

**DISCLOSURE, LIABILITY AND CONSENT AGREEMENT**  
**Anna Schulist, Certified Clinical EFT Practitioner**

As part of my work with Anna Schulist, I will learn about EFT (Emotional Freedom Techniques) or Tapping, which is a type of self-applied acupressure technique. This requires tapping with my fingertips (acupressure) on acupuncture points on my face, upper body and hands with the intention of calming down the physiological “stress response.” A study published in the Journal of Nervous and Mental Disease, the oldest peer-reviewed psychology journal in the United States, found that (EFT) lowered the major stress hormone cortisol significantly more than other interventions tested. There are no known negative side effects of Tapping. While many experience benefits with Tapping, others do not.

Anna Schulist is not a licensed psychiatrist, psychologist, social worker, or mental health professional. She is not licensed or trained to diagnose any form of mental illness, and she is also not licensed to prescribe or recommend any medication. I understand that I will not be receiving any form of mental health counseling.

EFT is not used to diagnose, treat, cure, or prevent any physical or psychological illness or mental health disorder. Consequently, Anna Schulist’s sessions do not provide medical diagnoses nor do they offer cures. While EFT is a technique that has produced remarkable clinical results and has gained scientific support, EFT is meant to complement, not replace psychiatric, psychological or medical treatment from healthcare professionals. As you work with Anna, there is no guaranteed outcome in any individual or individual session. Sessions are a time to engage with and learn tools to address the emotional side effects of triggering events.

I understand that during our Tapping sessions, distressing emotions or physical sensations or unresolved memories may surface. Emotions may continue to rise after the session. I understand that I am encouraged to discuss these with Anna Schulist and an appropriate health care provider such as a licensed psychologist, psychiatrist, social worker, or mental health counselor. Your consent to use these techniques involves your voluntary agreement to take full responsibility for your well-being, progress, and behavior and to indemnify practitioner Anna Schulist.

In addition, I understand that by using Tapping, it is possible that previously vivid or traumatic memories may fade. This could adversely impact my ability to provide detailed legal testimony regarding a traumatic incident.

I understand that I am entitled to confidentiality with certain exceptions in which reporting may be legally required, such as current abuse of a minor, elderly, or disabled person, or the threat of serious bodily harm to myself or others. Confidentiality may no longer be legally protected should a judge make certain orders in certain legal proceedings, and I have been advised to consult with an attorney if I am involved in a legal situation in which such confidentiality may be at issue.

I understand that if Anna Schulist is asked to provide services to my spouse, partner or another member of my family, I will, in advance, establish the limits of confidentiality with her. I understand that it generally confines a practitioner's effectiveness when required to keep secrets, so Anna's policy, in most circumstances, is that what I say and what I do can be shared with my other family members/partners (intimates) Anna is working with. If this is what Anna and I establish, I will not tell her anything I wish to keep secret from my intimates who are receiving sessions from her. If confidential information is a concern, it may be better for each of my intimates to work with different practitioners.

I understand that sessions must be purchased in advance of my meeting with Anna Schulist. I also recognize that, if I purchase a package, there is a discount based upon the number of sessions purchased. I also acknowledge that any sessions purchased must be used within the expiration date.

Once an appointment has been scheduled, I understand that I will be expected to pay for it unless I provide Anna with twelve hours' advance notice of cancellation. If I am late, I understand that we will still end our session on time and not run over into the next person's session. If I miss a session without canceling or canceling with less than twelve hours' notice, I understand that I must still pay for that session unless we both agree that I was unable to attend due to circumstances beyond my control. If we do not both come to that agreement, I understand that I will not be refunded for that missed session. I recognize that the purchase prices for each type of session package is listed on Anna's website.

I acknowledge that Anna Schulist has given me the opportunity to ask questions regarding any aspect of this Agreement. By signing below, I acknowledge that I have carefully and completely read, and fully understand, all aspects of this Agreement and that I agree to all of the terms and conditions stated herein. This Agreement shall be binding upon me and legal representatives.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_