****

**Client Information and Consent for Practice Sessions**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for being willing to be my “practice client” so that I may practice Evidence Based EFT Tapping techniques I am currently studying through Evidence Based EFT. I have thus far completed at least a 3-day EFT training, studying to become an Accredited Evidence Based EFT practitioner upon completion of all my requirements including 48 of these practice sessions. As a student, I am not permitted to charge or accept any fees or exchanges for these practice sessions. Each session will last no longer than 90 minutes.

Any information you share with me during our session is always kept confidential. I may, however, discuss practice clients, without mentioning their names, with my professional mentor or trainer for the purpose of my continuing professional development and so that clients may receive the best assistance available.

If you wish more information about Emotional Freedom Techniques please visit [www.evidencebasedeft.com](http://www.evidencebasedeft.com)

In signing the acknowledgement below, you agree that I may work with you in the above-described manner. I am happy to answer any questions regarding my studies and I also encourage you to express any concerns you may have.

**ACKNOWLEDGEMENT AND CONSENT FOR PRACTICE SESSION(S)**

I have read and understand the information provided by \_\_\_\_\_\_\_\_\_\_\_\_(EFT Practitioner Candidate) and freely elect to have this person conduct an EFT session with me. Furthermore, it is acceptable to me to have the information about my EFT session shared (without my name or any identifying information) with their trainer or mentor as necessary for their professional development. I further acknowledge that my relationship is solely with the above-named student and is not with Evidence Based EFT and that Evidence Based EFT disclaims all responsibility whatsoever for the services carried out in the session and any outcomes or results thereof.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EFT Trainee: Contact Information: