

# Cory Bunton Hypnosis LLC

## MEDICAL DISCLAIMER & CONSENT OF PROCEDURES AND TREATMENT

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Marital Status/Spouse Name \_\_\_\_\_

Occupation: \_\_\_\_\_

### Primary Condition, Issues or Goals Stated – Date when each Started:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Important facts for all patients to read, know, understand and agree to:

1a. I hereby authorize Cory Bunton Hypnosis LLC, (called Cory Bunton Hypnosis hence forth) and its employees and representatives and practitioners to employ testing and procedures (called test hence forth) for the purpose of evaluating *the causes* of my physical and other complaints, symptoms and goals; and to update, repolarize, energize and reorganize my physical, mental, emotional and energetic memory patterns; the outcomes are to improve, balance and bring wholeness to my brain, nervous system and organ/gland functions and my soul energetics; and assessing and correcting my total wellbeing status. I authorize Cory Bunton Hypnosis to act on my behalf concerning my health and my nutritional health and lifestyle areas incl. spiritual, financial, social, and relationship wellbeing.

1b. I consent to have anyone of the following experimental tests used to assess my stress levels, treat the causes of my complaints, and to balance my body/brain/energetic status: muscle testing, meridian acupressure reflex zones (including on the front of my chest and torso, and my head, extremities, and spinal areas); Heart Variability HRV assessment; biological terrain assessment; SEMG/thermal scans; and Cellular Resonance® Quantum Healing technique, testing and application, thereof. I understand that the basis of these therapeutic modalities/tests have been clinically researched and studied in major colleges and universities and have significantly less risk compared to regular medical therapy. Yet, according to western conventional health care standards, these therapies are not currently indicated or medically accepted procedure for diagnosing and testing. Thus, its use for this purpose is experimental. I understand the risk of the above experimental procedures and understand that they may not mitigate (relieve), alleviate (soothe) or cure my health disorders or condition. By signing below, I fully accept that risk.

2. I understand that Cory Bunton Hypnosis, is functioning as a Hypnotherapist and CRQH practitioner specializing in stress relief treatment, and at no time do they encourage or support interruption of my conventional medical services by my primary health care physician. I agree to notify and ask my primary health care physician of my CRT care and nutritional/herbal/homeopathic supplements received here.

3. I warrant that all information submitted for these tests was submitted by me and is true to the best of my knowledge and belief.

4. I understand that the Cory Bunton Hypnosis wellness program of testing, coaching, and counseling is concerned with **energy balancing, clearing-updating subconscious emotional patterns, establishing body-mind-soul-spirit integration and self-healing on all levels, improving personal success, quality of life enhancement and expansion of consciousness, and reducing aging, weight, malnutrition, stress factors** as these factors may adversely affect my health, relationships, prosperity and well-being and that the emphasis of this program is on **prevention** by teaching an ideal lifestyle.

I understand that the results of these tests **do not** diagnose, treat or cure disease and the main focus of this program is to build vibrant health through good nutrition, choice, awareness and improving energetic communication, epigenetics, and how my choices and internal/external subconscious programming influences the body and my life experience. Instead, I understand that these tests are educational in nature-teaching me how to correct my unique deficiency state, resolve fragmentation and improve my overall health and wholeness and authentic self.

5. I understand that Cory Bunton Hypnosis and Cellular Resonance® test procedures are not used to establish a primary medical diagnosis and are restricted solely to the subject of nutritional, stress and energetic health and that the test procedures assess stress by measuring and evaluating the energetic balance or function of the body's energetic pathways and energy field itself. Because these CRQH/CRT bio feedback procedures require only the changes in the electrical properties of the skin, they are extremely safe and non-invasive. CRQH/CRT is an outgrowth of today's research in neuroscience, quantum physics, cranial sacral research, acupressure, Chinese medicine, Ayurveda medicine, Energy Medicine pioneers, and many Chiropractic techniques and their founders, The New Biology of Epigenetics, and the combinative research and discoveries hundreds of other leading physicians and scientists.

I understand that CRQH/CRT testing is an investigational test protocol that is a part of an on-going research project at various sites in the USA and Europe. I agree to participate in this and have my initials, records of treatment, and my test results used as the basis for any public scientific/clinical study on these experimental procedures. I understand that Dr. Doug Lehrer's Cellular Resonance® Quantum Healing technique, Cory Bunton Hypnosis, and staff will make every reasonable effort to keep my personal client/patient identity confidential. Other than my identity, I wave my right to keep my clinical information confidential for the purpose of the above-mentioned situations.

