

EFT & Counseling Consent Form

Confidentiality

Your name and personally identifiable data will be kept completely confidential and will not be disclosed in any form.

Responsibility for the Therapy

EFT has relatively no negative side effects, except recovered memory of trauma (if that is being dealt with). Tapping on the memories during the sessions will neutralize this effect. EFT doesn't involve drugs. It is a procedure which involves tapping on several acupressure points on the face and body, while repeating affirmations and certain eye exercises.

EFT and Counseling are combined for faster resolution of problems. The client should take full responsibility for his/her well being.

Payment policy

Payment has to be made before the scheduled session.

Discounted EFT Session Packages

The paid discounted session packages will **expire after 3 months** from the date of purchase.

Booking Sessions in Advance

It is preferable to book sessions in advance. The client can indicate the time slots that they prefer. The therapist will finalize the time slots based on the clients' choices and her schedule. She will give 1-2 time slots every week depending on her availability.

Cancellation/Postponement Policy (Client)

The appointment time that is made for the client is valuable and irreplaceable; therefore a Cancellation/Postponement Policy is used.

If the client cancels the previously scheduled appointment, **15 minutes of session time** will be **deducted** from the next scheduled session. However, the client being absent during the previously scheduled appointment, he/she will be **charged** for the **full session**. (The individual session charges will override the discounted packages in this case).

If the client is **late** for the session then only the time left for the session will be provided.

Client Signature

Cancellation Policy (Therapist)

Sometimes the therapist may cancel a scheduled appointment due to emergency cases. If such a situation arises then the client will be informed and he/she will be **given 15 minutes** of extra therapy time, without charge, in the next session

Ending Therapy

It is expected that the client and therapist be aware that the therapy is ending at the beginning of the hour that is the last session. The therapy can be discontinued anytime by either the client or the therapist. However, the discontinuation of the therapy has to be informed.

Power or Technology Failure

The therapist cannot be held responsible for unforeseen problems that may occur in her online and mobile services due to computer malfunctioning, and/or loss of electricity or Internet connection. In the event of a power or technology failure, the session will be terminated and the remaining time from the ongoing prepaid session will be adjusted in the next session.

Medication

The client should not discontinue medication without consulting medical health professionals.

I, _____, (Name of the client) have read and understood the above mentioned guidelines and the counseling agreement. I have also read and understood the ethical guidelines on www.emofreetherapy.com. I hereby accept and consent to this agreement. **[Please sign on the first page as well].**

Client Name

Therapist Name: Puja Kanth

Client Signature



Therapist Signature

Date:

Please read the Ethical Guidelines given at this link – <http://emofreetherapy.com/ethics.aspx>