

Informed Consent Form

Peaceful Being EFT, LLC

Marita Katzbeck, EFT Practitioner

630-587-3328 / PeacefulBeingEFT@proton.me

I, _____, understand that Marita Katzbeck is not a licensed therapist or licensed health care practitioner, and offers EFT (Emotional Freedom Techniques) as a self-help educator. I am aware that Marita Katzbeck does not diagnose illness or disease, and does not prescribe medications. I agree to not discontinue or change any medications I am taking while working with Marita Katzbeck without consulting my doctor. *(Please initial _____)*

I understand that EFT is considered an experimental procedure and is not a substitute for medical, psychological or psychiatric treatment or medications, and that it is recommended that I currently work with my primary caregiver for any condition I may have. *(Please initial _____)*

I understand that EFT procedures may bring unresolved and distressing memories and related emotions and physical sensations into my awareness, and it is possible that disturbing material may continue to surface after a session and require further work. I also understand that previously traumatic memories may lose their emotional charge and this could adversely affect my ability to provide convincing legal testimony. *(Please initial _____)*

I understand that all information I share with Marita Katzbeck is confidential and that no information will be released to any third party without my express written consent, with the following exceptions:

- When there is imminent risk of danger to myself or another person
 - When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse
 - When a valid court order is issued for session records
- (Please initial _____)*

I give Marita Katzbeck permission to describe the details of my sessions to her colleagues and mentors for training or supervision purposes only, as long as my personal anonymity is strictly protected. *(Please initial _____)*

I understand that Marita Katzbeck has a 24-hour cancellation policy and I agree to pay for any booked sessions that have not been canceled 24 hours in advance. *(Please initial _____)*

I agree to take complete responsibility for my own comfort, health and well-being while working with Marita Katzbeck. I understand that, normally, I will be the one who decides when my work together with Marita Katzbeck will end, but there are exceptions to this. If Marita Katzbeck determines that she is unable, for any reason, to provide me with the services I am requesting in a professional manner, she will inform me of this decision and refer me to another practitioner who may better meet my needs. *(Please initial _____)*

Marita Katzbeck reserves the right to refuse or terminate a session if I am suspected of being under the influence of a mood-altering substance. I understand that I will be responsible and charged for the full payment of the normal fee should that happen. *(Please initial ____)*

I acknowledge that I have read and understand the above statements regarding EFT and Marita Katzbeck's services and have discussed any concerns with her. Therefore, I consent to engage Marita Katzbeck's EFT services freely and without duress of any kind and agree to indemnify and hold harmless Marita Katzbeck for any information on her website and resources she shares and from any claim, action, loss, liability, damage, or suit arising from my participation and use of the information and techniques. *(Please initial ____)*

I agree to abide by the above terms during our professional relationship.

Client Signature

Date

Guardian Signature

Date