6. I understand that I am consulting with Cory Bunton Hypnosis, and his staff who are not medical doctors or licensed physicians. And that Cory Bunton Hypnosis provides services for stress relief. I agree to accept Cory Bunton, of the Cory Bunton Hypnosis, as **my natural** stress relief practitioner.

I understand that I must contact my primary health care physician should a medical emergency arise. I further understand that the services rendered by Cory Bunton Hypnosis are of a preventative nature and is not to be covered by health insurance, the Medicare program or other insurance companies. This means that I agree not to submit my bills to socialized medicine, Medicare or any health insurance company. I exercise my right to independently contract outside of the Medical system for services rendered at Cory Bunton Hypnosis. **I agree to be personally and fully responsible for payment when services are rendered. I understand it is my responsibility to pay my bills at the time of service or upon an agreed upon payment plan established between myself and Cory Bunton Hypnosis.**

7. Even though I am free to decline from this form of assessment and natural treatment, I understand and consent to treatment as described above, and I assume full liability for any adverse effect that may result from this experimental treatment. I wave any claim in law or equality for redress of any grievance that I may have concerning or resulting from these procedures. I authorize Cory Bunton Hypnosis and staff to proceed with their assessment and counsel me regarding my nutritional and physical, mental, emotional energetic health status.

8. **I understand by purchasing nutritional products from Cory Bunton Hypnosis I am in full and complete agreement with the following terms:** (1.) I acknowledge that these products are whole, concentrated foods/condiments that are intended only for nourishment and are subject to variations of formulation and taste and depending on the availability and quality of seasonal ingredients. Before beginning any nutritional regime sold by Cory Bunton Hypnosis or any of his staff/representatives, I agree to ASK and consult my primary health care provider / doctor. I also acknowledge that if I have a medical condition, or take prescription or over the counter drugs, I agree to consult my doctor before consuming these products and or make changes in my medications, including the discontinuation of such. I also (as evidenced by my purchase) that these food products are not intended as replacement for sound medical advice and no representation is being made that this food product comprises or is

intended for use as cure, palliative or ameliorative for any condition or illness. (2) I expressly assume all risk in the way I or others use these food products or CD's, DVD's, course, seminars, tele-seminars, books, CRQH/CRT treatments and e-books and also I assume full liability for any adverse effects that result from the use or misuse of these food products, or my negligence to fall to "ask my doctor" before consuming these products, or negligence of any party in this transaction or from some other cause, thus waiving any claim in law or equity for red dress of any grievance that I may have concerning or resulting from this purchase/or information provided to me by sales reps or fulfillment personal or published material (I agree that any information conveyed to me was not with the intent to mitigate (relieve), alleviate (soothe) or cure health disorders or conditions) and that this purchase is final (no refunds are provided for any reason whatsoever).

**9. I understand that I can and will experience REACTIVATION** at any time during or after my tests/coaching/treatment/care. Reactivation is the body's way of healing itself. ***This is actually a necessary and exciting time.*** You may experience flu like symptoms, fever, nausea, loss of appetite, feel tired and require more sleep (be more tired), feel light headed/dizzy for a short time; minutes, hours, days or possibly on rare occasions, **3, 7, 14 or 21 days** as healing cycles run in 3, 7, 14 and 21 day cycles. You may also experience old symptoms appearing in these cycles, though temporary yet good signal *you are going backwards through the symptomology*. Occasionally (less than 1%) you will exhibit new symptoms depending upon your level of internal health (known or unknown). Know that your body is doing the best it can to reorganize to a higher level of function = health.

**NOTE:** if you stress about reactivation symptoms you can exacerbate your conditions, as all symptoms of disease are stress induced through negative stress or thoughts/thinking. You can also exacerbate symptoms with diet, exercise, physical trauma, toxicity exposures (chemicals, cell phones, radiation, WIFI) and drug usage. Therefore, you can recreate your symptom patterns, so be honest, look at your recent habits and behaviors, and lastly be happy, excited and thankful that you are improving! Some conditions heal quickly and others will take time and patience. Remember to ask Cory Bunton Hypnosis if you have any of the above symptoms and whether or not you are in reactivation, interfering with your healing process, thereby exacerbating your symptoms with negative choices, such as what you are thinking, eating or drinking. I understand that not everyone goes through severe reactivation symptoms; most are mild and only last a few minutes, hours a day.

