



Donna Sweeney Energy Therapy

Energy Therapy Consent Form

I, _____(client) hereby voluntarily request and consent to receive an Integrated Energy Therapy (IET®) session from Donna Sweeney. I understand and acknowledge that in no way are these services meant to be construed by me as a diagnosis or treatment for any medical or psychological condition, but rather as a treatment to help balance my energy and to promote my overall wellbeing.

I understand and acknowledge that no guarantees have been made to me regarding the effects of these services. These services are offered with the intention to enhance relaxation and stress reduction. I understand that prior to my first Energy Therapy session, I will receive an explanation of the description of the session. I understand that I may experience warmth, a tingling sensation, lightheadedness or an emotional release during a session. I also understand that the session involves the use of hands-on and hands-off light touch energy therapy while I am fully clothed, and given the highest regard for my personal space and comfort. I understand that Donna Sweeney upholds the highest standards of care and professionalism, abiding by the IARP Code of Ethics and the IET(®) Code of Ethics. Copies are available for review. If I experience any discomfort during the session, I will immediately communicate that fact, so the treatment can be adjusted.

Investment

Introductory IET Session (90 minutes) with Guided Messages - \$50.

IET Session (90 minutes) with Guided Messages - \$90.

Client Signature _____ Date _____