



**Michelle Brzezniak EEM-CP**  
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## Welcome to Empowered Energy Wellness...

*and thank you for your interest in my Eden Energy Medicine Practice.*

For over 25 years, I have been actively involved in natural wellness and healing modalities. My journey was motivated by the chronic debilitating migraine headaches which plagued my youth. Both conventional and alternative approaches offered minimal relief, but the headaches persisted. Working with a healthy diet and supplements seemed to help the most, yet still I felt frustrated and hopeless. Then I discovered *Donna Eden's Energy Medicine*, or *EEM*. To my surprise and delight, *Donna's* simple 5 minute *Daily Energy Routine* was all I needed to find the relief I had been desperately seeking for so long!

It truly took a commitment to balance and repattern my energy systems, but that healing has lasted with no side effects...and many more unexpected benefits. Now I only get headaches on rare occasions, and I treat them myself with *EEM*.

Learning about *EEM* has become my passion. Now that I am a *Certified Eden Energy Medicine Practitioner*, it has become my mission to help those who are struggling with pain and chronic health issues, like I was not so long ago. I hope to educate and EMPOWER others to achieve their own ENERGY WELLNESS and restore long lost hope.

Thank you for entrusting me with your care!

A handwritten signature in black ink, which appears to read "Michelle Brzezniak".



### **What is Eden Energy Medicine?**

*Eden Energy Medicine* is named after it's founder *Donna Eden*. *Donna* is considered to have legendary healing abilities and is a pioneer in the field of *Energy Medicine*. *Donna* has an innate ability to literally see the body's energies and accurately determine the causes of physical, emotional and psychological problems resulting from the state of these energies. Pairing her amazing gift of clairvoyance with her highly tuned intuitive abilities, *Donna* has devised hundreds of highly effective treatments to address each client's unique energy balancing requirements. These techniques are based on the time honored healing traditions of *acupuncture*, *yoga* and *qi gong*. The core theory of *EEM* is that when the body's 9 energy systems are balanced, the body can restore itself to a natural state of well-being. Amazingly, *Donna* actually healed herself from her own severe M.S. with these very techniques. Many other testimonials are available on her website [www.EdenMethod.com](http://www.EdenMethod.com) and in her book *Energy Medicine*.

One of the tools commonly used in *EEM* is called "energy testing". This is a procedure where light pressure is applied to an outstretched arm, while touching another area of the body (based on *Applied Kinesiology* and also known as or muscle testing). This is a way of assessing how well energies are flowing through specific areas of the body and identifying which techniques will be the most beneficial. Then flow, balance and harmony are gently restored by: tapping, massaging or connecting specific energy points (acupoints) on the skin; tracing the hands over energy pathways (meridians); specific

exercises or postures designed for energetic effect and/or using the intention of the mind to move and heal specific energies.

*Eden Energy Medicine* awakens energies that bring RESILIENCE, JOY, and ENTHUSIASM to your life – and greater VITALITY to your body, mind, and spirit! *EEM* can balance your body's chemistry, regulate your hormones and help you feel better and think better! *EEM* is both a complement to traditional approaches of medical care and a complete system for self-care and self-help.

*Note: Energy Medicine stimulates innate health-promoting mechanisms that restore the body's natural state of well-being. It does not attempt to diagnose, treat or cure illness.*

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For additional information please visit Donna Eden's website at [www.EdenMethod.com](http://www.EdenMethod.com)

### **Payment**

- The first visit is **\$100 for an 105 minute** assessment and *Eden Energy Medicine* balancing session. Subsequent sessions are **\$75 for 90 minutes**. You can also purchase **90 minute sessions** in discounted packages: **3 sessions for \$210** and **5 sessions for \$325**.
- Payment is *due at the time of session* unless we have arranged otherwise.
- I accept *cash or personal checks* at this time.
- Returned checks will incur a **\$35.00 fee, due and payable immediately**.

### **Cancellation Policy**

- Out of respect for others that may be waiting for an appointment, please cancel at least **24 hours** in advance of your scheduled appointment.
- Cancellations made within **24 hours** of the appointment *will require payment for the session in full*.

### **Timing**

- Please arrive *on time* for your scheduled appointment. If you are *late*, we will still end on time.

### **Dress Code**

- It is best to wear *loose comfortable clothing, minimal jewelry and no perfumes*. I will ask you to *remove your shoes* in my office for the purpose of working with energy acupoints on your feet.

