

Mind Talk Hypnosis GENERAL ACCEPTANCE FORM

Kristin Rivas, C.Ht.

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Non-Medical Nature of Treatment: I understand that neither Hypnosis nor NLP (Neuro-Linguistic Programming) are substitutes for medical attention. Counseling is not a substitute for my physician's role in monitoring and treating my medical needs.

Disclaimer: I understand that the success of my hypnosis sessions depends greatly on my own ability and desire to affect change in. I understand that although hypnosis can be very effective and has a high success rate, Kristin Rivas does not offer a guarantee, as my personal success as well as my results depend greatly on my own serious participation and follow through.

Client Rights: I understand my rights and responsibilities as a client as they have been provided for me in the Washington State Department of Health Pamphlet.

Recordings of Sessions: I authorize Kristin Rivas to record our session and that the recording will remain strictly confidential between her and I. This recording will only be used for the purposes of her personal reference or for liability protection if needed unless permission has otherwise been obtained from me (the client).

Payment Terms: I agree to pay Kristin Rivas at the rate of \$250 a session or \$_____ until treatment is terminated either by myself or my therapist. Session length can last up to 2 hours at the discretion of my therapist (i.e. goal(s) of session met, client's health /attention span warrant the timing to be shorter such as in cases of working with children, low blood sugar, pain or in case of an emergency).

I agree to pay \$65 for any missed appointments or those rescheduled or canceled without at least 24 hours of notice. In the case that I have prepaid for a package of sessions, a session would be forfeited if missed or less than a 24 hour notice is given in the need to reschedule.

Voluntary Consent For Services: I have read and understand the General Acceptance Form. I hereby request and consent to authorize Kristin Rivas to hypnotize me for the concerns we have discussed and/or that I have indicated on my intake form.

Client Name (Please Print)

Client Signature

Date

Therapist Signature

Date