10. I understand there is less than a slight chance of occurrence that your Cellular Resonance® care and improving your cellular energetic functions, primarily because of refusing to make the changes your soul demands in life or from present or past drug medication use or other toxic exposure your condition can worsen. Again, immediately discuss with Cory Bunton Hypnosis, if you are experiencing Reactivation, or need to make other changes in your lifestyle. Also, always ASK your medical doctor to reassess your condition and drug usage /dosage as drugs have serious harmful effects, sometimes irreparable. EG: those with transplants on immune suppressing drugs, pacemakers/internal devices, those with stroke history on blood thinning drugs, and those taking cancer treatment drugs/radiation presently. Always ASK your doctor, pharmacist and read the warning document about your drugs regarding changing your drug levels or getting off drugs. Remember, you have the final say on anything you put on or in your body. Failure to do so may cause you serious harm or death. Your health is your choice, fear or faith.

11. I understand Cory Bunton Hypnosis offers hypnotherapy sessions and I am participating in hypnosis by my own choice because I want to be here. I understand that I am not a patient, but a co-operator in my hypnosis experience. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually. I understand that transformation is a process and that it can take time.

**I have read, fully understand and agree to all the above. (original Documents are required for our records).**

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

## BASIC SERVICES AND PROCEDURES

Print Full Name \_\_\_\_\_ Date \_\_\_\_\_ Please initial each section.

1. The compilation of energy medicine/quantum healing work we call Cellular Resonance® Technique (CRQH/CRT) and Nutritional/Nourishment/Restoration are the primary services delivered at this center. These are simple, safe, non-invasive and natural methods of normalizing the transmission of energy blockages and energy flows in the body. They are not a method for preventing, diagnosing, treating, relieving, healing or curing symptoms, disease or medical conditions of any kind. I understand that there are no guarantees of curing or resolving health conditions. \_\_\_\_\_

2. I agree not to wear perfumes deodorants in the clinic due to the potential of other client/practitioner sensitivities. I also understand that drinking water before treatment is necessary as well as having an adequate amount of food. \_\_\_\_\_

3. I understand that the services CRQH/CRT does not treat any medical condition. It is a technique administered and balance the natural energy flows of the body. We do not provide medical care of any kind. I understand that the practitioners are not medical doctors and practice stress relief thru natural energetic process which is not licensed by the State of FL. \_\_\_\_\_

4. I understand that should I receive CRQH/CRT treatment, exercise advice, diet advice, and nutritional advice, there may be temporary side effects such as flu-like symptoms, fatigue, and possible aggravation of symptoms presented after treatment. This is called Re-activation. \_\_\_\_\_

5. I understand the following fees apply:

1. 1-hour sessions are \$150
2. Missed appointment charge (without 24-hour advance notice) – \$50
3. NSF check fee per incident (Two maximum, then cash only) - \$50

6. \*This fees do not include promotional discounts or pre-paid fees.

7. I understand that the flat-rate Pre-Pay specials may not be altered or combined with any other promotional special or discount. Any unused portion of a package is **non-refundable** but may be used for in office purchases. I understand that all payments are due at the time of service and that Cory Bunton Hypnosis does no insurance billing, reporting, coding, or processing of any kind. \_\_\_\_\_

8. **I understand that once nutritional supplements are purchased and leave the office, they may not be returned, exchanged, refunded, or credited unless issued incorrectly by the office.** \_\_\_\_\_

9. I give permission for the practitioner/staff of Cory Bunton Hypnosis to call me at home/work regarding care or financial arrangements. \_\_\_\_\_

**Client signature** \_\_\_\_\_

### CONSENT TO TREAT A MINOR (Under 18 years old)

I, \_\_\_\_\_, do my hereby request this center to evaluate, and perform services for my \_\_\_\_\_ named \_\_\_\_\_, age \_\_\_\_\_, and consent to the program recommended.

I am the legal guardian of this child. I understand that while this child is in the center, he/she is to be with me at all times and may not be left alone, unsupervised or in the care of a staff or other clients.

Guardian's Signature \_\_\_\_\_

### Office Privacy Policy

Our office privacy policy is in accordance with current national HIPAA guidelines. Our office guidelines may change over time in order to stay HIPAA compliant as national standards change. Note: We reserve the right to use your personal information for billing purposes. On occasion Cory Bunton Hypnosis, may discuss your case or results with another person/physician in an effort to serve you better. Total anonymity is always used in these cases in order to protect your privacy. You have the right to view any of your medical records or to amend any incorrect information. You also have the right to know how your personal information has been used. If you have any questions, concerns or requests regarding your personal privacy, call our office for clarification of your rights on this matter.