

# Mind's Eye Transformational Coaching Sessions

## GENERAL INFORMATION & CONSENT WITH RELEASE OF LIABILITY

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **Consultation**

Our first session will be a consultation session. This session allows me to begin to work on getting clear about what your desired outcome and expectations are, as well as identifying your linguistic patterns, and how to approach potential future sessions.

Depending upon your individual circumstances we may or may not have time to use actual NLP techniques to effect change in this first session. Our main goal is to establish a strong foundation for a trusting, cooperative, committed relationship moving forward.

Please read the information below to educate yourself on some of the main techniques we will be using. Any questions you may have will be best answered in this first visit.

Please make sure that I have received your intake forms at least 48 hours prior to your first scheduled consultation visit. This gives me time to study them, and prepare for your visit ahead of time.

Please Note: If your visit requires a *Physician's Referral*, please bring that paperwork with you. It must be on file with me for the consult.

Allow 45 to 60 minutes in your schedule.

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### **Full Session**

Once we schedule a full session we will be using Hypnotherapy and/or NLP-Neuro Linguistic Programming to help you obtain your desired intention(s). We will have discussed both of these main tools in your consult to answer any questions you may have and to ascertain your level of comfort, and whether one or a combination of both will work best for you.

Please bring with you any homework materials that have been discussed.

Allow 60 to 90 minutes in your schedule. Most sessions run 75 minutes.

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### **Support Session Telephone/Online**

These support sessions are done either on the telephone or on an online platform such as Zoom for face to face cyber meetings. These support meet ups are designed to keep you focused and anchored in physically, mentally and emotionally to your desired outcomes. Depending upon the package you have purchased, these follow up support check ins run anywhere between 15 to 20 minutes, and are scheduled on an as needed basis.

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## **HYPNOSIS - WHAT IS IT & WHAT TO EXPECT**

Hypnosis is a voluntary state of relaxation, causing heightened awareness through the subconscious mind while the judging conscious mind is relaxed. In this comfortable, relaxed, hypnotic state, suggestibility is elevated, mental retention increases significantly, all the senses are heightened, and the imagination can perform at its peak.

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When under Hypnosis, the subject although relaxed, is fully aware of their surroundings. The (Conscious), judging, analyzing mind is bypassed in order to access the (Subconscious), intuitive, creative, flexible mind. Some subjects feel as if they are floating.

After the induction has started, the Hypnotist may test the Hypnotic level of the individual by touching and raising the subjects arm, hand or fingers and letting it fall. The speed at which it falls tells the Hypnotist the level of relaxation the individual has obtained, and if the induction process needs to proceed to take the subject deeper into relaxation.

Hypnosis cannot make anyone do anything against their will. The Hypnotized subject is not asleep. If one is skeptical, untrusting, and fearful, then Hypnosis is likely not a good fit. Anyone who does not want to be Hypnotized, is simply not a good subject for it in general.

Hypnosis is a synchronistic, symbiotic relationship between the guide/Hypnotist and the subject. Hypnosis is only as successful as the subject believes that it will be. A shared desire, willingness and belief by both the client their coach/Hypnotist dictates the level of success. Your level of commitment to the process is directly related to the success of your outcome.

Hypnosis also needs to be reinforced. Your Coach/Hypnotist may also recommend other support modalities and homework. Most clients need to have multiple sessions depending upon the work they are doing in attempting to change negative impact habits.

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## **NLP-NEURO LINGUISTIC PROGRAMMING - WHAT IS IT & WHAT TO EXPECT**

**Neuro:** The ways in which we think, store, process and move toward action, our thoughts.

**Linguistic:** The unique language patterns, words and sentence structure used by an individual.

**Programming:** The belief system an individual has accepted, and the behavior they employ as a result.

NLP is a multi faceted tool that helps the practitioner examine and identify a person's unique thought processes and language patterns, and how they process and act on information and ideas in the outside world.

