

CONSENT AND DISCLOSURE FORM
FOR ZOOM OR FACE TO FACE SESSIONS

OBELISK HYPNOTHERAPY

**I (print name)..... give my full consent to receiving
Solution Focused Hypnotherapy sessions with Clare F Hancock**

**I understand that Hypnotherapy is not a replacement for Medical
treatment, Psychological or Psychiatric services. I also understand
that Hypnotherapy does not diagnose any condition.**

**I have agreed to participate in each session to the best of my ability
and to honour payments of each session in advance on the day.**

**I will also give at least 48 hours notice for cancellation of a session,
should it be necessary. If I cancel with under 48 hours notice, I agree
to pay a cancellation fee of half the usual fee.**

**I have accurately provided background information as requested by
the Hypnotherapist.**

**I understand that confidentiality regarding my sessions will be
honoured. This same confidentiality is respected when working with
minors under the age of 18.**

**As a Hypnotherapist, I have a professional obligation to report to the
relevant Authorities any concerns if I believe the client may be
intending to cause harm to themselves, myself or others.**

Signature of Client.....Date.....

**Signature of
Parent/Guardian.....Date.....**