



Once Upon a Time Hypnosis



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Terms and Conditions/Information Disclosure/Liability Release Waiver

Date: _____

Dear Client:

I am looking forward to meeting you and working with you! Before your session, please take a moment to read and sign below, as well as upload and submit these forms back to me.

Once Upon a Time Hypnosis offers hypnotherapy as a non-medical alternative to promote desired change and well-being. Hypnotherapy is not a substitute for traditional medical or psychological treatment. Hypnotherapy is generally safe; however, some individuals may experience temporary and mild side effects such as tiredness, headaches, or emotional release. In rare cases, hypnotherapy may re-surface memories or emotions.

It is important to disclose any pre-existing medical or psychological conditions on the intake form. You are responsible for seeking appropriate medical or psychological care if needed.

NOTE: Consult with your physician before making any changes in your prescribed treatment.

***RECORDINGS:** I understand that Once Upon a Time reserves the right to record client session interviews. All client records/materials are kept in confidence.

***BILLING and CANCELLATIONS:** Payment is made the time you book your session. We unfortunately do not bill insurance companies for services. Cancellations and appointment changes must be made at least 48 hours in advance to receive a full refund and to avoid being charged the full amount. In signing this form, you agree to pay for any missed appointments if this notice is not given.



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*Once Upon a Time Hypnosis reserves the right to refuse a session to anyone at any time. Anyone under the influence of drugs or alcohol at the time of their scheduled session will be charged the full amount of the session and the session will end.

*LEGAL: By signing and submitting this registration form, you agree that you are 18 years or older, or are the parent/guardian of minor), and that the information provided here is accurate. You agree that any relevant medical conditions or psychological disorders that may affect your participation (or the participation of your child) in the session have been disclosed.

I hereby release Once Upon a Time Hypnosis from any and all claims, demands, losses, or liabilities arising out of or in connection with hypnotherapy services provided. This includes, but is not limited to, any physical, emotional, or psychological effects experienced during or after sessions.

By signing below, you acknowledge that you have read and understand the information provided about hypnotherapy, including its limitations and potential benefits, as well as the terms and conditions of Once Upon a Time Hypnosis and its liability waiver. You have had the opportunity to ask questions and discuss any concerns you have with Once Upon a Time Hypnosis. You voluntarily consent to receive hypnotherapy services and agree to participate.

Client's Signature:_____

Date:

Parent's/Guardian's Signature (for minors):_____

Date:

Minor's Signature (if applicable):_____ **Date:**