### **Contacting me**

- *Empowered Energy Wellness* is open *by appointment only*. I monitor my e-mail and voice mail frequently and will make every effort to return any calls as soon as possible.

*Empowered Energy Wellness reserves the right to dismiss clients for inappropriate conduct, non or late payment of fees, safety concerns and other circumstances as determined by the Eden Energy Medicine practitioner*

***If at any time you are unhappy with my services...***

or the way our work together is proceeding, I hope you will talk about it with me so that I can respond to your concerns directly. *I will take such concerns seriously and meet them with care and respect*. You are free to discuss any complaints about me with others since you do not have to maintain confidentiality about anything I say or do. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, feel free to register a complaint with the organization that certifies me as an *Eden Energy Medicine Practitioner*:

### **Innersource**

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Name:	Date:
Address:	
E-Mail:	
Best phone to reach you: (indicate work, home or cell)	
Emergency Contact: (name, phone, relationship)	
Occupation:	
Referred by:	
Are confidential phone messages or texts OK? Yes_____ No_____	

What do you hope to gain from your Eden Energy Medicine sessions?

How do you deal with stress? How do you relax?

How do you take care of your body?

What gives you joy?

## **Empowered Energy Wellness • Consent to Treatment**

I, \_\_\_\_\_ consent to be treated by *Michelle Brzezniak EEM-CP, at Empowered Energy Wellness with Eden Energy Medicine*. This includes educational instruction/demonstration and hands on energy balancing using *Donna Eden's* techniques which are designed to balance energy throughout the body. This may involve hands-on-touch.

Although *Energy Medicine* uses the term "medicine," it does NOT imply that *Energy Medicine* practitioners are practicing medicine. *Energy Medicine* is a term used by many complementary health programs which assess and correct energy imbalances in the body and optimize overall health and vitality. *Energy Medicine does not diagnose and/or treat medical or mental health conditions or replace the care of a licensed health care professional.* If you have a disorder that has been diagnosed or should be evaluated by a licensed health professional my services should be used only in conjunction with that care. *I am Certified as an Eden Energy Medicine practitioner, but I am not a licensed doctor.*

I understand there are *possible side effects* of this treatment:

While the methods I use and teach are gentle and considered non-invasive, it is possible that physical or emotional side effects may occur after your energies have been stimulated and adjusted. In some instances, deep pressure is used to move energies that may be blocked or congested, and this may cause some *pain or discomfort. Dizziness, nausea, or anxiety* are unusual but potential side effects to energy work. *Deep emotional releases* are also common in energy work. If any procedure is uncomfortable, please tell me immediately. *I will stop upon request and provide a technique to counter the discomfort.*

I understand that effective energy work requires a *partnership* between the practitioner and client:

Achieving body and mind well-being is the responsibility of *both* the client and practitioner. I will help develop new energy habits to substitute for less useful ones. Your role in this partnership is to make a strong commitment and work to achieve the goal of energy balance. This includes doing specific *self-care energy exercises* between sessions as well as the regular practice of *Donna's Daily Energy Routine*.

I understand that *physical contact* from practitioner to client is expected:

Physical contact, even in a healing relationship, can be a sensitive matter because touch can be easily misinterpreted and feel too intimate, uncomfortable or even sexual in nature. *Touching in a sexual manner is unethical within a professional healing relationship and will NEVER be a part of our work together.* Many of the methods I will use, however, are likely to involve touch. The theory is that touching or holding acupoints can help identify and shift imbalances in your energy systems. At all times, you will remain *fully clothed*, with the exception of your shoes. I will always explain ahead of time where I will touch, and you can let me know if you are uncomfortable with it or not. *I will always honor any requests not to touch.*

### **Acknowledgement of Consent to Treatment**

My signature below indicates I understand the nature of this treatment is not medical. I have been informed of the risks and possible side effects involved, and I have been given an opportunity to ask questions pertaining to the treatments. I understand that no guarantee can be made concerning the results of this treatment and that I am personally responsible for my own health, recognizing that the degree to which energy can heal depends upon my own participation. I understand that *Michelle Brzezniak EEM-CP is not a medical doctor. I understand that Empowered Energy Wellness is not a medical practice and is unable to provide a diagnosis or treatment of any illness or disease.*

Signature: \_\_\_\_\_  
(parent/guardian signature needed if client is under 18)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Empowered Energy Wellness • Privacy Practices**

I keep brief records of each session, primarily noting the date of the session, the interventions used and progress or obstacles observed as they relate to your goals in working with me. I maintain your records in a secure location that cannot be accessed by anyone else. I will maintain your records for at least *five years* after our last contact, after which time I may securely dispose of them. *Clients have the right to access their confidential information.*

With the exception of special situations described below, you have the absolute right to the confidentiality of your sessions. I cannot and will not tell anyone else *what you have told me or even that you are working with me*, without your prior written permission. If you elect to communicate with me by email at some point in our work together, please be aware that *email is not completely confidential*. All emails are retained in the logs of Internet service providers.

