



WHOLISTIC HEALTHCARE

tapping your way to freedom...

FasterEFT and Healing Touch Sessions

SESSION GUIDELINES

Faster EFT and Healing Touch (HT) are energy-based Therapeutic approaches to healing, which use touch to influence the energy systems. This affects physical, emotional, mental and spiritual health and healing. The goal of both therapies is to restore harmony and balance in the energy system to help the person self-heal.

These healing techniques balance, clear and charge your energy field and system, remove energetic blocks that lead to disease, and enhance your body's natural healing potential. With Faster EFT the clients taps on specific energy meridians to release emotional and physical blockages. Occasionally it may become necessary for the therapist to tap on the client's body. (The meridian tapping points are on top of the eye, side of the eye, under the eye, under the collarbone, and squeeze the wrist.) If the therapist is to do the tapping for the client, it is important for them to be clear that this is on their behalf, for the purpose of assisting them in finding relief from their challenges. With HT, the therapist's hands are lightly placed on or above the body in sequences determined by the condition being treated. This is non-sexual touch. The client agrees to this before treatment begins. By signing the consent form below, the client is stating their acceptance of the reasons for the therapist's touch in both energy therapies (HT and Faster EFT). If at any time during the session you are uncomfortable, it is your responsibility to inform me. Self care is an essential part of your healing process.

Areas that influence your state of well being may be explored such as your history, life stressors, your belief systems and attitudes, your family and childhood history, diet, exercise and relationships. Your sharing is always kept confidential.

The therapist does not medically diagnose or prescribe treatment. The approach is holistic, focusing on the client as a complex, unique being, with the therapist acting as the facilitator of the healing process.

Your response will be influenced by your general health. Changes may become apparent immediately, within hours, or days later. Occasionally someone may experience what is known as a 'healing crisis' after a treatment. This is generally a sign of accelerated healing or detoxification. Symptoms may intensify for a short time. If this happens to you, allow your body to rest, and drink lots of water. If you have any concerns, please contact me by cell or text.

Growing your health... Naturally.

410-274-6376 jenhewat@comcast.net www.wholistichealthcare.net
1319 Winding Valley Dr. Joppa, MD 21085





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DISCLOSURE, RESPONSIBILITY STATEMENT & CLIENT AGREEMENT

1. I _____ understand that Jennifer Hewat RN is not a licensed psychologist, therapist, medical doctor, or nutritionist. Her medical training is as a Registered Nurse. She is certified as a Level 4 FasterEFT/Eutaptics Practitioner #A-1226 and certified as a Healing Touch Practitioner
2. I _____ accept complete responsibility for my emotional and/or physical well-being before, during and after sessions or classes, and I will instruct others I share these techniques with to take the same responsibility for themselves.
3. I _____ agree that it is my responsibility to notify my therapist and/or physician prior to using these skills and agree to their supervision if suggested. I will continue to take all my medications as prescribed and remain under the care of my physician or therapist for any medical, emotional or mental condition for which I am currently being treated or believe I may need treatment.
4. I _____ will not use these techniques to try to solve a problem where my common sense would tell me it is not appropriate.
5. I _____ take full responsibility for what I do with these techniques and will hold harmless Jennifer Hewat or anyone else associated with the techniques, from any claims made by myself, or anyone whom I seek to help. Subject to the other provisions of this agreement, I may use any of the techniques on behalf of others or myself.
6. I _____ understand that the services provided by Jennifer Hewat are limited to education pertaining to my overall well-being. I understand these services may include her physically tapping on my body at various acupuncture meridian points. I grant my permission for limited physical contact. I agree to tell her immediately if it causes me any physical discomfort. I understand that these techniques may reveal some problems I had forgotten, but they do not cause new problems. I understand I can accept or not accept any recommendations and I can terminate our relationship at any time.
7. I _____ understand that my full identity will NOT be disclosed without my prior consent, if the issues I address during PRIVATE SESSIONS are shared with others in a general way for the purpose of educating them about these techniques.
8. I _____ acknowledge that I have read the above agreement, understand it completely and have, if I so wished, received a copy of the same. I therefore retain Jennifer Hewat RN as a Certified FasterEFT Practitioner and voluntarily make and grant this Waiver and Assumption of Risk in favor of Jennifer Hewat as consideration for monies paid to (the provider) when payment is requested.

Full name of the client (print)

Date

Signature of the client

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