



**Informed Consent & Liability Release**

**Form**

Hypnosis, coaching, and counseling activities involve relationships between people that work in part because of clearly defined rights and responsibilities held by each person. As a client, you have certain rights and responsibilities that are important for you to understand, as well as legal limitations to those rights that you should be aware of. Dr. Cynthia Smith has corresponding responsibilities to you. These rights and responsibilities are described in the following sections:

Hypnosis, coaching, and counseling have benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness, because the process may require discussing the unpleasant aspects of your life. Hypnosis, coaching, and counseling have been shown to have benefits for many individuals and often lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. However, there are no guarantees about what will happen. Hypnosis, coaching, and counseling require active participation on your part, and to be most successful, you will have to work on things we discuss outside of sessions.

Regarding sessions where hypnosis/hypnotherapy applies, I have been advised by Dr. Smith on the scope of hypnosis/hypnotherapy practice and give my full consent to receiving hypnosis/hypnotherapy. I understand that results vary, and that Dr. Smith may not guarantee results. I am aware that hypnosis/hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services, or counseling. I am aware of the experience, education, and qualifications of Dr. Smith as a hypnotherapist and understand that CHs, CHTs, and CHPs do not treat, prescribe for, or diagnose any condition. I understand that CHs, CHTs, and CHPs are facilitators of hypnosis/hypnotherapy and, unless otherwise stated, are not practicing any other profession that requires a license under the laws of the State of California. I understand that in some cases it may be necessary for my practitioner to respectfully touch my shoulder, hand, wrist, or forehead in order to assist me in relaxation and give my practitioner my consent to do so in order to help me establish a beneficial state of hypnosis.

I have been advised that I am free to terminate a session at any time and have agreed to participate in each session to the best of my ability. I have accurately provided background information as requested by Dr. Cynthia Smith. I understand that confidentiality regarding my sessions will be honored between the practitioners and myself, except in the event of subpoena or legal requirements to the contrary. This same confidentiality is respected when working with minors under the age of eighteen. I understand that all session fees are nonrefundable. I understand and agree that I am responsible for full payment for any scheduled appointment that I do not show up for or that I cancel or reschedule with less than 24 hours' advance notice provided to my practitioner and, similarly, that I will forfeit the session time associated with any prepaid package session that I do not show up for or that I cancel or reschedule with less than 24 hours' advance notice.

Understanding this, except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Dr. Cynthia Smith from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Clients Printed Name: \_\_\_\_\_

Clients Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent/Legal Guardian's Printed Name (if client is under 18): \_\_\_\_\_

Parent/Legal Guardian's Signature (if client is under 18): \_\_\_\_\_

Date Signed: \_\_\_\_\_