

# **Halle Sailer Clinic for Psychotherapy and Mental Health**

## **Hypnotherapy Consent Form**

400- 1100 Sheppard Ave E, Toronto, ON M2K 2W1, Canada  
Tel: (416) 737-8775 | Fax: 6473506066 | [www.hallesailerclinic.ca](http://www.hallesailerclinic.ca)

### ***Session Voluntary:***

Participation: I understand that participation in the group hypnotherapy session is voluntary.

### ***Nature of Hypnotherapy:***

I understand that hypnotherapy involves guided relaxation and focused attention to achieve a heightened state of awareness. I acknowledge that hypnotherapy is a complementary therapy and not a substitute for medical or psychological treatment. I understand and agree to undergo hypnosis as part of this session.

### ***Purpose of the Session:***

I understand that the session aims to uncover and understand underlying emotions and true problems. I am aware that this process may bring up distressing memories or feelings during or after the session.

### ***Confidentiality:***

I agree to maintain the confidentiality of all information shared during the session. I understand that the facilitator will respect my privacy and keep my personal information confidential.

### ***Confidentiality and Recording:***

To protect participants' confidentiality, no personal recordings are allowed during the event. I may record small parts of the event where no faces are visible. If you're uncomfortable with this, please let me know in advance.

***Potential Risks:***

I am aware of the potential risks, including emotional discomfort and the possibility of recalling distressing memories or feelings later on. I agree to inform the facilitator if I experience any distress.

***Benefits:***

I acknowledge the potential benefits of hypnotherapy, such as increased self-awareness and understanding the root cause of emotions.

Hypnotherapy can help break unwanted habits, such as smoking or overeating, by addressing the root cause. It's also effective for those looking to end or heal from a relationship. It can improve focus and study habits, boost confidence, and create lasting positive changes in various areas of life.

**Disclosure of mental health history**

Note: It is crucial to provide accurate information. Certain conditions, such as bipolar disorder or schizophrenia, may require specialized care that may not be within the scope of hypnotherapy. Please provide additional details about your mental health history if applicable.

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**INFORMED CONSENT**

I have been informed about the nature, purpose, and potential risks and benefits of the group hypnotherapy session. I have had the opportunity to ask questions and receive answers. By signing this form, I consent to participate in the group hypnosis.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Consent to join telegram group**

I understand that a telegram group will be created for sharing notes and information related to the hypnotherapy sessions. By signing below, I agree to be added to the telegram group

YES ☐ NO PARTICIPANT ☐