



4485 Tench Road, Suite 1220

Suwanee, GA 30044

770-378-6835 www.Authentic-Life.net - www.Zenergyhealth.com

As part of my treatment, I have been informed and consent to the use of Energy Psychology. This therapeutic approach uses the subtle energies and electromagnetic fields to address mental health issues. This treatment is a new approach of healing which falls under the broad category of mind/body connection.

I understand that the efficacy of this treatment has been collaborated in several scientific studies. Further, I understand that this treatment uses the aspects of healing which are still not fully understood by science.

I have been advised that there are currently no known side-effects to energy oriented treatments when properly administered by an experienced practitioner. However, as with any mental-health treatment, I am aware that sometimes addressing one aspect of mental-health issues uncovers more profound and deeper issues. Some examples of the types of deeper issues that maybe revealed includes, but is not limited to, repressed memories or unconscious beliefs.

I further understand that, because these methods are relatively new, the extend 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 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 innovate approaches of energy therapy that my practitioner offers. My consent is free from pressure or influence from any person or group.

Client signature _____ Date _____



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