

## INFORMED CONSENT FORM

Welcome. Before we enter into a working relationship together, I want you to have sufficient information about the services I provide. Please understand that our work together is a collaborative effort to effect positive change in your life. Please read and sign this form and let me know if you have questions or concerns. If you are receiving this by email, please print, initial and sign in the appropriate places, and bring the form with you to our first session.

**Credentials** – I am a certified Life Coach and an Eden Energy Medicine Clinical Practitioner (3 yr training), and I teach meditation. There is no licensure for these professions in the state of Florida.

### **Description of Modalities:**

**Eden Energy Medicine™** is a modality that recognizes the subtle energy systems which flow through and around the human body, and deeply affect one's health and vitality. Balancing these energy fields can assist the body in moving towards wellness. I will use muscle response testing to assess your body's energies and then recommend and teach energy exercises known to facilitate the restoration of the body's energies to a balanced state. I will also provide handouts describing those exercises which you will be encouraged to practice between sessions. Whereas conventional medicine diagnoses and treats symptoms and diseases, Eden Energy Medicine assesses and corrects disturbances in the body's energies. You remain fully clothed and before I touch any part of the body that might be considered sensitive, I will ask your permission. I will suggest movements and postures that you can do to help balance energies for yourself based on what energy imbalances show up during the session.

**EFT™ (Emotional Freedom Technique)** is a modality in the new field of Energy Psychology which recognizes that dis-ease or problems are a result of a disruption in the body's energy field. This self-help technique releases the negative residue from an unpleasant memory and recipients often report a rapid desensitization to old painful memories and issues. It consists of pressing or tapping on certain places on the face, upper body and hands while you focus on a specific problem and repeat carefully chosen phrases. It literally taps the negative residue from unpleasant traumatic experiences right out of the body and the mind.

**Mindfulness** Mindfulness is a state of active, open attention on the present. When you're mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experience. The practice of mindfulness has been found helpful in the healing of physical, emotional and mental problems.

**Transformational Life Coaching** Traditional coaching models focus on helping clients achieve their goals, which usually results in temporary change. Transformational coaching helps clients create sustainable change through deep awareness. It helps clients break through limiting beliefs, become aware of the wisdom of their bodies, identify their emotions and understand their needs and values. This holistic approach combines awareness of body, mind, soul and spirit with solid coaching. Transformational coaching stands on the shoulders of the study of human development, psychological thought, as well as work from indigenous cultures and the philosophies of the East.

**Training and Experience** – BA from The Colorado College in 1995 in Comparative Literature. I have practiced meditation for 17 years, and have been teaching meditation to all ages since 2009. In 2008 I became certified in Life Coaching through the New York City Open Center and began a practice in Transformational Life Coaching in New Jersey/New York City in 2009. In 2012 I attended a training

week at the Omega Institute in Rhinebeck on Mindfulness Based Stress Reduction, taught by Jon Kabat-Zinn and Saki Santorelli of the Center for Mindfulness at UMASS Medical School. In 2013 I became certified as an Eden Energy Medicine Practitioner following two years of intense study and practice, in 2015 I completed my third year of study. Prior and concurrent to my work in holistic health fields I have worked in corporate environments in New York City, New Jersey and Tallahassee.

**Payment** – Payment is by credit card, check or cash and is expected on the date of the service. Checks should be payable to Paige Continentino. Please have your check written out upon arrival.

**Cancellation Policy** – I require at least 24 hours notification of cancellation. Otherwise, you will be billed and expected to pay for the missed session. **CANCELLATIONS MUST BE MADE BY PHONE, NOT BY EMAIL.**

**Description of Services** – My sessions typically last 90 minutes to 2 hours. If you have specified which modality you want, then that is how we will proceed. Otherwise, I will use the modality or combination of modalities that I feel is best suited for you. I am also available by phone or email to answer questions or clarify instructions in between sessions.

**Confidentiality** – Your experiences during our sessions together are strictly confidential. You may instruct me to release information to other health care practitioners, or I may be required to release information if subpoenaed or otherwise legally obligated such as in circumstances where there is clear and imminent danger to yourself or another person. I am required to report to the appropriate authorities if it appears you are a danger to yourself or someone else, or if I have reasonable cause to suspect abuse of a child, dependent adult, or developmentally disabled person. I may at times consult with other professionals. All consultations will be done in a manner as to protect your anonymity.

**Termination** - At any point in our therapeutic relationship I reserve the right to terminate the relationship if I believe that our work together is not productive. I might refer you to another practitioner who is better able to handle your unique needs.

**Acknowledgement and Consent to Receive Services** -I have read and understood the above disclosure regarding the services offered by Paige Continentino. I understand she is not a physician, psychotherapist or psychologist and that her services are not licensed in the state of Florida. I further understand that Paige is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies. I also understand that Paige does not claim that her services will heal or cure anyone. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Paige Continentino from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s). I have consented to use the services offered by Paige Continentino and agree to be personally responsible for the fees in connection with the services she provides me. That includes full payment for any session I miss without providing 24 hours notice.

Please indicate your acknowledgement and acceptance of these statements by signing below.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian of: \_\_\_\_\_