The tools of NLP are most often employed using the client's conscious mind to aide in accessing the subconscious mind in order to create lasting change. This basically means that the client is awake and not necessarily under Hypnosis. That being said, NLP tools can also be used during and with Hypnosis.

NLP generally starts as a conversational session. We begin exploring what you want and what you don't want, and what is currently challenging or stopping you from manifesting your goal. I work to identify your style of thinking, and to pinpoint some of your key beliefs surrounding your desired goal. We then work together to reframe and change the negative impact thinking into something that will support you obtaining your goal.

NLP basically got its start back in the 1970's from John Grinder, a linguist, and Richard Bandler, MA in Psychology. Reframing was and still is one of its most popular and effective tools, which has been used in corporate leadership trainings across the globe now for decades. If you have heard of Tony Robbins, he is one of the most visible proponents and active users of some NLP techniques, where he has helped folks worldwide to create lasting, positive change in their lives.

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**BACKGROUND BRIEF**

Jayne Arrington/Mind’s Eye is a Transformational Coach and Certified Hypnotherapist with over 30 years of practice. Her training and certification in Hypnosis comes from the Applied Hypnosis Center of San Anselmo, California, and the Hypnotherapy Training Institute of Santa Rosa, California, members of the American Guild of Hypnotist Examiners. Hypnotherapy is a self-regulated profession and does not qualify for state licensing in California (state of origination) or Florida. She also uses story tracking and other forms and tools of neuro linguistics, communication, leadership, and transformational programming methods.

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**SERVICES OFFERED**

These services are offered as coaching and facilitation tools to assist individuals in obtaining greater levels of self awareness, self confidence, self communication and self leadership skills for both personal and business use. Jayne Arrington/Mind’s Eye uses a wide array of tools, from neuro linguistics, to tracking, to hypnosis, and many other leadership and communication methods. If you have issues of a medical nature, Jayne encourages you to seek professional help from your medical provider.

\_\_\_\_\_ Please Initial

**SUPPORT SERVICES**

I will also have a list and offer any support services from additional providers other than myself who I feel will help with the success of your goals. You are of course free to choose which support services you feel will best assist you.

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**DISCLAIMER**

Jayne Arrington is NOT a Medical Doctor, Psychotherapist, Marriage Family Therapist, Social Worker, etc. and does not imply to diagnose or treat any physical and/or mental illness. She does not work on pain management or any diagnosed mental and/or physical condition without a written, in hand referral from a licensed practitioner of the healing arts per Florida Statues Section 485. If you are under the care of a medical professional for any condition for which you are seeking hypnosis support, please obtain a signed, written referral from your provider specifying why and what they are referring you for, prior to engaging me and moving forward with any related sessions.

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**REFERRALS**

Your personal information and the contents of any session are held in strict confidence. You are at liberty to share whatever you wish with anyone. If you choose to offer a public referral or testimony, you will be asked to write it and sign a release so that it can be used with your express permission publicly.

\_\_\_\_\_ Please Initial

**INSURANCE**

I do not bill insurance companies. If you think your insurance company will reimburse you for your expenses using Hypnotherapy, please be prepared to request the necessary paperwork from me, and to handle this on your own. I am happy to see that you are provided with an adequate receipt for your provider of the services you have invested in. You are responsible for payment without regard to insurance coverage.

By initialing, you agree that you fully understand that Wellcome Om Integral Healing & Education Center LLC, and Jayne Arrington of Mind's Eye, is a fee for service provider that does not accept insurance. As such, payment for any services rendered is due at the time of service.

\_\_\_\_\_ Please Initial

**PAYMENT & CANCELLATION**

I understand that payment is expected, by cash, check, credit /debit card or by designated trade for services and/or merchandise at the time of the session unless otherwise agreed to in writing by Jayne Arrington/Mind's Eye and client.

