



CLIENT BILL OF RIGHTS AND CONSENT FOR EFT PRACTICE SESSION(S)

Thank you for signing up for an EFT/Tapping Session.

I am in the process of becoming a certified EFT Practitioner through EFT Universe (www.eftuniverse.com). To date, I have completed the required workshops (level 1 and 2) as well as 30 of the 50 required number of EFT client sessions. Upon completion of my final exam in November, I will obtain my official certification as an EFT practitioner. Until I complete the final exam, I am considered an EFT practitioner *candidate* and all of my client sessions are considered *practice* sessions.

All information you share with me during our session is confidential.

If you have a physical injury, disease condition, or mental health disorder, please consult a licensed health or mental health professional. I do not and cannot medically diagnose or prescribe treatment.

Each session is approximately 60 minutes. You can stop the EFT session at any time. In signing the acknowledgement, you agree that I may work with you in the above-described manner. I am happy to answer any questions regarding my studies and I also encourage you to express any concerns you may have.

Acknowledgement by Client:

I have read and understand the CLIENT BILL OF RIGHTS AND CONSENT FOR PRACTICE EFT SESSION(S) from Tessa Dowell (EFT Practitioner Candidate). I also acknowledge that my relationship is solely with the above-named EFT Practitioner Candidate, rather than EFT Universe, and that EFT Universe and my instructor/mentor disclaim all responsibility whatsoever for the services performed on me.

Client or Legal Guardian's Name Printed:

Address

Phone

Email

X Client or Legal Guardian's Signature

Date

EFT Practitioner Candidate:

Tessa Dowell
Tessa Dowell

6-1-2018
Date