## **Lygo Hypno Client Agreement & Disclosure**

Name:		
City:	_ State:	Zip:
Phone:		
Email:		Age:
How did you find out about Lygo Hypno?		
The reason for your visit?		
Have you ever been hypnotized before?		
Are you currently using therapy of any kind?		
Are you currently taking any medications?		, and if Yes, please state for what reasons?
List your preferred communication method: _		

## As I enter into this relationship, I agree to the following:

- 1. I am participating in hypnosis by my own choice because I want to be here.
- 2. I understand that I am not a patient, but a co-operator in my hypnosis experience.
- 3. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
- 4. I understand that transformation is a process and that it can take time.

\*\*\* By signing this form I acknowledge that I will give a 24-hour notice in case I need to cancel or reschedule my appointments and that if I do not that I will pay \$90 for the session that I had scheduled.

Signed:	Date

As your hypnotherapist, I commit to you that I will utilize all of my skills to help you to reach your goals in the shortest time possible. You have my assurance of my full integrity, professionalism, confidentiality and respect.

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

Lyndsey Goodman (CCHT) agrees to provide professional services in accordance with acquired training and experience giving undivided attention during scheduled consultations to facilitate Client's benefits. Hypnotherapist'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 feelings and to transform undesirable habits and behavior patterns. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals. 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 Hypnotherapist. 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. The hypnotherapist utilizes interviews, discussion and hypnotic methods dealing with underlying issues whenever appropriate, with the goal to achieve effective and lasting results.

Services to be provided do not include the practice of medicine, as Hypnotherapist 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. The primary purpose of licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. The Legislature finds that these non-medical complementary and alternative services do not pose a known risk to the health and safety of California residents, and that restricting access to those services due to technical violations of the Medical Practice Act is not warranted. Accordingly, Hypnotherapists are not issued licenses by any State Governmental Agency to engage in their professional services.

Lyndsey Goodman has acquired the following education, training, experience, and qualifications to perform the services offered to her Clients:

Clinical Hypnotherapy training at Southwest Institute of Healing Arts

**Certified Member of the American Council of Hypnotist Examiners (ACHE)** 

Redress: I am a certified member of the ACHE, and practice in accordance with its Code of Ethics. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the ACHE at http://hypnotistexaminers.org/ (complaints must be in writing setting forth the basis of the claim). As my client you have the right to refuse any aspect of services, to completely terminate services at any time, or to choose another practitioner.

Confidentiality: I will not release any information to anyone without a written authorization from you except as provided for by law. You have a right to be allowed access to my written record about you. As my client you have the right to complete and current information concerning any aspect of the professional/client relationship.

	understand that these sessions are not phanges in my life. I agree to inform my hyp		•
conditions that might affect her work wi o participate during my sessions and to	th me. I understand that I am a full partner complete any home assignments. I underticipation, dedication and level of belief.	r in creating changes an	nd am willing
Client Name:			
Client Signature:		_Date:	
Parental Signature if under 18:			