

CENTERPOINTE HYPNOTHERAPY

CLIENT DISCLOSURE/DISCLAIMER FORM

We require that all clients read, understand and acknowledge this Client Disclosure/Disclaimer Form by initialing at each designated statement location along the right margin (ie. Intials _____) and placing their signature at the end of this form. These procedures are standard practice in our office, in order to assure the health and well-being of each individual, for our professional practice and insurance requirements, and are done on a route basis for all clients.

We reserve the right to refuse hypnosis and hypnotherapy services to anyone. We do not work with drug addictions, alcoholism, and diagnosed mental disorders. Initials _____

I understand that if I am currently working with a medical or mental health care provider and have been diagnosed with a medical/mental disorder and/or I am taking prescription drugs for the disorder, and should I want to work on a behavioral modification issue using hypnotherapy, I am responsible to inform my medical/mental/or other health care providers and explain to them what I am considering doing with hypnotherapy.

NA: _____ I have: _____ I have not: _____ Initials _____

We require that you provide CenterPointe Hypnotherapy a doctor's written acknowledgement/authorization from your healthcare provider to allow Eltie Watson, CHT, CenterPointe Hypnotherapy to work with you for behavioral modification with hypnotherapy. If they have any questions or concerns, please direct them to our website: www.centerpointehypnotherapy.com ; or have them contact Eltie Watson via email: eltiewatson@gmail.com; or phone: (503)544-9700.

NA: _____ I have: _____ I have not: _____ Initials _____

I state and understand that I have been duly advised and informed that hypnotherapy sessions done in individual and/or group settings, could be a very intense and personal experience. I further understand and warrant that I am physically, mentally, and emotionally capable to participate in these hypnotherapy sessions conducted by Eltie Watson, CHT and CenterPointe Hypnotherapy.

Initials _____

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Eltie Watson, CHT and CenterPointe Hypnotherapy may deem that our hypnotherapy sessions are not the appropriate setting for you, and should we feel that what you as the client need or require in services is beyond our scope of experience and practice, we may refer you or ask you to seek other appropriate assistance. Initials_____

Since each hypnotherapy session should have a positive and nurturing environment, create useful and productive attitudes and have a healthy/healing atmosphere, we reserve the right to have anyone leave a session at our discretion for any reason. Especially should you be disruptive, non-supportive or in anyway viewed as being detrimental to the success of the session. Initials_____

If for any reason you are asked to leave a session, and you have prepaid for that particular session, we will refund the portion of the session participation that has not yet be completed. Initials_____

Client Name: _____
Print

Client Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
If Client is under 18 years of age

Provider Signature: _____ Date: _____
Eltie Watson, CHT, CenterPointe Hypnotherapy

