

# Informed consent form

## EmoWell-being Energetics

I understand that Fraeda Scholz is not a licensed counselor, medical doctor, psychologist, psychotherapist, or other health-care professional. I understand Fraeda does not diagnose, analyze, assess, evaluate, examine, treat, medicate, cure, or prevent any emotional, medical, mental, physical or psychological condition, disorder or disease of any kind.

I understand Fraeda Scholz is a Licensed Spiritual Health Coach, and has attained the Advanced Certificate of Completion for Emotional Freedom Techniques™ (EFT), as well as the Advanced PSYCH-K® Course Certificate. Fraeda also may use and teach me other Energy Psychology techniques during our time together. I understand that Fraeda will use these spiritual healing techniques to teach me and facilitate me in improving my spiritual, mental, emotional, psychological and physical health. I understand spiritual healing is not a substitute for effective standard chiropractic, dental, medical, mental health counseling, or psychotherapy treatment for me. I realize it is my responsibility to continue ongoing medical treatment and therapies until otherwise advised by my primary physician. I understand that if I am taking medications, it is important to stay in close communication with my physician. She or he may want to decrease my medications during the course of my spiritual healing but this is between me and my physician.

I understand Fraeda Scholz will hold my identity and any information about me in the strictest confidence, except when released by me in writing or specifically required by law including anything said in my sessions. I have the right to waive this confidentiality agreement in whole or part at any time.

I agree that if we cannot reach an agreement on a critical issue between us, we will ask the Federation of Spiritual Healer License Boards to assign an arbitrator to settle the problem between us and both Fraeda and I agree to accept and be bound by the arbitrator's decision.

I agree to notify Fraeda at least 24 hours ahead of time to cancel a session unless there are extreme circumstances.

By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my questions about the services offered by Fraeda, including spiritual healing and coaching. I warrant I am not under duress at this time and my consent is given voluntarily and without coercion. I understand that I may discontinue the services, or any portion of the services, offered by Fraeda at any time without penalty.

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Client Signature \_\_\_\_\_