent contractors, volunteers, and others associated with the corporation from any and all claims or liability of whatsoever kind or nature which you might incur as a result of your voluntary decision to participate in any Session as a Practice Client and for authorizing the Program Director(s) to review and evaluate the Session Documentation.

Please indicate your acceptance and agreement on _____ Date _____ by signing in the space provided below.

Signed:

Practice Client Signature

Print Name

If you are submitting this Agreement electronically, typing your name in the space provided above will be considered your signature and constitute your acceptance and agreement of this Agreement.