RELAXED MIND HYPNOSIS LLC

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DISCLOSURE AND INFORMED CONSENT FOR HYPNOSIS / HYPNOTHERAPY

Client Name: _____ Client Phone: _____
Clt Num: (leave blank) _____ Date of Birth: _____
Date of Session: _____ Time: _____ - _____

1. **Description of Hypnosis and Hypnotherapy**

Hypnotherapy is a complementary wellness practice intended to support personal growth and achieve positive lifestyle changes.

Hypnosis is a naturally occurring state of focused attention and heightened suggestibility. During hypnosis, individuals typically experience deep relaxation and increased openness to helpful suggestions.

2. **Purpose and Potential Benefits**

Hypnotherapy may be used to assist with goals such as:

- ✓ Stress and anxiety reduction
- ✓ Habit change
- ✓ Healthy lifestyle support
- ✓ Improving sleep
- ✓ Increasing confidence, motivation, and performance
- ✓ Managing fears or unwanted behaviors
- ✓ Mindset improvement
- ✓ Motivation
- ✓ Pain management
- ✓ Relaxation

3. **Nature of Hypnotherapy:** a collaborative process intended to support personal change, relaxation, stress reduction, and the exploration of thoughts, behaviors, and habits. Results may vary from person to person. Hypnotherapy is not a substitute for medical, psychological, or psychiatric diagnosis or treatment.

A typical session may include:

- Discussion of goals and current concerns
- Relaxation or induction techniques
- Guided imagery, suggestions, or therapeutic dialogue
- Post-hypnotic suggestions designed to reinforce positive change
- Debriefing and discussion after the session

You may remember everything, most things, or occasionally feel as though the experience was dream-like. This is normal.

4. **Voluntary Participation**

Participation in hypnotherapy is completely voluntary and you cannot be made to do anything against your will. You may stop a session or request to end services at any time. Hypnosis is a cooperative process, and you retain full control throughout the session.

You have the right to:

- Ask questions at any time
- Decline any suggestion or exercise
- Stop the session at any point
- Withdraw consent to treatment

5. **Risks and Discomforts**

Hypnosis is generally considered safe for most individuals. However, possible temporary experiences may include:

- Emotional reactions when discussing or recalling certain memories
- Increased awareness of thoughts or feelings
- Temporary fatigue or emotional release after sessions

6. **Medical and Psychological Care Disclaimer**

Hypnotherapy is considered a complementary or alternative wellness practice. It is not a substitute for medical, psychological, or psychiatric diagnosis or treatment. A hypnotherapist does not diagnose conditions, prescribe medications, or provide medical or mental health treatment. Hypnotherapy may not be appropriate for individuals experiencing certain psychiatric conditions without coordination with a licensed mental health professional.

If you are currently under the care of a physician, psychologist, or other healthcare professionals, you are encouraged to continue following their guidance. If necessary, the hypnotherapist may request coordination with your healthcare provider.

7. **Confidentiality**

All information shared during sessions will be kept confidential and treated with professional discretion except in circumstances required by law, including:

- Risk/intent of harm to yourself or others
- Suspected abuse or neglect of a minor or vulnerable individual
- Court order or legal obligation
- Parents or legal guardians have the right to access a minor client's health information

Session notes (both online and in person) may be kept for professional documentation and are confidential except where disclosure is required by law as stated above.

8. **Online sessions and Electronic Communication Sessions**

Online sessions are conducted using video conferencing, phone, or other internet-based communication platforms involving electronic transmission of information. While reasonable efforts are made to use secure technologies and maintain privacy, no electronic communication can be guaranteed.

By choosing to participate in online sessions, you acknowledge and accept that there may be risks including potential interruptions, unauthorized access, or technical failures, and limitations in the ability to fully ensure confidentiality.

You also agree to take reasonable steps so ensure your own privacy during sessions, such as participating from a private location and using a secure internet connection. You agree that as a client you are responsible for participating in sessions from a private and safe location where you will not be interrupted. You also agree to use a secure internet connection when possible and to take reasonable steps to protect your own confidentiality during sessions.

You agree to attend online sessions while sitting or lying down in a safe environment. A glass of water, tissue and a notepad with pen or pencil should be available. You, the client agrees to not participate while driving, operating machinery or performing any non-related activity that requires full attention during online hypnotherapy sessions*

*** In the event of interruptions due to technical issues, reasonable efforts will be made to reconnect. If reconnection is not possible, we may attempt to continue by phone. Rescheduling will be made if the session is interrupted within the first 30 minutes.*

9. **In Person Sessions**

When conducting in-person hypnotherapy session you agree and understand that in some cases it may be necessary for the practitioner Patricia Mobley to respectfully touch your shoulders, hands, wrists, or forehead to assist in relaxation. You consent and give the practitioner Patricia Mobley permission to do so to help you establish a beneficial state of hypnosis.

10. **Memory and Recall**

Hypnosis is not a reliable method for recovering exact memories. Memories recalled during hypnosis may be influenced by imagination or suggestion and should not be considered definitive factual evidence.

11. **Client Responsibilities**

- Provide accurate and honest information about their health and history
- Inform the hypnotherapist of any mental health diagnoses or medications
- Follow reasonable recommendations or exercises provided between sessions when applicable

12. **Recording and Use of Materials**

Sessions may be recorded for therapeutic purposes only with your permission. Recordings will remain confidential and used solely for your personal therapeutic process.

13. **Payment and Cancellation Policy Payment Terms**

Payment terms will be agreed upon prior to services. Payment is expected prior to session. Cancellation of appointment after 72 hours prior to appointment may be charged half the amount of the cost of original appointment. Rescheduling your appointment as soon as possible is highly recommended.

14 **Limitation of Liability**

I understand that hypnotherapy is a complementary wellness service intended to support personal development, stress reduction and behavior change. Hypnotherapy is not a substitute for medical psychological, or psychiatric care.

I acknowledge that results from hypnotherapy vary from person to person and that no guarantees have been made regarding the outcome of any session or program.
I agree that I am fully responsible for my physical emotional, and mental well-being during and after hypnotherapy sessions. I understand that I may stop a session at any time.

To the fullest extent permitted by law, I agree to release and hold harmless the hypnotherapist Patricia Mobley, and her business Relaxed Mind Hypnosis LLC, and any affiliated representatives from any claims, liabilities, damages, or expenses arising from my participation in hypnotherapy services except in cases of gross negligence or unlawful conduct.

15. **Acknowledgment and Consent**

I understand that Relaxed Mind Hypnosis' practitioner Patricia Mobley is a facilitator of hypnotherapy and not practicing any other profession that requires a license under the Laws of Michigan. I understand that hypnotherapy is not a replacement for medical treatment or psychiatric services. I also understand that Patricia Mobley does not treat, prescribe for or diagnose any condition or illness.

By signing below, I acknowledge that:

- **I have read, fully understand and agree to this informed consent document.**
- **I have had the opportunity to ask questions and receive satisfactory answers.**
- **I understand the nature, potential benefits, and limitations of hypnotherapy.**
- **I voluntarily consent to participate in hypnosis/hypnotherapy sessions.**

Client Signature: _____ Date: _____

Printed name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Hypnotherapist Name: Patricia Mobley, MSW, Cht - Cerified Hypnotherapist

Signature: _____ Date: _____