



Informed Consent Agreement

I, _____, understand that, Marica Viczian is not a licensed therapist or psychologist and offers her services (EFT (Emotional Freedom Techniques) and Matrix Reimprinting) as a self-help educator and Holistic Health Practitioner only.

I am aware that Marica Viczian does not diagnose illness or disease, and does not prescribe medications. I agree not to discontinue or change any medications I am taking while working with Marica Viczian without first consulting my doctor. *(Please initial)* _____

I understand that EFT, and Matrix Reimprinting are considered experimental processes and are not a substitute for medical, psychological or psychiatric treatment or medications, and that it is recommended that I currently work with my primary caregiver for any condition I may have. *(Please initial)* _____

I understand that EFT, and Matrix Reimprinting may bring unresolved and distressing memories and related emotions and physical sensations into my awareness, and it is possible that disturbing material may continue to surface after a session and require further work. *(Please initial)* _____

I also understand that previously traumatic memories may lose their emotional charge and this could adversely affect my ability to provide convincing legal testimony. *(Please initial)* _____

I understand that all information I share with Marica Viczian is confidential and that no information will be released to any third party without my express written consent, with the following exceptions:

- When there is imminent risk of danger to myself or another person
- When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse
- When a valid court order is issued for session records

(Please initial) _____

I give Marica Viczian permission to describe the details of my sessions to colleagues and/or mentors for supervision purposes only, as long as my personal anonymity is strictly protected.

(Please initial) _____

I honor Marica Viczian's time and understand I will be charged for any booked sessions that have not been canceled 24 hours in advance. *(Please initial)* _____

I agree to take complete responsibility for my own comfort, health and well-being while working with Marica Viczian. I agree that typing in my name below is the electronic equivalent of my actual signature. *(Please initial)* _____

Client Signature:

Date: