



CLEAR MIND SOLUTIONS, LLC

Lynda Koenemann, C. Ht.

P. O. Box 201626, Shaker Heights, OH 44120

(216)926-5660, Fax: 921-5664

www.clearmindsolutions.com

email to lynda@clearmindsolutions.com

CONSENT TO RECEIVE HYPNOTHERAPY

I, _____, have been advised by Lynda Koenemann, C. Ht., of the purpose and scope of hypnotherapy and the methods of hypnotherapy to be used in my case and I give my full consent to receiving hypnotherapy sessions by Lynda Koenemann, C. Ht. I understand that the results obtained through hypnosis vary with each individual and that no results can be guaranteed by the mentioned Hypnotherapist.

I understand that hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling.

I understand that the Hypnotherapist does not treat, prescribe for or diagnose any condition. Nothing said or done by the Hypnotherapist should be construed to be such. I also understand that the Hypnotherapist is a facilitator of hypnosis and hypnotherapy and is not practicing any other profession that requires a license under the law of the state of Ohio.

I understand that in some circumstances it may be necessary for the Hypnotherapist to respectfully touch my hands, wrists, forehead or shoulder(s) in order to assist me in relaxation. I give the Hypnotherapist permission and consent to do so in order to help me establish a beneficial state of relaxation.

I have been advised that I am free to terminate any or all sessions at any time, and that I have agreed to participate in each session through my own consent. I am aware that all payment made for packaged sessions is non-refundable once treatment has begun.

I represent that I have accurately provided background information as requested by my Hypnotherapist.

I understand that confidentiality regarding my sessions will be honored between my Hypnotherapist and myself. Confidentiality is also respected when working with minors or clients under the age of eighteen.

Signature of Client

Date

Signature of Parent or Guardian, if applicable

Date