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CONSENT FORM FOR HYPNOTHERAPY

I have been specifically advised of the following:

- 1 - Distressing, unresolved memories may surface through hypnotherapy.
- 2 - Some clients have experienced reactions during the treatment sessions that neither they nor I may have anticipated, including a high level of emotion or physical sensations.
- 3 - Subsequent to the treatment session, the processing of incidents/material may continue and other dreams, memories, flashbacks, feelings, etc., may surface.
- 4 - Memories uncovered through hypnotherapy are not necessary factual in content. For example, they may be representations of perceptions you were having in the past.
- 5 - While particular results are intended, they are not guaranteed.

OFFICE POLICIES

- 1 - Full payment of \$130 is required at the beginning of each 45- 50 minute session.
- 2 - Sessions will begin at the designated time, even if you are late. If I should be late for your appointment, you will have a full session.
- 3 - If an appointment has to be cancelled for any reason, 24 hr. notice is required. (For Monday appts, please cancel the Friday before). Cancellations without proper notice are billed to you for the full fee, paid in full before our next session. I have a 24-hr. telephone number where you can leave a message.
- 4 - There is a \$20 service charge for all checks returned for insufficient funds. You will be given up to 3 notices to pay any outstanding bills and if not paid, your account will be sent to Collections.
- 5 - In the event of an emergency and I am unavailable, you may contact the Placer County Crisis Line at 1-888-886-5401.

Before commencing with hypnotherapy, I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having hypnotherapy, and by my signature below I hereby consent to receiving hypnotherapy. My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.

Date: _____

Client signature: _____