



# LIGHT SIDE UP

HEALING WITH HYPNOSIS

## Informed Consent (non-therapeutic hypnosis)

Please print your name in the first space, then sign and print the date below, to indicate that you understand what you have read.

NOTE: Hypnotist/Hypnotherapist/Practitioner are used interchangeably in the following document

I, \_\_\_\_\_, agree to engage in the process of non-therapeutic hypnosis. I understand that I will have all choices at all times and can start and end the process at anytime, even during my session. The services I am agreeing to are held out to the public as non-therapeutic hypnotism, defined as the learning of self-hypnosis to induce positive thinking, create commitment to change and to learn the techniques of self-hypnosis to produce self-control over physical experiences and emotional awareness, hypnotism has not been represented as any form of health care or psychotherapy, and I may make no health benefit claims for my services.

I have been advised by Tricia Batliwalla, (CH) the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions from Tricia Batliwalla, (CH). I understand that results vary and that the above-named practitioner may not guarantee results. I also understand that the practitioner is a facilitator of hypnosis or hypnotherapy and is not practicing any other profession that requires a license under the laws of Ontario, Canada.

I agree to continue medication as prescribed by my attending physicians and understand that hypnotherapy is not a substitute for medical care. I understand a hypnotist neither diagnoses nor treats any medical or mental health condition, instead offering tools of self-discovery and awareness to compliment any medical treatment prescribed by a physician. If any medical symptoms progress or become acute I agree to seek medical attention from a licensed healthcare provider. In the event of a medical emergency or if I feel suicidal, I will call 911 or other emergency help. I understand that the methods of hypnosis include relaxation, breath work, creative visualization, positive affirmation, self-awareness development and other techniques and may produce physical and emotional responses. I am aware and understand that it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, legs, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis or positive suggestion.

I agree to inform my hypnotist of any adverse feelings or experiences related to this process, at the time of my awareness of them. I have been informed as to the limits of hypnosis effectiveness and offered referral to other providers of alternative approaches to problem solving. I have accurately provided background information as requested by the hypnotist / hypnotherapist.

I understand that confidentiality regarding my sessions will be honoured between Tricia Batliwalla and me. This same confidentiality is respected when working with minors under the age of eighteen.

I am over age 18, and consent to hypnosis services offered by Tricia Batliwalla.  
I agree to all the terms listed above:

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

*(Writing/Signing your full name in the signature fields above will be considered a signature and express consent to the conditions above.)*