

Walking a Peaceful Path Consent Form

SusanD. Stanko, BSN, RN, MSOM, Cert. EFT Practitioner

I, _____, understand that Susan Stanko is a retired healthcare provider whose licenses are currently inactive for nursing and acupuncture. She is not a licensed therapist or Psychologist and offers EFT (Emotional Freedom Technique) as a self-help educator and counselor.

I am aware that Susan Stanko does not diagnose illness or disease, and does not prescribe medications. I agree not to discontinue or change any of my current medications I am taking while working with Susan Stanko without consulting my primary care provider first. *Please Initial* _____

I understand that EFT is considered an alternative form of therapy, and not a substitute for medical, psychological or psychiatric treatment or medications, and that it is highly recommended that I currently work with my primary care provider for any conditions I may have at this time. *Please Initial* _____

I understand that a EFT tapping may bring unresolved and distressing memories and related emotions as well as physical sensations into my awareness. It is also possible that disturbing material may continue to surface after a session and require further tapping work. *Please Initial* _____

I also understand that previously traumatic memories may lose their emotional intensity, and this could adversely effect my ability to provide convincing legal testimony.
Please Initial _____

I understand that all information I share with Susan Stanko is confidential and that no information will be released to any third party without my express written consent, with the following exceptions:

When there is imminent risk of danger to myself or another person

When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse

When a valid court order is issued for session records

Please Initial _____

I understand that Susan Stanko has a 24 hour cancellation policy, and I agree to pay for any booked sessions that have not been canceled 24 hours in advance. *Please Initial _____*

I agree to take complete responsibility for my own comfort, health and well-being while working with Susan Stanko. I agree that typing my name below is the electronic equivalent of my actual signature. *Please Initial _____*

Client Signature (typing your name=consent)

Date

****Please note that this is a general consent form, and some of the areas you are asked to consent to may not be pertinent to you, but still require your initials. Thank you!*