

## Emotional Freedom Technique (EFT)

### Disclaimer for Client

I understand that any information provided to me by the Emotion Freedom Technique Practitioner (EFTP) is only general information and is not to be considered medical or legal advice. I understand that in the session we will use techniques that address the emotional components and energy systems of the body. These methods include, but are not limited to EFT or Emotional Freedom Techniques/Energy Meridian Tapping. While there is increasing amounts of research showing the effectiveness of these techniques, EFT is not yet accepted as a mainstream method and therefore, is considered experimental.

Due to the experimental nature of EFT, I agree to assume and accept full responsibility for any and all risks associated with utilizing EFT both in and out of a session with the EFTP. In no case, is EFT intended to diagnose, treat, cure or prevent any disease or psychological disorder. Neither EFT nor any other energy based technique that may be used in the session is intended as a substitute for medical or psychological treatment. Any stories or testimonials about EFT are not to be considered a warranty, guarantee, or prediction regarding any outcome of any individual using EFT.

I understand that the EFTP is a Master Practitioner certified by the American Institute of Health Care Professionals, Inc., and has completed the educational and training requirements prescribed by the board, which included a clinical practicum. Still, I understand that it is my responsibility to seek professional advice from my licensed medical provider as appropriate before making any health related decisions. If I am on any medications, I understand that I am NOT to change any dosages and should consult my physician or the professional who prescribed my medications.

### Informed Consent

Emotional Freedom Techniques or EFT is based upon the belief that the cause of negative emotions is a disturbance in the body's energy systems. EFT and other similar methods address the energy system and are intended to decrease the impact of negative emotions upon the body. Energy methods are intended to complement, not replace, medical or psychological care.

Because these methods are relatively new, the extent and breadth of their effectiveness including risks and benefits are not fully known. While evidence is mounting through scientific studies of the clinical significance of providing positive outcomes, each person responds differently and results vary from person to person in these techniques in addressing many emotion issues

Please sign below stating that you have been advised of the following:

- The intensity of previously vivid or traumatic memories may diminish. While this is considered a benefit this reaction may adversely impact your ability to provide compelling legal testimony regarding a traumatic incident.
- Reactions may surface during a session that you do not anticipate, including strong emotional or physical sensations or additional unresolved memories.
- Emotional material may continue to surface after a session and give indication of other incidents that need to be addressed.

I have thoroughly considered all of the above and have obtained whatever additional input and/or professional advice I deem necessary or appropriate to make an informed decision before commencing sessions utilizing EFT/Meridian Energy Tapping.

- I understand that gentle touch may be used, with my permission in a face to face session, for the purpose of therapeutic application.
- By my signature below, given freely and without pressure from any person, I consent to the use of EFT/Meridian Energy Tapping and other energy based modalities within my sessions.
- I understand that the EFTP is not acting as a licensed *medical* practitioner, and will not be diagnosing or treating a specific disease.
- Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless the EFTP from and against any and all claims or liability whatsoever kind or nature arising out of or in connection with my sessions.

**Agreed:**

\_\_\_\_\_  
**Client Signature**

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

*Adam B Conn*

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**EFTP Signature**