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Informed Consent for Energy Work

I, _____, have been informed about the new group of therapeutic approaches that work with the human energy system and are understood to affect the body/mind interconnection. In addition, I have been informed that clinical experience and scientific studies are confirming that these approaches can assist in addressing conditions such as anxiety, phobias, and traumatic responses as well as enhancing relaxation, increasing a sense of well being, and reducing pain sensation. I have been advised by an experienced practitioner.

I further understand that, because these methods are relatively new, the extent and breadth of their effectiveness, including risks and benefits, are not yet fully known. I have been advised of the following:

- Previously vivid or traumatic memories may fade. This could adversely impact the ability to provide legal testimony regarding a traumatic incident.
- Reactions may surface during a treatment that neither my facilitator nor I can fully anticipate, including strong emotional or physical sensations or additional unresolved memories.
- Emotional material may continue to surface after a treatment session and give indication of other incidents that may need to be addressed.
- My facilitator may refer me to other practitioners who have specific skills to help with the problem areas that have been identified.
- Light touch may be involved in assessment with clinical kinesiology (muscle testing), CranioSacral therapy, or acupuncture, for which I can choose to give permission or not.
- I will be learning how to perform personal self care by working with my own energy system.

I have considered the above information before selecting to receive an energy work treatment and have obtained whatever additional information or professional advice I considered necessary to make an informed decision. I choose to participate in energy work of my own free will and know I have the right to cease using these approaches at any time. I agree to take full responsibility for my self-care in the physical, emotional, mental, and spiritual dimensions of my life.

Signature of Client

Date:_____

Sending this form as an e-mail with my name filled in above "Signature of Client" will constitute a signed version.