

# Technician - Client Agreement

## Client

In requesting professional assistance in the stress relief procedure; I understand that the number of sessions varies from person to person. To complete the whole program of Rapid Eye 6-14 sessions are required. Session time is usually 1 hour to 1.5 hours. I also understand that to be successful I must be entirely willing to:

Realize that while Rapid Eye Technology is potentially capable of improving my life, the way in which this occurs and the extent to which it occurs will be determined by my own choices. I recognize that my health and wellbeing depend directly on how well I care for myself.

I acknowledge that my feelings, thoughts, images and desires (conscious or subconscious) ultimately determine the course of my life; and that blaming anything or anyone, is totally useless. The only person that can take charge of my life is me; therefore, I accept responsibility for myself, my choices and actions and for life's outcomes from day to day.

I agree to accept full responsibility for my choices and for my experiences and to release my Rapid Eye Technician and Rapid Eye Technology, Inc. from all liability for my stress relief processing. I understand that Rapid Eye Technology is not meant to be a substitute for psychotherapy, or medical therapy, and I accept full responsibility for arranging such treatment whenever it is appropriate. I further give my permission for my Rapid Eye Technician to consult with my present therapist. The name(s) (if any) for such consultations are listed here:

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I agree to be on time for my appointments, meet my financial obligations promptly (including any sessions missed without 24 hour notice), and participate whole heartedly in the work I am undertaking. I know my genuine dedication is an important first step in my work here and my signature below manifests that commitment.

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

## **Technician**

In order to support you in deriving maximum benefit from our scheduled time together, I agree to:

Use the best of my abilities and expertise to facilitate such changes as are mutually agreed to be in your best interest for your highest and greatest good and in no way harmful to you;

Give you my undivided attention and professional assistance during our scheduled consultations and be on time, ready to begin at the agreed time; Inform you immediately if in my judgement, you would be better served by another professional or an alternative means of reaching your objectives.

I am professionally committed to assisting you in the shortest time possible and at the lowest possible cost – in mobilizing your resources to achieve maximum results.

RET Technician Printed Name: \_\_\_\_\_

RET Technician Signature: \_\_\_\_\_

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