

Research Participation Form

This research is being conducted by Energy Healing Partners, Inc. The study attempts to validate a Creative Energy Therapy treatment for bipolar illness. The treatment is guided by a connection with multi-level consciousness and communication at the cellular memory level, and promotes and supports your own natural healing ability. (For additional information about CET, see www.EnergyHealingPartners.com.) Before agreeing to participate, please read the following information. Even after you agree to participate, you may withdraw from this research at any time just by notifying the independent auditor, Daniel Parr, CPA, at 541-382-4664. If you have any questions, you may contact Dr. Mary "Mo" Wheeler at 541-316-1537 or mowheeler@earthlink.net. There is no charge for participation in this study.

I would like to receive a Creative Energy Therapy treatment for what Dr. Wheeler calls "the bipolar glitch" and any other issues related to what she identifies as the *heritage* of my energy systems (meridians, chakras, aura, etc.). I understand that the method being used will promote and support my body's own natural healing ability. Although I may or may not have a diagnosis of bipolar illness or identify myself as having bipolar illness, this is not a requirement for participation in the study. I understand that as a participant in this study, I will not know when a treatment occurs, and I will not be present for this treatment. Furthermore, I will not know who has performed the treatment, and I understand that it may or may not be Dr. Wheeler. As part of the study I will receive a follow-up telephone session to review my progress and address any issues of concern. At that time, I will have an opportunity to discuss my experience with the healer involved. I understand that I may also request an additional session with Dr. Wheeler at no charge once the data collection is completed. I also understand that I may not meet the requirements to participate in this study. In this case, I will be offered a free telephone session with Dr. Wheeler.

As a participant in the study, I will answer two brief research questionnaires, one related to my mood and energy levels and the other related to my health and well-being. These questionnaires will be completed at the time of consent to participate and on two other occasions later in the study. I will return them for tabulation to the independent auditor, Daniel Parr, CPA, in Bend, Oregon. He will assign me an identification number and will keep the information I provide strictly confidential. I understand that the person who treats me will know only my identification number prior to the follow up session.

I understand that this is a pilot study about a type of treatment which has no research support. Although there is no known risk of participation in this treatment and the benefits are also unknown, I accept full responsibility for my participation in this study. I release Energy Healing Partners, Inc., its employees, directors, and officers from any and all liability arising out of my participation in this research.

Disclaimer

I understand that Dr. Wheeler does not diagnose or treat illness in the same manner as a medical doctor, and that this treatment is non-medical in nature and is not being performed as a rendering of medical services. Any treatment I might receive is only intended to support and promote whatever medical advice I am receiving and is not intended to be a substitute for regular medical care.

I, (clearly print your name) _____,
agree to participate in the research study described above.

Signature _____ Date _____

Sex: Male__ Female__ Identification Number (leave blank) _____

Age - CIRCLE ONE: 18-29 30-39 40-49 50-59 60-69 70-79 80-89 90-99

Please PRINT CLEARLY your address for mailing or emailing the follow-up questionnaire:

Phone number for follow-up interview at completion of study: _____

***Mail this release form with the two completed questionnaires to:
EHP RESEARCH, c/o Daniel Parr, CPA, 855 SW Yates Ave, Ste. 101, Bend, OR 97702***