



CLIENT BILL OF RIGHTS AND CONSENT FOR EFT SESSION(S)

Thank you for your interest in working with me, Sarah Arabian, through an EFT/Tapping session(s).

Any information you share with me during our session is treated as confidential. Exceptions to these terms occur only under legal requirements, or if there were a potential for physical harm to yourself or another person.

If you have a physical injury, health condition, or mental health disorder, please consult a licensed health or mental health professional. I do not and cannot medically diagnose or prescribe treatment. I will not advise you to discontinue any medical treatment.

As a certified EFT Practitioner through EFT Universe (www.eftuniverse.com) and as a member of the Energy Medicine Professional Association (EMPA), A typical 60-minute session runs as follows:

- You explain your current feeling(s); stress, overwhelm, physical discomfort, anxiousness, unhappiness, and/or other types of feelings.
- We gently talk about what's going on, I ask questions and help you identify events that are involved.
- Together we tap through the points focusing on your emotions and physical sensations. You can stop the EFT/Tapping Session at any time.
- We work through as much as we can in the time allocated, never leaving you in a heightened state of emotion.
- A few minutes at the end of our session will be for quick review on any tapping "homework".

In signing the acknowledgement, you agree that I may work with you in the above-described manner.

I am more than willing to answer any questions regarding EFT/Tapping and I also encourage you to express any concerns you may have via email prior to our EFT Session. (arabianlighteft@gmail.com)

Additional EFT/Tapping information and resources may be found on my website at www.arabianlighteft.com or through my mentor site www.eftuniverse.com.

Risks and Benefits:

Please note that it is impossible to guarantee any specific results while using this energy psychology method of EFT/Tapping. Although clients report positive outcomes in using this technique, we do not



know how you will personally respond to EFT/Tapping. For your best interests, we will work together to achieve the best possible results for you.

The clinical reports from using EFT/Tapping show no additional side effects when used appropriately. However, in using EFT/Tapping as part of our sessions together or on your own between sessions, it is possible to experience some emotional distress and/or physical discomfort that can be perceived as negative. Unresolved memories may also surface and emotional material may continue to surface after a coaching session and give indication of other issues or incidents that may need to be addressed.

You agree to promptly inform me if you experience any emotional distress and/or physical discomfort during our work together, particularly between our sessions. If appropriate, I can help refer you to an appropriate professional health care provider for further assistance. Overall, you agree to take full responsibility for your self-care in the emotional, mental, physical, and spiritual areas of your life.

Acknowledgment by Client:

I have read and understand the CLIENT BILL OF RIGHTS AND CONSENT FOR EFT SESSION(s) from Sarah Arabian of Arabian Light EFT. I also acknowledge that my relationship is solely with the above-named certified EFT Practitioner, rather than EFT Universe, and that EFT Universe disclaims all responsibility whatsoever for the services performed with me.

Client or Legal Guardian's Name Printed: _____

Address: _____

Phone: _____ Email: _____

X Client or Legal Guardian's Signature

Date

Certified EFT Practitioner Acknowledgement:

Sarah Arabian's Signature

Date

Arabian Light EFT LLC

Boulder, CO