You, however, are always welcome to share anything about the session with others as you see fit. You do not have any responsibility to maintain confidentiality about what I say or do. You are the person who has the right to decide what you want kept confidential.

The following are exceptions to your right to confidentiality:

1. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state or local agency.
2. If I believe that a client is threatening serious bodily harm to another, I am legally obligated to take protective actions. These actions may include notifying the potential victim, contacting the police or seeking hospitalization for the client.
3. If I believe that a client is in imminent danger of harming him or herself, I am legally obligated to break confidentiality and contact the police, a local crisis team or a family member/close friend.
4. If a client tells me another health or mental health care professional has either a) engaged in sexual contact with a patient, including yourself or b) is impaired during practice due to cognitive, emotional, behavioral or health problems, the law requires me to report this to the practitioner's state licensing board. I would inform you before taking this step.
5. In certain legal proceedings, particularly those involving child custody or if your emotional condition/treatment is important, a judge may order my testimony in court. Confidentiality is not protected in these legal situations. Consult with an attorney if you are involved in a legal situation in which confidentiality may be an issue.
6. If I am asked to provide services to your spouse, partner or another family member we will establish the limits of confidentiality in advance. If you are under 18 years of age, please be aware that the law provides your parents or legal guardians the right to examine my records of our work together.

### **Acknowledgement of Privacy Practices**

My signature below indicates I have reviewed, understood, and discussed any questions or concerns about confidentiality and the legal exceptions to it, with Michelle Brzenziak EEM-CP at Empowered Energy Wellness.

Signature: \_\_\_\_\_  
(parent/guardian signature needed if client is under 18)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Empowered Energy Wellness • Health Statement (Page 1 of 2)

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Describe problems you wish to address. Include how long you have had them, any medical diagnosis for them, treatments you have tried, and their effectiveness:

Do you have an environmental sensitivity? \_\_\_\_\_ Do you have a pacemaker? \_\_\_\_\_

Do you have a hearing aid? \_\_\_\_\_ Do you have metal plates or screws in your body? \_\_\_\_\_

Are you diabetic? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

### **FAMILY MEDICAL HISTORY (please circle)**

Diabetes   Cancer   High Blood Pressure   Heart Disease   Stroke   Seizures   Asthma

Allergies   Other Significant Illnesses: \_\_\_\_\_

### **YOUR MEDICAL HISTORY (please circle)**

Diabetes   Cancer   High Blood Pressure   Heart Disease   Stroke   Seizures   Asthma

Allergies   Other Significant Illnesses: \_\_\_\_\_

Surgeries	Dates

Describe any major accidents or traumatic events and approx. dates:

Allergies (drugs, chemicals, foods, airborne allergens, etc.):

**Empowered Energy Wellness • Health Statement (Page 2 of 2)**

**Current Medications:**

Name	Purpose	Dosage/Frequency	Taken for how long?	Any adverse reactions?

**Current Nutritional And Herbal Supplements:**

Name	Purpose	Dosage/Frequency	Taken for how long?	Any adverse reactions?
<b>PLEASE CIRCLE:</b>	<b>What kind?</b>		<b>How often? Per day/per week</b>	
<b>Alcohol</b>				
<b>Caffeine/Coffee</b>				
<b>Soda</b>				
<b>Cigarettes/Tbcco</b>				
<b>Over-the-Counter Medications</b>				

*All answers on this form are confidential. However; if substance-use appears to be life threatening, I am required by law to report it.*

<b>PLEASE CIRCLE THOSE THAT APPLY:</b>	<b>Last used</b>	<b>Amount used</b>	<b>Frequency Per day/per week</b>	<b>Any adverse reactions?</b>
<b>Marijuana</b>				
<b>Amphetamines</b>				
<b>Cocaine</b>				
<b>Other:</b>				