

SEVAW Energy Healing

Reaching your full potential

Client Consent Form

First Name _____ **Last Name** _____

I have been advised and understand that a component of the treatment I (or my child) will receive is a technique called the Emotional Freedom Technique, and that this technique, along with other energy healing techniques which may be used, are considered alternative or complementary to healing arts services provided by licensed physicians. I also understand that this therapy may involve work with "energy points" on the body.

Energy points, adapted from the practice of acupuncture, are located on the surface of the skin throughout the body, and can be stimulated for the purpose of correcting disturbed energy patterns that might underlie emotional and psychological problems. Stimulation may include touching, rubbing, or tapping the point. In most instances, I will be instructed on how to stimulate the appropriate points myself. In some instances, my therapist may request my consent to directly work with specific treatment points.

I understand that the Emotional Freedom Technique is a relatively new development and that at this time there is only limited published research investigating these methods. While clinical reports of successful outcomes using these methods do exist, I understand that even if the clinical effectiveness of these methods is scientifically established, results will vary from person to person.

I understand that while an energy psychology approach is a safe treatment method, with a substantial body of clinical experience showing no serious side-effects when properly administered, that with any form of psychotherapy it is possible that unresolved memories and related emotions and sensations may be brought into my (or my child's) awareness. It is possible that this emotional material may continue to surface after the therapy session and require further treatment. I also understand that previously traumatic memories may lose their emotional charge, and this could adversely affect my (or my child's) ability to provide legal testimony (if necessary in any legal situations) that carries the same impact as prior to treatment.

I have thoroughly considered all of the above and have obtained whatever additional input and/or professional advice I have deemed necessary or appropriate about commencing treatment that utilizes energy treatment points. By my signature below, given freely and without pressure from any person, I consent to the use of these methods in my (or my child's) treatment.

Client or Guardian Signature: _____ **Date:** _____