

## INFORMED CONSENT

Welcome! These documents contain important information about the professional services, financial responsibility and business policies of Sonia Niebergall. They provide a framework for understanding the services you are considering. Please read them carefully and email Sonia any questions you might have before signing them (sonia.makewell@gmail.com). If you decide to use Sonia's services and sign these documents, it will represent an agreement between you and Sonia.

**TRAINING & EXPERIENCE:** Sonia is a Certified Clinical Emotional Freedom Technique (EFT) Practitioner. The term "Clinical EFT" refers to the "evidence-based" method that has been validated in research studies to meet the APA Division 12 Task Force requirements on Empirically Validated Treatments.

Sonia has a Bachelor of Science Degree in Merchandise Management. She completed her Clinical EFT certification at the beginning of 2021 with EFT Universe and trained with Dawson Church, the founder of EFT Universe. Additionally, she has a Hypnotist Certification and is a certified Essential Oil Coach with over 14 years of experience in management prior to her certifications. EFT Universe was the first organization whose trainings have been accredited for Continuing Medical Education (CME/CE) credit for all the major healing professions, including doctors (AMA), nurses (ANCC), psychologists (APA) and social workers (NASWB).

**EFT ROOTS, RESEARCH & LIMITATIONS:** In the 1970s, a clinical psychologist named Roger Callahan found that clients made rapid shifts in psychological trauma when psychotherapy was combined with tapping on acupuncture points (Callahan, 2000). Callahan's method was simplified as EFT and published in a manual in the 1990s. (Craig & Fowlie, 1995; Church, 2013).

EFT draws from acupuncture, exposure therapy, cognitive reframing, and many other time-honored approaches to healing. EFT involves light tapping with your fingers on acupuncture points (acupoints). 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. (<https://www.tappingsolutionfoundation.org/science-and-research/>)

EFT is used to resolve physical and emotional distress and can be used as a self-help tool between appointments. Over 100 studies published in peer reviewed journals show that it is extremely effective at healing the symptoms of anxiety, depression, and PTSD. A meta-analysis that combined data from 7 randomized controlled trials of Clinical EFT for PTSD found that it had a very large treatment effect (Sebastian & Nelms, 2016). EFT had a treatment effect size of 2.96 on a scale where a moderate effect from a therapy is 0.5 and a large effect is 0.8. Many studies also show that EFT can be effective at reducing pain as well (<https://Research.EFTuniverse.com>). Research has also shown that pressure on acupoints, or "acupressure," can be as effective as acupuncture itself (Cherkin et al., 2009).

EFT is not used to diagnose, treat, cure, or prevent any physical or psychological illness or mental health disorder. Consequently, Sonia'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 Sonia, 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.

There have not been reports of distressing side effects when EFT is administered by a qualified practitioner, but this statement does not mean that you will not discover negative side effects for yourself. If you do experience side effects, you commit to notifying Sonia and taking the best course of action.

These techniques may bring to the surface issues and memories that need addressing, perhaps ones you were not aware of before the client-practitioner relationship began. If this happens, you agree to inform your practitioner as soon as is reasonable. Since Sonia is often with a client requiring her phone to be turned off, she is available by email, which she checks often; but If you have an emergency and can't reach her quickly enough, please call your family doctor or 911 as the situation merits. 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 Sonia Niebergall.

Your signature below indicates that you have read the information in the document above, understand it fully, have discussed any question or matters of concern with Sonia Niebergall and/or others, and agree to abide by its terms during our professional relationship.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## CONFIDENTIALITY & LIABILITY FORM

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 Sonia Niebergall may occasionally find it helpful to consult other professionals about her work with me. During a consultation, she will make every effort to avoid revealing my identity. The consultant is also bound to keep the information confidential. If I don't object, she will not tell me about these consultations unless she feels that it is important to our work together.

I understand that if Sonia Niebergall 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 Sonia's policy, in most circumstances, is that what I say and what I do *can* be shared with my other family members/partners (intimates) Sonia is working with. If this is what Sonia 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. Additionally, since Sonia's sessions are conducted via Zoom or another electronic platform, I understand that it is not possible to *guarantee* the confidentiality of the information, although I recognize that she will not knowingly share my information and identity. I also understand that Sonia records all sessions to be able to refer back to them in order to help me in the best possible way. They are never shared with others without my written permission. She also keeps notes from my sessions in a secure place. These notes can be shared with any medical professionals I may be seeing, if I so desire and with my written consent, through a secure portal.

I understand that, normally, I will be the one who decides when my work together with Sonia will end, but there are three exceptions to this. If Sonia determines that she is unable, for any reason, to provide me with the services I am requesting in a professional manner, she will inform me of this decision and refer me to another practitioner who may better meet my needs. Second, if I verbally or physically threaten or harass Sonia or her family, Sonia reserves the right to terminate me as a client immediately and unilaterally. Third, Sonia reserves the right to refuse or terminate a session if I or anyone in the session with me is suspected of being under the influence of a mood-altering substance. I understand that I will be responsible and charged for the full payment of the normal fee should that happen.

I acknowledge that I have read and understand the above statements regarding EFT and Sonia Niebergall's services and have discussed any concerns with her. Therefore, I consent to engage in Sonia Niebergall's EFT services freely and without duress of any kind and agree to indemnify and hold harmless Sonia Niebergall for any information on her website and resources she shares and from any claim, action, loss, liability, damage or suit arising from my

participation and use of the information and techniques. I agree to abide by the above terms during our professional relationship.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## FINANCIAL AGREEMENT

I understand that sessions must be purchased *in advance* of my meeting with Sonia Niebergall (Sonia) on her website (<http://www.sonianiebergall.com>). I also recognize that, if I purchase a package, there is a discount based upon the number of sessions purchased. I understand that I may also purchase sessions for others and then have them contact Sonia regarding any physical or mental health issues that may need addressed. I recognize that they can find the required forms to fill out on her website. I understand that many forms of payments are available on the scheduling page for convenience sake. ***I also acknowledge that any sessions purchased must be used within 1 year of the purchase date.***

If Sonia and I are near the end of a session, and I would like to continue longer than the time I paid for, and if Sonia does not have another commitment, I can continue the session for a longer period of time at a prorated amount equal to the plan I purchased, due at the end of the session.

Once an appointment has been scheduled, I understand that I will be expected to pay for it unless I provide Sonia Niebergall with twenty-four-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 cancelling, or cancel with less than twenty-four-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 Sonia's Acuity scheduling link. I understand that I can transfer unused sessions to someone else if I choose to do so.

I also agree to pay for the entire session if I am (or anyone with me is) under the influence of any mood-altering drugs during our scheduled session, even if the session is cut short due to that event.

My signature below indicates that I have read the financial information in the document above, understand it fully, have discussed any question or matters of concern with Sonia Niebergall and agree to abide by its terms during our professional relationship.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

