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**Informed Consent Form for Energy Work**

Welcome to my practice!

Before we proceed, I want to make sure that you have sufficient information to feel comfortable entering into a professional energy work relationship with me. Please read and sign this form 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 a Psychiatric Nurse Practitioner, Certified Clinical Specialist in Child/Adolescent Mental Health Nursing, Diplomate in Comprehensive Energy Psychology and Eden Energy Medicine Practitioner.

Eden Energy Medicine (EEM) 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, EEM 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.

EEM sessions are typically scheduled to be 1 ½ 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.

Energy Psychology (EP) is based on the premise that by affecting electromagnetic and other subtle energies there can be a shift in emotions, thoughts, and behaviors. There are a variety of methods that appear to have an impact on subtle energies. The most common method is based on the ancient principles of acupuncture. It is a simple procedure that gently balances the energies without the discomfort of needles. Clients recall a troublesome thought or feeling and are taught which traditional acupuncture points on their body to stimulate through tapping, rubbing, or holding (rather than using needles). The stimulation of such points, sometimes referred to as acupressure, has been observed to reduce psychological symptoms. This is the method we would most commonly use. EP sessions are usually 45 minutes long.

Note: While these methods (EEM and EP) are generally gentle and considered non-invasive, it is possible that physical and/or 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.

**Questions:** Please ask me questions about anything that happens in our work together. I'm always willing to discuss how and why I’m doing what I'm doing.

**Touch:** Physical contact, even in a healing relationship, can be a sensitive matter because touch can be easily misinterpreted and feel too intimate, uncomfortable, or sexual in nature. Touching in a sexual manner is unethical within a professional healing relationship and will never be a part of our work together. Many of the methods I will use, however, are likely to involve touch. The theory behind such methods is that touching or holding points can assist me and you in identifying and shifting imbalances in your energies. At such times, you would remain fully clothed, with the exception of your shoes. I would always explain ahead of time where I would touch, and you can let me know if you are comfortable with it or not. I will always respect your requests not to touch.

Limitations: I do not purport to diagnose or treat medical disease or act as your primary physician. This work is not offered as a replacement or substitute for health care treatment with a licensed and qualified medical care provider, but rather as an optional, complementary service. As such, I do not offer diagnosis or treatment for any medical disorder or illness. Under my Psychiatric Nurse Practitioner license, I may diagnose and treat your mental/emotional disorders. But the focus in our energy work is not on *curing* but on balancing your energies to help your body heal itself. 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/EP 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.

Dress Code: For EEM sessions, it is best to wear loose comfortable clothing, minimal jewelry, no perfumes, and I’ll ask you to remove your shoes in order to do energy work on your feet.

Fee Schedule: Payment is due at the time of your visit. Payment is by check or cash and amount is based upon the type and length of services you receive. 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 sessions are strictly private and confidential. All session notes and relevant information about my clients are kept in a locked filing cabinet.

Acknowledgement and Consent to Receive Services: I have read and understand the above disclosure regarding the services offered by Mindy Loren-Weiner. I further understand that Mindy Loren-Weiner is not trained to diagnose medical illness, make recommendations involving surgery, or handle medical emergencies.

I have consented to use the services offered by Mindy Loren-Weiner, 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 according to the Notice of Privacy Practices.

Signing the Informed Consent Form means you have received the Notice of Privacy Practices and that you agree to all 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:

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