

Consulting Agreement and Confidential Client Information Form

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. I understand that hypnotherapy is not a substitute for my physician's or counselor's role in monitoring my health or psychological needs.

I release the hypnotherapist from any liability whatsoever regarding my hypnotherapy session. Any conclusions I draw from my session or responses I have are mine and mine alone. I take full and total responsibility.

I understand that these sessions are not psychotherapy but are a therapeutic alternative aimed at creating positive changes in my life.

I agree to pay \$50 for any missed appointments not cancelled at least 24 hours in advance.

I agree to inform my hypnotherapist of all physical or mental conditions that might affect her work with me.

I have circled any of the following physical, mental, or emotional conditions that apply to me:

Epilepsy, Cancer, AIDS, Clinical depression, phobias, panic attacks, psychosis, schizophrenia, anorexia, bulimia, alcoholism, drug dependency, Hepatitis ____, communicable diseases, insomnia, IBS, diabetes, other _____

Medications I am currently taking: _____

From your hypnotherapist:

I agree to use the best of my abilities to help you make the changes you seek and to treat you with care and respect.

I agree to give you my undivided attention and professional assistance during our scheduled consultations, and I agree to strict confidentiality.

I am professionally committed to using my training and skills to assist you in mobilizing your own resources to achieve the results you seek.

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."

SIGNED: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____

CITY: _____ ST: CA ZIP: _____

PHONES: H: _____ W _____ C: _____

EMAIL ADDRESS: _____

Age _____ Sex _____ Occupation _____

Personal Status: ___Married ___Single ___Cohabiting ___Divorced ___Widowed ___Separated

How did you find out about me? _____

Have you ever been hypnotized? _____

Reason/Issue _____

My current commitment to change (scale: 1 to 10 with 10 being highest) _____

Turn page over and complete second side

Disclosure Statement

Beverly E. Taylor, Certified Hypnotherapist

PO Box 50655, Palo Alto, CA 94303

(866) 326-EASY (3279)

office@easykeytolife.com - www.easykeytolife.com

Certified through the National Guild of Hypnotists

The undersigned Client acknowledges that he or she has been informed of the following information:

Hypnotherapy is a self-regulated, not state-licensed, profession. We are a certified profession, and we meet the highest standards set forth by the National Guild of Hypnotists. We practice according to our organization's Code of Ethics and Standards. We have received high quality training.

We do not do medical diagnosis; nor are we licensed physicians or medical practitioners. We are certified healing arts practitioners, Certified Hypnotherapists. We provide hypnotherapy services, which give high-quality alternatives for people seeking to overcome many of the challenges of life. We pledge confidentiality and professional commitment to you.

I, Beverly E. Taylor, have acquired the following education, training, experience, and qualifications to perform the services offered to my Clients:

Certified Hypnotherapist, The Hypnotherapy Center, Oakland, CA

Advanced Certified Hypnotherapist, The Hypnotherapy Center, Oakland, CA

For complaints not resolved by Hypnotherapist, contact the National Guild of Hypnotists,
P.O. Box 308, Merrimack, NH 03054

I, the undersigned Client acknowledge that I have been advised of the foregoing information, and that I have been given a copy of this "Disclosure Statement" form.

Print Name _____

Sign Name _____

Date _____