

**Kathryn Wells, Hypnotherapist**  
16330 72<sup>nd</sup> Ave. W., Edmonds, WA 98026  
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WA State Registration #HP10001344

**Important: Please Read**

**Kathryn Wells, is a Registered Hypnotherapist in the State of WA. She holds a B.A. Degree in Sociology from San Francisco State University, and is a Certified Hypnotherapist. She is not a Medical Doctor, Chiropractor or Dietician.**

**I, Kathryn Wells, do not diagnose disease, nor do I substitute for medical treatment when such attention is needed, desired or required. I do not treat, prescribe or diagnose an illness or any other physical or mental disorder. Nothing said or done by me should be misconstrued to be such.**

**Billing Information: Fees are \$100 per hour, and the fee is calculated by the quarter hour, after the first hour. Most sessions, and all first sessions, are 2 hours in length and cost \$200. Discount package: five 2 hour sessions for \$800 (a \$200 savings.) Please inquire. All other financial arrangements must be agreed to at the time the appointment is set. The fee is due at the time of service and 24 hour advanced cancellation notification is required or the client will be billed for the session.**

**If you accept the following statement, please sign your name below:**

**I am willing to be guided through relaxation, visual imagery, creative visualization, hypnotherapy, Emotional Freedom Technique, NLP and stress relaxation processes and techniques. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illness.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Print Name \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_**

**Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_**

**I have received a copy and read the Disclosure Statement. \_\_\_\_\_**

**I would like to receive your e-newsletter. \_\_\_\_\_**

**Kathryn Wells \_\_\_\_\_ Date \_\_\_\_\_**