

**ASSOCIATION FOR COMPREHENSIVE ENERGY PSYCHOLOGY
EFT Certification Program**

Permission to Video Record EFT Session(s)

Sign two copies: one for practitioner and one for recipient

I am providing you with the following information so you can make an informed choice about your decision to grant me permission to video record an EFT session or a group of sessions with you (the "Session(s)"). You understand I am enrolled in one of ACEP's Professional Practitioner Certification Programs in EFT (the "Program") which requires that I video record an EFT session or a group of sessions with a client and submit the video recording (the "Video") to ACEP for the purpose of ACEP evaluating my level of competency as an EFT practitioner and to determine if I have met the criteria established by ACEP to become certified in the Program. Please read this information carefully and let me know if there is any part you do not understand or if you have any questions or concerns.

You understand that in the Session(s) we will be using an innovative meridian based healing technique called Emotional Freedom Techniques ("EFT"). EFT uses the ancient Chinese meridian system to balance an individual's energy with a gentle tapping procedure that stimulates designated meridian end points on the face and body. EFT's prevailing theory is that it addresses imbalances within a person's energy system, as well as the energetic influences of thoughts, beliefs, and emotions on the body, in order to help foster well-being. People have few adverse reactions using EFT. Although unlikely, the most common adverse reaction is getting in touch with painful or challenging emotions. Usually these are transient. You agree to assume and accept full responsibility for any and all risks associated with participating in the Session(s) and using EFT. If you ever have questions or concerns about, or adverse reaction to, EFT please tell the practitioner who is providing your sessions. Feel free to ask for further resources. If you have additional concerns you can contact ACEP at 484-380-2448 or Alyson@energypsych.org.

You understand that the Video is solely for training purposes only and will be sent via the internet for review by ACEP's designated consultant for the purpose of evaluating me as a practitioner. ACEP's consultant will not be providing any diagnosis or assessment of you, the client. Under ACEP's policies and guidelines for the Program, ACEP will not copy in any manner the Video and will destroy the Video within ninety (90) days of receipt thereof.

By signing this document, you grant to me permission to video record the Session(s) and consent and authorize ACEP's consultant to view the Video. You understand that your participation is strictly voluntary, at your own risk, and that you freely choose to participate. You agree to fully release and hold ACEP harmless from and against any and all claims or liability of whatsoever kind or nature which you might incur as a result of your voluntary decision to participate in the Session(s), including the video recording thereof. Further, you agree to forever fully release and hold harmless ACEP, its officers, board members, employees, consultants, volunteers, and others associated with ACEP from any and all claims or liability of whatsoever kind or nature which you might incur as a result of your voluntary decision to participate in the Session(s) and authorize ACEP to review and evaluate the Video.

Please indicate your acceptance and agreement on (date) ____ / ____ / 20__ by signing below.

Signed: _____
Client

Signed: _____
Practitioner

Print Name: _____

Print Name: _____