

Disclosure Statement and Client Informed Consent INGRID DINTER

EFT Coaching and Consulting

Thank you for your interest in working with me as a client for EFT coaching.

Our work together will include a shared understanding of what you hope to accomplish and agreements for supporting those outcomes. Although I will share my skills and abilities to support your growth and personal development, my work with you is only a resource. As an intentional and conscious participant in your growth, you will ultimately take all responsibility for and actions related to furthering your life jour31ney.

As part of my practice, I offer a type of energy modality identified as "Emotional Freedom Techniques ("EFT"). EFT appears to have promising mental, spiritual, and physical health benefits but has yet to be fully researched by the Western academic, medical, and psychological communities. EFT is a relatively new healing approach and the extent of its effectiveness, as well as its risks and benefits, are not fully known. The prevailing premise is that EFT uses the ancient Chinese meridian system to relieve emotional stress and physiological pain and it balances the energy system with a gentle tapping procedure which stimulates designated meridian end points on the face and body.

By signing this document you understand that EFT could be considered experimental. If you ever have questions or concerns about the nature of the theories and methods I use, including EFT, please feel free to ask me for further resources or references.

As a life coach and practitioner of EFT, I will provide you with the services described in the attached Description of Services which is incorporated herein by reference and made part of this Disclosure Statement and Informed Consent. Any methods I use, including EFT, are considered alternative or complementary to healing arts that are licensed by the State of New Hampshire.

I am not a psychotherapist, a registered or licensed counselor, a licensed physician nor are my services licensed by the State of New Hampshire. I am registered as an alternative provider with the Board of Mental Health Practice in the State of New Hampshire; however, this Board has not oversight over my practice.

Please be advised that in our work together emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. It is possible to experience some emotional distress and physical sensations related to prior life experiences. The



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clinical reports from energy therapies such as EFT show no additional side-effects when used appropriately. Emotions may continue to arise after a session and you are encouraged to discuss

such emotions with me. In addition, previously vivid or traumatic memories may fade. This could adversely impact your ability to provide detailed legal testimony regarding a traumatic incident.

You agree to take full responsibility for your self-care in the, emotional, mental, physical, and spiritual dimensions of your life.

Please be advised that EFT is not used to diagnose, treat, cure, or prevent any disease or psychological/mental health disorder. Consequently, EFT sessions do not provide medical diagnoses nor do they offer cures; they do not replace health care from medical professionals.

You agree to consult with your health care provider for any specific medical problems. If you ever have any concerns about the nature of your sessions, please feel free to discuss them with me.

Education and Training

- I am an EFT International Accredited, Certified EFT Master Trainer
- I have been using EFT since 2002.
- My training in EFT includes the following:
- 280+ hours of training in various EFT techniques
- Extensive workshop training with Gary Craig and 20+ high level EFT Masters and Practitioners
- Receiving Mentoring/Supervision and CPD hours according to and exceeding the AAMET requirements for certified EFT trainers

I am registered with the New Hampshire Board for Mental Health as a Rostered, Alternative Provider. The board has no oversight over my practice.



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cknowledgment and Consent to Receive Services
r signing this document, you agree that I have disclosed to you sufficient information to enable u to decide to undergo or forgo EFT and/or any other energy based treatment methods and other rvices I offer. You understand that you are freely choosing to take advantage of my EFT coaching rvices and would otherwise have the option of using conventional psychotherapy methods clusively, provided by a therapist of your choosing. Your consent to this course of treatment is ven voluntarily, without coercion, and may be withdrawn.
ou represent that you're competent and able to understand the nature and consequences of the oposed EFT sessions or procedures. You have read and understand the above disclosure about the EFT coaching services offered by me and my training and education. You have discussed with the the nature of the services to be provided and you understand that I am not a licensed physician psychologist and that my services are not licensed by the State of New Hampshire.
u understand it is your responsibility to maintain a relationship for yourself with a medical doctor, u have consented to use the services offered by me and agree to be personally responsible for a fees related to the services provided to me. By signing in the space provided below, you owingly, voluntarily, and intelligently assume these risks and agree to release, indemnify, hold rmless and defend Ingrid Dinter, and her agents, consultants, and employees from and against y and all claims which you, or your representatives, may have for any loss, damage, or injury sing out of or in connection with your services.
ease give at least 24 hours notice in case you have to reschedule.
gree with all of the above and
gnature: Date:
int Name: