

**San Antonio Hypnotherapy Center LLC**

**Client Consent Form**

**1. Fees:** Our service fees are \$115/session (at medical center); private office sessions are discounted. Regular sessions last from 60 to 75 minutes. Payment is due in full prior to scheduling appointments. When discounts are made, refunds for unused sessions cannot be made. Credit or debit cards, cash or personal checks are all acceptable forms of payment.

**2. Cancellation Policy:** Appointment times are reserved exclusively for the client. Arriving promptly will insure a full session. We require a 48 hour notice of any change or cancellation. All no-shows will be billed at the full regular session rate.

**3. Confidentiality:** All records and notes of hypnotherapy sessions are confidential and remain the property of San Antonio Hypnotherapy Center, LLC. No information will be released to third parties without written client authorization, except as provided by law.

**4. Disclaimer:** Hypnotherapy employs and teaches skills for self-improvement. In addition, it is often seen as an adjunct to allopathic medical treatment. Clients with ongoing medical conditions or mental illness are advised to first consult their primary care provider or a psychiatrist. San Antonio Hypnotherapy Center does not represent its services as a substitute form of health care and makes no health benefit claims nor does it guarantee any cures.

**5. Client Consent and Release:** I am of legal age, i.e., at least 18 years of age, and I consent to Hypnotherapy. Furthermore, I hereby release and discharge San Antonio Hypnotherapy Center, LLC and Dr. M. D. Witt from all claims. **Further, I acknowledge that I have visited and read the San Antonio Hypnotherapy Center website and agree with the procedures, policies, and terms therein. Likewise,**

**I agree that to be successful in attaining my goal I accept the following tenets:** \_\_\_\_\_

1. I understand that my health depends on how well I care for myself physically and emotionally.
2. I agree to be an active participant and equal partner in my hypnotherapy process.

**I declare that I have read this Client Consent form and that I fully understand and agree to the terms described above.**

X \_\_\_\_\_ signature \_\_\_\_\_ date