



Pay It Forward Hypnosis, LLC

Consent and Release of Liability Form

Consent for Hypnosis

I, _____, consent to participate in the process of hypnosis, with Courtney D. Starkey, M.Ed., CHt of Pay It Forward Hypnosis, LLC. I understand that hypnosis can involve the use of techniques such as progressive relaxation, meditation, guided imagery, as well as other helpful methods. As a part of hypnosis, clients are encouraged to recall events, circumstances, behaviors, thoughts, and feelings from prior situations in their life experience. I understand that clients vary greatly in their response to the relaxation and hypnotic process, with some clients experiencing powerful images and recollections, and others experiencing relatively little. Additionally, I am aware that the images and recollections experienced during hypnosis may be a combination of real, imagined, and/or modified memories. I also understand that certain memories and images experienced during hypnosis may represent traumatic events which can invoke intense emotional reactions. These emotionally charged images are often quite useful for facilitating insight and understanding; however, such powerful experiences can nonetheless be emotionally challenging for some clients.

I also understand that during the session, my practitioner may gently touch me on the forehead, shoulder, and/or wrist as an anchoring/focus technique and that Courtney will get my verbal consent prior to each touch.

____ Please initial here to confirm your permission for this touch to take place during the session.

If your session is via Skype/telephone (or in a group setting), there is no need to initial this item.

My signature below signifies that I have reviewed the above paragraphs, understand the principal characteristics of hypnosis, and agree to participate in this procedure. Furthermore, I understand that if at any time I become uncomfortable and/or unwilling to proceed with the hypnosis process, that I can request to stop the process and the hypnotic portion of the session will cease immediately.

Signature _____

Date _____

Release of Liability

I, _____, understand that Courtney D. Starkey, M.Ed., CHt has her Master's Degree in Education and is a Certified Hypnotherapist (CHt), and that she is not a medical doctor (physician, psychiatrist, psychologist, etc.) and makes no claim to diagnose or offer treatment of disease.

I understand that hypnosis is not a replacement for medical treatment, psychological/psychiatric services, or counseling. I also understand that Courtney does not treat or diagnose any condition and that she is a facilitator of hypnosis.

I understand that, while Courtney has my best interests in mind and will offer her guidance where asked, I am responsible for my own well-being and decision making. I also understand that I am responsible for my own interpretations of and reactions to the information presented to me. I understand that the experience of hypnosis is meant to present information that may contribute to mind, body, and spiritual balance and that Courtney is not responsible or liable for the information I receive while under hypnosis. I also understand that Courtney is not responsible my interpretations of the information or the decisions I make based on the information. I understand that I am responsible for my own judgment and that all participation, interpretations, and decisions are my own.

★ I understand there are some conditions for which hypnosis is **not** a good fit and should not be utilized by the client. These conditions include (and are not limited to): Schizophrenia, pathological personalities, psychosis (including substance induced), senility, dementia, brain trauma, cognitive deficiencies, epilepsy, narcolepsy, bi-polar, clinical depression, suicidal tendencies, serious heart conditions, extremely high/low blood pressure, elderly/frail, substance abuse, and/or currently taking medications/substances that cause drowsiness. I understand that if I am, in any way, unsure if hypnosis would be a good fit for me, that it is best to consult my medical doctor prior to participating in hypnosis. Also, if pregnant (especially in the first or second trimester), I will also consult my medical doctor prior to participating in hypnosis.

I understand that by signing this document, I am accepting full responsibility for monitoring my health for this *and any future* group and/or individual hypnosis sessions. Should any of the aforementioned conditions present themselves in the future, I understand and agree that I shall not participate in any future sessions without first consulting with and receiving expressed consent from my health care provider.

I have read and understand the above Release of Liability agreement. By my signature I consent to this agreement.

Signature _____

Date _____

Please submit
forms at least
24 hours prior to
private sessions.

Please scan both pages of this completed form and email them to courtney@payitforwardhypnosis.com