

EFT Group Support Policy and Agreement

Norma Vaillette LMHC, 308 E. Lemon St. Suite 105, Lakeland, FL 33801

Phone: 863-284-0817 Fax: 863-284-0608 www.normajotherapy.com

Please initial each area as indicated by the line.

_____ I understand that Emotional Freedom Technique (EFT) as an energy psychology is considered and experimental technique. I am attending this group of my own free will and I accept all liability and responsibility. I do not hold Norma Vaillette responsible for any progress or lack of progress using this technique.

_____ I agree to pay the fee of \$20 at the time of service rendered. I understand that payment is due at the start of each group.

_____ I understand that the group has a limited size and that reservations are first come, first served. If I have not signed up for a group and all spots are taken, I may be refused to attendance to that group.

_____ I understand that I am responsible for what I share or do not share in the group. I understand that Norma Vaillette is not responsible for any discussions outside of the group by any persons attending the group. If I talk with Norma outside of the session, I realize that it is requested that I ONLY discuss MY issues, not the issues of others. I understand that sensitive material may be presented by others. I understand that by attending this group I am asked to respect the privacy of others who attend and disclose issues or feelings outside of the group.

_____ I understand that I may be asked to leave the group if I am disruptive or I may be denied participation if there are reported problems outside of the session. I understand that I may be referred to a different level of care. I understand that this is at the discretion of Norma Vaillette, and Norma will make an attempt to make contact explaining that decision.

_____ I understand that this group may end or other sessions may be added without notice and at the discretion of Norma Vaillette.

_____ I understand that Norma Vaillette is not responsible for the content of issues discussed, or whether there will be time for each person to present and issue. I understand that Norma may move from one issue to the next to allow for each person to have time, but that there will be times when one issue will need extra time to provide adequate support. I understand that Norma is not responsible for whether I feel I have gotten adequate time or support.

Signature

Date

Phone/email

Printed Name

