Center For Energy Healing
Creating a Balance Within

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Integrated Energy Therapy Informed Consent

I, _____, (client) understand that IET (Integrated Energy Therapy) provided to me by my practitioner, Lori Prior, is intended to help me balance my emotions and assist in the release of any energy blocks that have been or are affecting my sense of well being. I further understand that IET works by supporting the removal of unproductive/stagnant emotions that tend to get stored in the body's cellular memory and human energy field. The gentle release of these emotions supported through this modality allows, encourages, and supports my body's own innate ability to begin the self-healing process on multiple levels - physically, emotionally, mentally, and spiritually.

I also understand that I may experience some sensations during my treatment including but not limited to tingling feelings, temperature changes, possible lightheadedness, emotional releases such as crying or possibly nothing at all. I will embrace how I feel as my body reacts and responds to the treatment. Should any feelings become uncomfortable for me, I will inform Lori during or after my session.

I am aware that this treatment involves the use of light touch on various parts of my body. I understand that I will be fully clothed at all times, and my therapy session will be conducted in a most appropriate, and professional manner.

I also understand that Integrated Energy Therapy is not a substitute for either medical/psychiatric treatment or medication. If I have a specific condition, I understand it is my responsibility to consult with my primary care physician or a psychologist/counselor and follow their treatment recommendations. I am aware that Lori, as an IET practitioner, does not diagnose any diseases or disorders, nor does she prescribe medication.

I have informed Lori of all my known (past and present) physical and emotional conditions and medications to the best of my knowledge and will keep her notified of any updates or changes.

Client Signature: _____ **Date:** _____ /_____ /_____