

## **INFORMED CONSENT TO PARTICIPATE IN A HYPNOSIS SESSION**

Hypnotherapy is another mode of therapy, different from “traditional” individual, couple or family therapy. It is conducted on an individual basis, but can be used as an adjunct to any form of traditional therapy. Hypnotherapy will not be used in place of an initial session. An intake session must be performed prior to using hypnotherapy as a treatment method.

Hypnotherapy is the practice of therapy within a trance state. I will fully explain the hypnotherapy process to you and answer any questions that you may have prior to beginning the session. Much work can be accomplished with hypnotherapy in a shorter period of time than with traditional “talk therapy.” And the benefits of this type of therapy will continue to increase even after you leave the office/meeting place and during the weeks that follow.

Hypnotherapy is a 1 ½ to 2 hour session and consists of 3 parts: 1) Interview to establish what you want to work on in the session; 2) The hypnotherapy experience; and 3) Completion of the session and instructions for the week(s) to follow.

The hypnotherapy experience includes: An induction, which assists you in reaching a very relaxed state and induces hypnosis. A middle portion, may consist of age regressions and identifying and releasing cognitive, emotional, and behavioral patterns that are keeping you blocked. And a healing portion that consists of inner child healing, extinguishing emotions and beliefs that no longer serve you, and developing new positive affirmations.

You also have the option of requesting an audio file of your session. The initial induction and the final healing portion are recorded so that you may practice at home and reinforce your therapeutic experience. Please initial below if you wish to provide authorization to have your session recorded. Please also choose how you would like that information provided to you (i.e., via email or burned onto a CD). If you choose the email option, please be advised that I cannot guarantee you full protection of that information once it is released through email. Please select a choice that feels most comfortable to you based on that understanding.

By signing below I acknowledge that I have read and understand the above information and I have addressed any remaining questions that I have about Hypnotherapy. I agree to participate in Hypnotherapy with Twy James as a part of my total therapy process.

I understand that All sessions are Video Recorded and are only for our reference.

**I authorize Video recording my session :** \_\_\_\_\_

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_