

Client Informed Consent and Release Form

Thank you for your interest in Rapid Eye Technology. Many have found profound relief from negative family and personal patterns. This information sheet is to be read and signed, showing that you understand what the Rapid Eye Session program can and can not do for you and to help communication to remain clear.

By signing this form, I understand that my Technician will be simulating the same natural release that my body receives at the end of my own REM cycle sleep. I understand that research shows this process to be safe, and my Technician has my best interest in mind. I understand that my Technician will do his/her best to ensure that sessions meet my intentions, but nothing in a therapeutic situation is guaranteed. I understand that RET is not hypnosis, is its own unique process, that I will be conscious and in control of my sessions at all times, and I may ask questions at any time before, during and after my sessions. I also understand that cognitive education in the form of my Skills for Life program will be offered to me.

I understand that my RET Technician has been certified by The Rapid Eye Institute Certified Career School, Dept of Education #1792. My Technician is bound by confidentiality and will not share the contents of my sessions with anyone unless I am a danger to myself or others. My Technician has been well trained in the RET process to do my sessions and is not trained to teach me to do RET unless she/he is a Certified RET Trainer. If I have a complaint, I may call The Institute at 503-999-9876 at any time.

I understand that payment of \$_____, is due at time of service and that I will receive a receipt for all monies paid if I desire. If I buy a block of sessions from my Technician, I will receive my allotted sessions and may have them as fast or slow as I desire. If I am unable to come to my scheduled appointment time, I will give 24-hour notice to my Technician. If I do not, I understand that my Technicians time is valuable and I will be charged for the session time, as someone else could have used this time. Concurrently, if Technician does not show up for a scheduled appointment time, they will give me 2 sessions for the price of one. By signing below, I am agreeing to and I understand the above statements.

DATE: _____

CLIENT PRINTED NAME

CLIENT SIGNATURE

TECHNICIAN PRINTED NAME

TECHNICIAN SIGNATURE