

Ellen Farrell

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HOLISTIC LIFE COACH ~ INTUITIVE ~ ADVANCED ENERGY MEDICINE, REIKI MASTER

INFORMED CONSENT FORM FOR ENERGY MEDICINE

WELCOME TO MY PRACTICE!

BEFORE WE PROCEED, I WANT TO MAKE SURE THAT YOU HAVE SUFFICIENT INFORMATION TO FEEL COMFORTABLE ENTERING INTO A PROFESSIONAL RELATIONSHIP WITH ME.

PLEASE READ AND SIGN THIS FORM FOR YOUR RECORDS, AND LET ME KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS. SIGNING THE INFORMED CONSENT FORM INCLUDES AGREEMENT TO THE TERMS OF THIS DOCUMENT.

Credentials, Training and Experience:

I am an Eden Energy Medicine Certified Advanced Practitioner. The Eden Energy Medicine Certification Program consists of four years of intense study and supervised practice. The state of Georgia does not offer a license specifically mentioning the practice of energy medicine and energy medicine is not specifically regulated by any federal or state regulatory agency in the USA. However per my Informed Consent Form, as an LPC, I am a Licensed Professional Counselor (LPC), and a Nationally Certified Counselor/NCC in the state of GA.

Eden Energy Medicine is an energy healing system developed by Donna Eden. It focuses on the body's subtle energies to enhance a person's health and wellbeing. Like many ancient healing traditions, Eden Energy Medicine recognizes that disturbances in a person's energies often precede illness and that balancing these subtle energies can assist the body in moving towards wellness. Whereas conventional medicine diagnoses and treats symptoms and disease, Energy Medicine assesses and corrects disturbances in the body's energies and energy fields. In addition, Ellen has learned many modalities including Reiki (see the Wellness Services form for more info).

Description of services: My sessions are typically scheduled to be 1-2 hours in length. During this time we will discuss your concerns and reasons for consultation, and review what has occurred since the previous session. Clients are expected to provide accurate and complete information that will assist me in assessing potential energy imbalances in the subtle energy fields.

We will then begin a process where I assess the flow of energies in your body and facilitate corrections designed to bring disturbed energies back to a state of balance and harmony. I'll use muscle-response testing as a method to assess your body's energies, also known as *energy kinesiology*. I will use various forms of light and deeper touch, along with movement of my hands within your Energy Field, to balance and harmonize your energies. Before I touch any part of your body that may be considered sensitive, I will ask your permission. I will also recommend and teach specific exercises and movements that you can do to help balance your energies yourself.

While these methods are generally gentle and considered non-invasive, it is possible that physical and emotional after-effects may occur when your energies have been stimulated and adjusted. If any procedure is uncomfortable, I encourage you to tell me at once, and I will instantly stop when you request me to do so. I will include in sessions the instructions for energy exercises that you can do at home, and in your life on a daily basis. *I'll also provide written instructions describing those exercises, focusing on energy imbalances identified during the session.*

Limitations:

I do not purport to diagnose or treat disease or act as your physician. This work is not offered as a replacement or substitute for health care treatment with a licensed and qualified health-care provider, but rather as an optional, complementary service. As such, I do not offer diagnosis, treatment or cure for any disorder or illness.

It is your full responsibility to seek medical advice and opinion from your primary care physician (or other qualified health care provider as appropriate) regarding regular assessment and routine monitoring of your medical health or if you have symptoms that are distressing.

Partnership:

Effective energy work requires a partnership between EEM practitioner and client. Achieving body/mind well-being is the responsibility of both the client and the practitioner. I will help you develop new energy habits to substitute for less useful ones. Your role in this partnership is to make a strong commitment to work to achieve the goal of energy balance. This includes doing homework between sessions and the regular practice of energy exercises that I recommend for specific energetic results.

Timeliness:

It is important that you are on time for your appointment. If you are running late, please inform me a.s.a.p. - I will accommodate you as possible, however, time may be lost from your session, and the remaining time may not be sufficient to address all the issues of your consultation. If I am late for a session, I will likewise, extend the session if our schedules permit, or we will make other arrangements (re: Cancellation Policy, see the Holistic Psychotherapy Informed Consent Form for more information*).

Dress Code:

It is best to wear loose comfortable clothing, minimal jewelry, no perfumes, and I'll ask you to remove your shoes as you enter my space, and for the purpose of being able to do energy work on your feet.

Fee Schedule:

Payment is due at the time of your visit. Preferred payment is by check or cash, and Paypal/credit card is also an option. Please refer to the Pay for Sessions/Fees page of my website for current pricing. A receipt for payment will be provided if requested.

Cancellation Policy:

I require at least 24 hours notice of cancellation. Otherwise, you'll be billed and expected to pay for the missed session.*

Confidentiality:

Your records, files, personal information and experiences during our EM sessions are strictly private and confidential. All session notes and relevant information about my clients are kept in a locked filing cabinet in my secured office. You may instruct me to release information to other health care practitioners or I may be required to release information if subpoenaed or otherwise legally obligated such as in circumstances where there is clear and imminent danger to yourself or another person.

Removal and Destruction of Session Materials:

After a period of 5 years from the date of suspension of service and session, I may shred and destroy all records and copies relating to your participation in EM session/s while in my practice.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure regarding the services offered by Ellen Farrell. I understand that she is not a physician and that her services as an EM practitioner are not licensed. I further understand that Ellen Farrell is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

I have consented to use the services offered by Ellen Farrell, and agree to be personally responsible for the fees in connection with the services she provides, including full payment for missed sessions (see above*). **I also agree to be personally responsible for my own health recognizing that the degree to which energy can heal depends upon my participation.**

Provided I am informed it is necessary, I consent to the Release of confidential Information relating to me or my ward/child, if the release of that information:

- a) follows a statutory requirement, a Court Order, or a legal duty;
- b) is to a mental health professional, clinician, or a medical practitioner as part of a referral process initiated by myself or Ellen Farrell;
- c) with my consent, for the purpose of discussing case history, with my medical practitioner or any former clinician or psychologist/mental health practitioner who has provided services;
- d) in the opinion of Ellen Farrell, may prevent the commission of a serious crime and/or harm to a third party and/or harm to me or my child; or e) is reasonably required.

Signing the Informed Consent Form means you agree to the above terms. Keep a copy for your records...

Please confirm your acknowledgement and acceptance of these statements:

PRINTED NAME: _____

_____/_____/_____
DATE

CLIENT SIGNATURE: _____

INDICATE REASON FOR INCAPACITY TO SIGN *IF OTHER THAN CLIENT:*
