



JULIE CHRISTENSEN, CHT, RD  
Snoqualmie, WA

## DISCLOSURE FORM/INFORMED CONSENT

The undersigned Client acknowledges that s/he has been informed of the following information and consents to participating in sessions of Hypnotherapy:

Julie Christensen, Registered Certified Hypnotherapist (HP 60220359) and Registered Dietitian, agrees to provide professional services in accordance with acquired training from the Ashland School of Hypnotherapy and experience, giving undivided attention during scheduled consultations to facilitate Client's benefits in a Client-Centered manner. 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. Methods may include, where appropriate, coaching, guided imagery, hypnosis, relaxation training, and written exercises. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals and resolving issues that have been mutually agreed upon by the 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. Hypnotherapy can be very relaxing and some clients may fall asleep or think they have fallen asleep during the session. The Therapist will continue with the session on the assumption that the Client will continue to hear and respond to suggestions and instructions, in the same way that a sleeping person will respond to unusual sounds at night.

Hypnosis can transcend the critical, analytical level of the 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 interview, discussion, and hypnotic methodology dealing with underlying issues whenever appropriate, with the goal to achieve effective and lasting results.

Services do not include the practice of medicine, as the Hypnotherapist is not a licensed physician. Services are non-diagnostic and are complementary to the healing arts services that are licensed by the state.

The Client may terminate a session at any time during the session. The Client has the right to refuse to participate in any process at any time. The Client has the right to accept or reject instructions, advice, interpretations, or suggestions made by the Therapist. The Client understands that noncompliance with program instructions may reduce the probability of success.

Fees: There is a fee of \$55 per session, unless a Program Package is purchased. Program Fees vary.

I understand payment of fees is expected at the time of service, cash or check. Insurance generally does not cover Hypnotherapy. This office does not bill Insurance. A fee of \$25.00 will be imposed if the Client misses an appointment without notifying the Hypnotherapist at least 4 hours before the scheduled appointment.

I, \_\_\_\_\_ (print name) the undersigned Client, acknowledge that I have been advised of the foregoing information and that I have been given a copy of this Disclosure Form.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_