

HYPNOCLIQUE HYPNOTHERAPY CONSENT FORM

Suzan Brittan, CC. Ht.

Hypnotherapist Information

Name: Suzan Brittan

Credentials: Certified Hypnotherapist

Contact Information: suzanbrittancht@gmail.com

Client Information

Name:

Date:



1. Nature of Hypnotherapy

Hypnotherapy is a therapeutic technique aimed at facilitating deep relaxation and heightened focus to address specific psychological or behavioral issues. It is important to understand that results may vary among individuals, and success is achieved through a collaborative effort between the therapist and client.

2. Confidentiality

Confidentiality is paramount in our practice. All personal information disclosed will be kept strictly confidential except in cases where disclosure is required by law, such as court orders or threats of harm to oneself or others.

3. Voluntary Participation

Your participation in hypnotherapy is entirely voluntary. You have the right to withdraw your consent and discontinue participation at any time without any negative consequences. The process you will go through in a hypnotherapy session will be explained to you in full in your first session, and you may end the session without payment penalty if you decide that hypnotherapy is not for you.

4. Risks and Benefits

While many clients experience significant benefits from hypnotherapy, including improved emotional well-being and behavior change, it's important to understand that individuals respond differently to hypnotherapy and that results can vary. There's no guarantee of success, and some clients may not achieve the desired results. Some clients may experience temporary emotional discomfort during or after hypnotherapy. This is a normal part of the therapeutic process and will typically resolve itself quickly.

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5. Client's Responsibility

Your active participation and commitment to the process are crucial. This includes honesty in sessions, adherence to agreed-upon strategies, and regular attendance of scheduled sessions. It is also critical that you complete the intake form fully and openly - it is your responsibility to provide accurate and complete information about your medical and psychological history. This is crucial for your hypnotherapist to provide safe and effective treatment

6. Fees and Cancellation Policy

Each hypnotherapy session payment is due at the time of each session. If you need to cancel or reschedule an appointment, please provide at least 24 hours notice. Missed appointments without adequate notice will be subject to a cancellation fee of \$80.

7. Emergency Procedures

In the event of an emergency during a session, standard emergency protocols will be followed. Emergency contact information provided by the client in the intake form will be used if necessary.

8. Record Keeping and Data Usage Consent

Client records will be maintained securely during treatment and for 2 years after client is not longer attending sessions and will be protected to ensure confidentiality.

9. Agreement to Terms

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions of this contract. I consent to participate in hypnotherapy sessions under these terms.

10. Disclaimer

Hypnotherapy is not a substitute for medical treatment, psychological or psychiatric services, or counseling. It's a complementary therapy designed to work alongside traditional treatments, not replace them. If the Client has health concerns or is on medication, they should consult with a qualified medical professional. Please inform your practitioner if you'd like your physician/mental health provider contacted.

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11. Contraindications

Hypnotherapy is not recommended for individuals with certain mental health disorders, like psychosis or severe personality disorders. It is your responsibility to share information on any mental health concerns with your hypnotherapist.

12. Acknowledgement

By signing below, the Client acknowledges that they have read, understood, and agreed to the terms and conditions of this Hypnotherapy Consent form.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: **2026**

