

The Energy OT, LLC  
celeste@theenergyot.com  
Fernandina Beach, Florida

### **Informed Consent and Authorization for Treatment**

Welcome. Before we enter into a working relationship together, I want you to have sufficient information about the service I provide. Please understand that our work together is a collaborative process to effect positive change in your life. Please read and sign this form and let me know if you have questions or concerns.

**Credentials:** I am a licensed occupational therapist in the state of California and the state of Florida. I am an Eden Energy Medicine Practitioner (2 year training). There is no licensure for energy practitioners in the state of Florida. Energy medicine is not recognized nor regulated.

**Energy Medicine:** The National Institute of Health recognizes energy medicine as one of five basic categories of "Complementary & Alternative." Eden Energy Medicine is used to assess disturbances in the body's energies and helps facilitate a balanced and harmonious energy state. I will use muscle response testing "energy testing" (adapted and modified from the field of applied kinesiology) to assess the flow of energy in your body and facilitate corrections designed to bring disturbed energies back to a balanced and harmonious state. While these methods are gentle and non-invasive, it is possible that physical and emotional after effects may occur when your energies have been stimulated and adjusted. Energy medicine is compatible with any treatment or procedure prescribed by your physician and it is used only as a complement to the standard care that you receive. If at any time you feel uncomfortable with this modality, you have the right to end treatment. Our work together will be greatly enhanced by your willingness to do energy exercises at home on a daily basis to help balance your own energies.

**Confidentiality:** Your medical records and lab reports may be reviewed and your records will be kept confidential. They will not be released without written consent.

**Exception:** In the case of subpoena or otherwise legally obligated or reasonably allowed to do so (including circumstances where there is clear and imminent danger to yourself or another person.)

If a case study is published, identifying information will be removed from all documentation.

**Acknowledgement and Consent to Receive Services:** I have read and understood the above disclosure regarding the services offered by Celeste Summer. I understand that she is not a physician, surgeon, or psychologist and that her energy medicine services are not licensed, acknowledged or regulated in the state of Florida. I further understand that Celeste is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies. I also understand that Celeste does not claim that her services will heal or cure anyone. I have consented to use the services offered by Celeste Summer and agree to be personally responsible for the fees in connection with the services she provided me.

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

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

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

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