**Agreement for EFT Sessions from Brittney Sounart**

Brittney Sounart, EFT Coach

Agreement between Brittney Sounart, Professional EFT practitioner, and signer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(first and last name).

I have been informed that Brittney Sounart is a Professional EFT Universe practitioner and is not a licensed health care provider, therapist, or psychologist. Her academic degrees are in political science and not health care.

I understand that the services she provides in EFT are educational in nature.

I understand that payment is due at the time services are rendered.

I understand Brittney’s Fees: Four 75 minute EFT Sessions $360 or $120 for one 75 minute EFT session.

I undersant missed appointments or cancelled appointments without 24 hour notice will be charged a $50 fee.

I agree that this work is not psychotherapy and I am responsible for my own well being, during and after our work together.

I understand that I am advised to consult with my current health care providers before changing any medications or other treatments.

I understand that this session will be held with the utmost respect and that it will also be held in the strictest confidence.

I understand that Brittney Sounart may not give medical advice or diagnose medical conditions.

I understand I may contact Brittney for follow-up via email or phone if needed.

I understand that clients having a history of epilepsy or psychotic episodes should only do EFT while under direct supervision of a doctor or therapist.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brittney Sounart, EFT Coach**

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