Text

Description automatically generated with medium confidence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BASIC ELEMENTS OF INFORMED CONSENT** | **YES** | **NO** | **N/A** | **COMMENTS/CONCERNS** |
| Language of consent is appropriate/understandable (written in simple, lay language and translated, as needed) | **□** | □ | □ |  |
| **Title section** - includes your name or practice | **□** | □ | □ |  |
| **Status and Scope of Practice** – describe thekinds of services you can legally and ethically provide | **□** | □ | □ |  |
| **Basic simple description and or definition of your modality** | **□** | □ | □ |  |
| **Benefits and risks of your modality** | **□** | □ | □ |  |
| **Your educational training, credentials, and experience** | **□** | □ | □ |  |
| **Confidentiality** | **□** | □ | □ |  |
| **Client Rights** | **□** | □ | □ |  |
| **Acknowledgment that the client has** read, discussed, and understands the nature of your services and your Scope of Practice. | **□** | □ | □ |  |
| **Liability Waiver/Hold Harmless Clause** | **□** | □ | □ |  |
| **Fee payment and client responsibilities** | **□** | □ | □ |  |
| **Client Consent and Signature** | **□** | □ | □ |  |
| **My Consent form has been reviewed and proofed** | **□** | □ | □ |  |

Energy Medicine Professional Association 11/2022 www.energymedicineprofessionalinsurance.com