

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 confidentialities may be at issue.

I understand that Andrea Withers 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 Andrea Withers 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 Andrea's policy, in most circumstances, is that what I say and what I do *can* be shared with my other family members/partners (intimates) Andrea is working with. If this is what Andrea 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 Andrea'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 Andrea 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 Andrea will end, but there are three exceptions to this. If Andrea 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 Andrea or her family, Andrea reserves the right to terminate me as a client immediately and unilaterally. Third, Andrea 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 Andrea Withers' services and have discussed any concerns with her. Therefore, I consent to engage Andrea Withers' EFT services freely and without duress of any kind and agree to indemnify and hold harmless Andrea Withers 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: _____