**Informed Consent For Hypnosis, MER, & Havening Techniques**®

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and consent to the treatment I have requested, and understand that Havening Techniques® (HT), Hypnosis or MER, are for the purpose of wellness, stress management.

I understand that Sheila Berger is a Massage Therapist, Hypnotist, NLP Practitioner of MER, Sound Healer, and Havening Techniques® practitioner, and she is not a psychologist or psychotherapist and therefore our relationship is not to be construed as psychotherapy, psychological counseling, or any type of therapy, nor is it a substitute for these services.

I consent to allowing Sheila Berger to use HT, Hypnosis, Massage or NLP on me or my child during this session, and I understand that she may be touching hands, arms and face, and understand that the Havening touch is completely curative in nature.  I understand that if, for any reason, it is necessary for a session to be video or audio taped I have been given a minimum of 24 hours notice and have given my written authorization.  I also understand that Sheila Berger does reserve the right to withhold treatment for any reason at any time.

I understand it is possible that I may experience some emotional or physical discomfort that can be perceived as challenging. Unresolved memories may also surface, and emotional material may continue to surface after a HT, Hypnosis or NLP session, and it may give indication of other issues or incidents that may need to be addressed. I agree to promptly inform Sheila Berger if I experience any emotional distress and/or physical discomfort during our work together, particularly between our sessions. If appropriate, I will be referred to an appropriate professional health care provider for further assistance.

In using HT, Hypnosis, NLP or MER, it’s possible that previously vivid or traumatic memories may fade which is a positive outcome. However, this could adversely impact the ability to provide legal testimony that carries the same emotional impact as prior to applying HT, Hypnosis, or NLP regarding a traumatic incident.  Therefore, it is essential that the details of all ongoing legal issues concerning an event be discussed prior to a HT, Hypnosis or NLP treatment.

I understand that my consent to the nature of our Massage, HT, Hypnosis, NLP MER & Sound Healing sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future.

“I understand that holistic therapies, Massage/bodywork, Hypnosis, Havening, sound healing, Reiki, Intuitive Readings, are being given for the well-being of my mind and body. Intuitive Readings are for entertainment only. I understand that the practitioners do not diagnose illness, disease or any physical or mental disorders, nor do they prescribe medical treatment or pharmaceuticals. I also state and affirm that I have informed the practitioner of all health issues that I am aware of and I will update the practitioner of any changes in my health status. I understand that there shall be no liability on the Practitioners part should I (the client) fail to do so.” “I acknowledge that this treatment, is not a substitute for medical examination or diagnosis, and I will see my primary care provider for that service.” **“I understand that any illicit or sexually suggestive remarks or advances made by me (the client) will result in immediate termination of the session.” And I am responsible for the full payment of the session after termination.” INITIAL \_\_\_\_\_\_\_\_**

“I understand that as a result of utilizing services at 321 Hypnosis and Massage Center, I will be added to an email or text list to receive specials and I have the option of opting out if I am no longer interested. “ I send out information sparingly and I do it from time to time. It’s manageable in frequency. I may offer discounts or offers in an email or text.

**“I understand that payment is due at the time of treatment.”** “Regardless of desired outcome, I am committed to payment of services rendered”, “I agree to give at least 24 Hours’ notice if I cannot attend my intended appointment, or I will be financially responsible for the session or forfeit the session time**.” INITIAL \_\_\_\_\_\_\_\_**

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

(PRINT) Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_