

**Energy Healing Therapy**  
**provided by Satveer Kaur**

EmotionalFreedomAnywhere.com

(Personalised Healthcare Consulting Ltd, Registered in England No 9736982)

**INFORMATION DISCLOSURE STATEMENT**

Energy Healing Therapy – scoped here as, but not limited to, Emotional Freedom Technique (EFT), Hypnotherapy, Yoga, Meditation, Reiki, Access Bars, and/or Breathing exercises – is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in therapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of.

**Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose. You may request anyone you wish to attend a therapy session with you.

All written communication between us will be by email, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

**The following are exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.**

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform child protective services.

3. If I believe that you are in imminent danger of harming yourself, I may break confidentiality and call the police. I may be obligated to do this, but would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call a crisis team.

4. If you tell me of the behaviour of another named health or mental health care provider that informs me that this person has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then I may be required to report.

**The next is not an exception to your confidentiality. However, it is a policy you should be aware of if you are in *couples therapy with me*.**

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.*

### **Approach to Therapy**

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgement not appropriate, I will inform you of this fact and try to refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, any of my staff or my family, I reserve the right to terminate you unilaterally and immediately from treatment.

## **Your Responsibilities as a Therapy Client**

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 60 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting. Cancellation and schedule changes should be requested by email that will have a time and date stamp, which will keep track of when you contacted me to cancel or change.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a session is to be paid via Paypal prior to the session start. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, I will bill you on a prorated basis for that time. If a fee raise is approaching I will remind you of this well in advance.

I do not accept any insurance, and am not willing to have clients run a bill with me. I cannot accept barter for therapy. I only accept payment via Paypal in advance.

## **Children/Clients Under 16 years of Age**

With the approval and involvement of a child's parent/guardian, I am willing to work on clients who are under 16 years old. The parent will need to attend each session in person, or where mutually agreed by all three parties (parent, child, and myself) I will hold one-to-one sessions with the child.

## **Complaints**

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect.

## **Client Consent to Therapy**

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Satveer Kaur, as a service delivered from England under English law. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Satveer Kaur. I am over the age of sixteen or a parent/guardian of a child under 16.

Client (or Parent/Guardian) Signature:

Name:

Date: