

Informed Consent for Treatment Using an Energy Therapy Approach

I have been informed about the new group of therapeutic approaches that work with the human energy system and are understood to effect 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 psychological 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 that there are currently no known side-effects to energy-oriented treatments when properly administered 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 detailed legal testimony regarding a traumatic incident.
- Reactions may surface during a treatment that neither my therapist 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 therapist may refer me to 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), 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 therapy treatment and have obtained whatever additional information or professional advice I considered necessary to make an informed decision. I choose to participate in energy therapy 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.

My signature on this form acknowledges my choice to consent to the innovative approaches of energy therapy that my practitioner offers. My consent is free from pressure or influence from any person or group.

Client Signature _____ Date _____