

CLIENT INFORMATION REGARDING HYPNOSIS

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

Kathleen Maxwell, CHT agrees to provide professional services in accordance with acquired training and experience giving undivided attention during scheduled consultations to facilitate Client's benefits.

Kathleen Maxwell, CHT 's work is Client centered. Services provided utilize induction of hypnosis, and methods and principles used to help clients discover their inner creative abilities, to develop positive thinking and feeling, and to transform undesirable habits and behavior patterns. Client may be taught the use of self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Kathleen Maxwell, CHT.

Hypnosis is not a state of sleep, but is a natural state of mind that can produce extraordinary levels of relaxation of mind, body and emotions. The principles and theories upon which hypnotherapy is based are accessing and utilizing the power of one's inner resources. Hypnosis can transcend the critical, analytical level of mind, and facilitate the acceptance of suggestions, directions and instructions desired by the Client. The therapeutic use of hypnosis can also elicit information and insights from the inner mind. Kathleen Maxwell, CHT utilizes interviews, discussion and hypnotic methods dealing with underlying issues whenever appropriate, with the goal of achieving effective and lasting results.

Services to be provided do not include the practice of medicine, as Kathleen Maxwell, CHT is not a licensed physician. These services are non-diagnostic and are complementary to the healing arts services that are licensed by the state. The California State Legislature has determined that state licensing may not be conferred upon an occupational group for purposes of status or prestige. Accordingly, **Hypnotherapists are not issued licenses by any state governmental agency to engage in their professional services in California.**

Kathleen Maxwell, CHT, Certified Hypnotherapist has acquired 1950 hours of training from the Hypnotherapy Training Institute in Corte Madera, California, and is qualified to perform the services offered to Clients.

For complaints not resolved by Hypnotherapist, contact the American Council of Hypnotist Examiners, 700 S. Central Ave., Glendale, CA 91204.

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

_____ Dated: _____

Signature

Client Agreement

Scheduling and Fee Payment

Client hours are Monday through Friday 10 am to 5 pm. Some Saturday sessions are available. Sessions last one, 60-minute hour, with the exception of the intake session or previously agreed sessions. Phone and Skype appointments are also available. Emergency sessions out side of normal client hours can be arranged for an additional \$50 fee. Payment is due on or before the first appointment.

Forms of accepted payment are cash and check. Paypal, Mastercard and Visa are accepted with an additional \$4 convenience charge per transaction. An MP3 of your session for you to use on your own, may be bought for only \$15.

I understand that hypnotherapy is a professional service for which the hypnotherapist is paid at an hourly rate for previously scheduled time. All scheduled appointments must be cancelled 48 business hours before the scheduled appointment time. I understand that am financially responsible if I do not cancel the appointment via phone, voice mail message or email 48 business hours before the appointment time and I will be charged for the missed session. Any bill not paid within 14 days will be sent to collections. I understand that my credit card information will be taken to secure the first appointment and the full amount of the session will be billed to the card if I fail to attend the appointment without cancelation 48 business hours prior to the appointment. My card will not be charged for my first session unless I instruct the hypnotherapist to use it as the method of payment for the first session. Credit cards will be taken to secure any appointment.

I agree to be on time for all sessions. If I am more than 15 minutes late, the session will be rescheduled and I will be billed for the missed hour.

Signature _____ Date _____

Credit Card for File for First or Missed Appointments

(VISA and MASTERCARD Only)

Credit Card Name_____

Credit Card Number_____

Expiration Date_____

Security code_____

Zip Code_____

Date of session_____

Date charged_____

Client Release

Nature of Services

I understand that my sessions are for the purpose of learning and that my progress comes from my participation. I understand that these are not medical or psychotherapy sessions. It is recommended that you inform your doctors and therapist of your use of hypnotherapy. I understand sessions are to enable me to better understand myself, my relationships and make desired changes. The hypnotherapist cannot and will not predict outcomes or make decisions for me. I assume full responsibility for my actions and inactions which relate to any sessions.

I freely and voluntarily consent to undergoing sessions conducted by Kathleen Maxwell, CHT. I understand that while hypnotherapy is a tool for positive change, a rare client may experience negative reactions. I accept any and all risks for any adverse reaction I may have. I forever release Kathleen Maxwell, CHT from any and all claims for liability and damages of any kind whatsoever which I may at any time have, including without limitation personal injury, emotional distress and negligence (excluding only willful misconduct). I expressly waive all claims for indirect, consequential or exemplary damages. In no event shall I be entitled to recover more than the aggregate amount paid by me to Kathleen Maxwell, CHT. I will indemnify and hold Kathleen Maxwell, CHT harmless for any damages, including attorneys' fees, arising from my breach of the terms of this release. I have read and understand the contents of this release, I am 18 years of age or older and I execute this release of my own free will and without undue influence.

Signature _____ Date _____