Consulting Agreement/Disclaimer

1. ***I realize*** that my success depends on my own commitment to improving the situation that brings me here. I acknowledge that the hypnotherapist is not diagnosing, prescribing for, or treating any physical or mental ailments, and I do not hold the hypnotherapist responsible for them.
2. ***I release*** the hypnotherapist from any liability whatsoever regarding my hypnotherapy session. Any conclusions I draw from my sessions or responses I have are mine and mine alone. I take full and total responsibility.
3. ***I understand*** that these sessions are not psychotherapy, but are a therapeutic alternative aimed at creating positive changes in my life. I also understand that use of **Alcohol** or other **“recreational drugs”** is strictly prohibited prior to sessions, as these are counter-productive to the hypnosis process.
4. ***I agree*** to pay $50 for any missed appointments, not cancelled at least 24 hours in advance.
5. ***I agree*** to inform the hypnotherapist, of all physical and mental conditions that might affect her work with me.

1. I have put an “X” by any conditions that apply to me:

\_\_Epilepsy, \_\_Cancer, \_\_AIDs, \_\_Clinical Depression, \_\_Phobias, \_\_Panic Attacks, \_\_Psychosis, \_\_Schizophrenia, \_\_Anorexia, \_\_Bulimia, \_\_Alcoholism, \_\_Drug Dependency, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medications I am currently taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the reason for the medication?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent**

*Hypnotherapy is a highly effective healing modality for most people. For some, it may be intense, and inner material may come up both in and after sessions. This is actually a healing experience when properly understood. The best action to take is to call your hypnotherapist and get assistance. Most people find they have positive experiences.*

*“ I understand this, and I am willing to give it my best. I take responsibility for myself”*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_