



QUANTUM MIND HYPNOSIS CLIENT AGREEMENT

Name: _____

Address: _____

City, State, ZIP Code: _____

Phone Number: _____

Email Address: _____

Date: _____

Hypnosis Client Agreement

I, _____ hereby enter into this Hypnosis Client Agreement with Eric Hanks, a certified and licensed hypnotherapist. This agreement outlines the terms and conditions of our hypnotherapy sessions.

- 1. Purpose of Hypnotherapy:** I understand that the purpose of hypnotherapy is to facilitate personal development, enhance relaxation, and improve concentration. It is not a substitute for medical or psychological treatment, and I should continue to consult with my healthcare provider for any physical or psychological ailments.
- 2. Confidentiality:** I understand that all information shared during our hypnotherapy sessions will be kept confidential. There will be no disclosure of my personal information without my written consent, except as required by law.
- 3. Informed Consent:** I am participating in hypnotherapy sessions voluntarily and acknowledge that the results may vary from person to person. I have been informed about the nature of hypnosis and have had the opportunity to ask any questions before proceeding.
- 4. Sessions:** I agree to attend scheduled sessions on time. I understand that sessions may vary in length and that I will be informed in advance of the approximate duration. I will cooperate with my hypnotherapist to ensure a successful session.
- 5. Fees and Payments:** I understand and agree to the payment structure for hypnotherapy sessions. Payment is expected at the beginning or end of each session, and payment methods will be agreed upon in advance.
- 6. Cancellation Policy:** I will provide at least 24 hours' notice if I need to cancel or reschedule a session. Failure to do so may result in a cancellation fee. In case of emergencies or illness, I will make every effort to notify my hypnotherapist as soon as possible.



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7. No Guarantees: I acknowledge that there are no guarantees of the outcome of hypnotherapy. The success of the sessions depends on my participation, commitment, and individual circumstances.
8. Code of Conduct: I agree to behave respectfully and professionally during the sessions, refraining from any offensive, harmful, or disruptive behavior.
9. Medical and Psychological Issues: I understand that if I have a medical or psychological condition, I should inform my healthcare provider about my decision to undergo hypnotherapy. It is my responsibility to ensure that hypnotherapy is safe and appropriate for my condition.
10. Termination of Services: My hypnotherapist reserves the right to terminate services if I breach this agreement or if they believe that hypnotherapy is no longer appropriate for me.
11. Signature: I have read and understood this Hypnosis Client Agreement, and I willingly and voluntarily consent to engage in hypnotherapy with [Your Name]. I acknowledge that I am of legal age and have the capacity to enter into this agreement.

Client's Full Name: _____

Client's Signature: _____

Date: _____

Hypnotherapist's Full Name: Eric Hanks

Hypnotherapist's Signature: *Eric Hanks*

Date: _____

By signing this agreement, both parties acknowledge their commitment to working together in a professional and ethical manner.