

情緒密碼 (The Emotion Code)

身體密碼系統 (The Body Code System)

同意書

1. 我了解什麼是**情緒密碼 (The Emotion Code)** 和**身體密碼系統 (The Body Code System)**，以及**布萊利·尼爾森醫師 (Dr. Bradley Nelson)** 所教授的內容（此後簡稱為“這些方法”），同時我也了解以下列名之操作者所施行的操作是將試圖找出並清除潛在的不平衡，透過釋放包括「**能量**」、「**循環**」、「**病原體**」、「**身體結構**」、「**有毒物質**」及「**營養素**」等方面不平衡的能量。這些能量療癒的方法會促進內在的和諧及平衡，並減輕壓力及協助建立身體自然的療癒能力。能量療癒以及所提到的這些方法已被廣泛地視為傳統醫療照護之外，有效且寶貴的輔助。
2. 我了解以下列名之操作者將透過這些方法來釋放受困情緒或是校正任何其他能量的不平衡，**但這絕非是取代醫療照護**。這些資訊**絕非醫療建議**，**也不應被用作為醫療診斷或是治療**。所得到的資訊**並非在建立任何醫師及病患關係**，也不應被視作為取代專業醫療諮詢，也非意在取代任何既有的醫囑治療或是醫師建議的任何醫療照護。我同時也了解這些方法**並不能取代任何針對心理障礙或疾病所執行的專業心理諮詢或療程**。
3. 我了解如果我服用了我的操作者人員建議之任何型式營養補充品如維他命、礦物質、草本藥物或任何成分補充品，或是其他任何型式的外在治療，所有的風險將由我個人承擔，同時我也了解所有的建議都應再與我的醫師確認後才能使用。
4. 我了解大約百分之二十的療程，在受困情緒或是其他能量釋放後會有「**身心重整**」的情況發生，也就是被釋放的情緒或其他能量的回音可能會對我造成短暫生理或心理上的不適，像這樣的「**身心重整**」過程是正常能量平衡重建的一部份。
5. 我了解我的操作者人員**並無宣稱可以治療或恢復我既有的任何疾病狀況**，也**無宣稱能預防我未來罹患各種疾病的可能性**，因此沒有涉及任何的保證。我同時也了解若我運用了任何我所接受的資訊，風險將由我個人承擔。
6. 我了解若我有任何健康上的顧慮，**我已被建議在做任何關於個人健康的決定前，尋求合適的專業醫療諮詢**，在這裡的資訊僅作為參考，並非取代任何醫療治療。
7. 我了解這些療程**將完全的保密**，任何個人資訊僅會在教育及研究用途下進行**匿名使用**，若下列我的操作者人員所屬國家政府有任何特殊法律要求情況下除外，若有此類情況產生，我的姓及所在城市等個人資訊將會被移除以保護我的隱私，除非有特殊法令要求。
8. 我了解我已被建議透過布萊利·尼爾森博士的網站：www.healerslibrary.com 先行了解內容，以及/或透過閱讀「**情緒密碼**」一書。
9. 我了解透過簽署這份同意書，我完全同意參與以下列名之操作者人員所提供的情緒密碼，以及/或參與身體密碼系統。

日期 _____

簽名 _____

操作者人員姓名 _____

受試者姓名 _____

THE EMOTION CODE THE BODY CODE SYSTEM

Consent Form

1. I understand that The Emotion Code, as well as the Body Code System, as taught by Dr. Bradley Nelson, (hereinafter called “these methods”), and as practiced by the practitioner listed below, seek to identify and eliminate underlying imbalances by releasing energetic imbalances in the areas of energy, circuitry, pathogens, structure, toxicity, and nutrition. These methods of energy healing promote harmony and balance within, relieving stress and supporting the body’s natural ability to heal. Energy healing such as these methods is widely recognized as a valuable and effective complement to conventional medical care.
2. I understand that releasing trapped emotions, or the correction of any other energetic imbalance using these methods as practiced by the practitioner listed below, **is not a substitute for medical care**. This information is **not intended as medical advice** and **should not be used for medical diagnosis or treatment**. Information received is **not intended to create any physician-patient relationship**, nor should it be considered a replacement for consultation with a healthcare provider, nor is it meant to replace any medical treatments as ordered by any physicians nor any other medical care you have been advised to seek by them. I further understand that these methods are **not a replacement for any professional psycho-therapeutic or counseling sessions** in the treatment of any mental health issues or disorders.
3. I understand that if my practitioner makes any suggestions regarding supplementation of any kind, such as vitamins, minerals, herbal preparations, or any compounds or any other external remedy of any kind, that I use or ingest any such at my own risk, with the recommendation that I seek the advice of a physician before using any remedy suggested by my practitioner.
4. I understand that in approximately 20% of sessions, the release of trapped emotion(s) or other energy(s) may result in “processing,” where echoes of the emotion(s) or other energy(s) released may manifest in temporary physical or emotional discomfort, and that this “processing” appears to be a normal part of regaining energetic balance.
5. I understand that **my practitioner makes no claims as to healing or recovery from any illness I may have now, nor the prevention of any illness I may have in the future**, and that no guarantee is made towards validity. I further understand that the use of any information I receive is at my own risk.
6. I understand that **if I have health concerns, I am recommended to seek advice from an appropriate medical practitioner** before making any decisions about my health, and that this information is offered as a service and is not meant to replace any medical treatment.
7. I understand that these sessions are confidential, and that any personal information would be used anonymously for educational and research purposes only, subject to any exceptions governed by laws of the State of residence of my practitioner listed below, or of Federal laws and regulations, and that identifying personal information such as my last name and city will be deleted to maintain my privacy, unless required by law.
8. I understand that I am advised to be self-informed about this work by visiting Dr. Bradley Nelson's website: www.healerslibrary.com and/or by reading his book The Emotion Code.
9. I understand that by signing this form, I fully consent to participating in Emotion Code and/or Body Code session(s) with the practitioner listed below.

Date _____

Signature

Name of Practitioner (Please Print or Type)

Name (Please Print)