Missed appointments or appointments cancelled with less than 48 hours notice will result in a \$135.00 charge to your account, or the equivalent of one of the sessions you have paid for if a package was purchased: the lesser of the two options. Please be aware that the time you scheduled with me, is time I have set aside for you specifically. Respectful notice potentially gives me time to book another client in that time slot, and allows you to avoid any charge for it, so that you can reschedule at a more convenient time. This does not apply to extenuating/emergency type circumstances as agreed upon by both client and Jayne Arrington/Mind's Eye: You are responsible for communicating this with me.

Although a courtesy call, email or text may be made to you as a reminder, it is ultimately your responsibility to remember and to show up for your appointments.

I understand and agree with the above payment and cancellation policy

\_\_\_\_\_ Please Initial

**GUARANTEE & REFUNDS**

Although the success rate for Hypnosis with negative impact behaviors has been found in some studies in general to be 93% effective, this in no way implies or guarantees success with your specific challenges, topics or issues. Human behavior is impossible to accurately predict, therefore it is impossible to give any guarantees. There are no refunds given for services once they are paid for.

I fully understand that there are no guarantees.

\_\_\_\_\_ Please Initial

**NOTICE OF PRIVACY PRACTICES**

I have received and been informed of the "Notice of Privacy Practices." I have read, understand, signed and dated this document.

\_\_\_\_\_ Please Initial

**MIND'S EYE, JAYNE ARRINGTON  
WELLCOME OM INTEGRAL HEALING & EDUCATION CENTER LLC**

**CONSENT & RELEASE OF LIABILITY**

**Release from Liability & Indemnification**

**READ & SIGN**

I understand that Jayne Arrington/ Mind's Eye is not qualified to give legal, financial, or medical advice. Jayne Arrington is NOT a Medical Doctor, Psychotherapist, Marriage Family Therapist, Psychologist, or Social Worker, etc. and does not imply that she is, nor does she diagnose or treat any physical and/or mental illness.

I have completed the Client Intake Form and all of the attached supplements to the best of my ability, and I have disclosed any mental or physical health problems that may be pertinent to the safe facilitation of a coaching/ hypnotherapy session. I been been notified that for any medical condition, physically or mentally, that I need to consult with my Physician.

I agree that I am solely responsible for any action that I take or refrain from taking in connection with the topics discussed during my sessions with Jayne Arrington/Mind's Eye/Wellcome Om Center.

In consideration of my acceptance as a student and/or client of Jayne Arrington/Mind's Eye Transformational Coaching and the Wellcome Om Integral Healing & Education Center LLC, including Hypnosis, and all described methods and tools herein, and any others deemed useful within Jayne's scope of expertise to facilitate my personal growth, I hereby waive, release and discharge any and all claims for damages for personal injury, or property damage or losses, expenses, including reasonable attorney fees, which I may have or which may hereafter accrue to me, against Jayne Arrington/Mind's Eye/Wellcome Om Integral Healing & Education Center LLC. It is hereby agreed that the intention of this release is to discharge Jayne Arrington/Mind's Eye/Wellcome Om Integral Healing & Education Center LLC, from and against any and all liability arising out of or connected in any way with my participation in the attached listed coaching/hypnotherapy session(s). I further understand and hereby agree to assume any and all risks and liabilities, and to release and to hold harmless, Jayne Arrington, the Mind's Eye, and Wellcome Om Integral Healing & Education Center LLC, any and all persons associated with this program, who might otherwise be liable to me or my heirs or assigns for damages.

I am also aware that with any potential life changing choice or decision I under-take, consulting my physician is always advisable and recommended, and do hereby acknowledge this as well.

Today and moving forward, I hereby take full responsibility for these actions to participate of my own free will and be self-responsible for these choices.

I the undersigned of the individual named below and in all forms associated with this, do hereby acknowledge that I have read and understand this agreement and agree to its terms and conditions in order to participate. I have read, understand and initialed all of the supplements contained as part of this agreement: Mind's Eye General Intake Form with General Information & Consent with release of Liability, and Wellcome Om Integral Healing & Education Center LLC's Notice of Privacy Practices & Informed Consent.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date