

KM Wellness Hypnotherapy

Kathryn Mussell

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415-264-2729

Client Name: _____ (please print)

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

Hypnotherapist 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 feeling and to transform undesirable habits and behavior patterns.

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 own 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 of achieving 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. Accordingly, Hypnotherapists are not issued state licenses by any state governmental agency to engage in their professional services.

I, _____, have acquired the proper education, training, experience, and qualifications to perform the services offered to my 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 may have a copy of this form, if I so desire.

Client's Signature

Date