



## **Hypnotherapy/RTT - Consent Form**

*SFT Transformational Healing, LLC* offers Rapid Transformation Hypnotherapy which includes hypnosis and regression techniques. Often a single session is all that is required to achieve results, however, some clients may need 2, and occasionally 3 sessions.

RTT hypnosis is entirely natural, safe, and relaxing. With RTT, clients remain conscious and in complete control throughout but will feel a strong sense of relaxation.

During an RTT session the client is usually regressed back to early memories to help discover the root cause of their issue then the client and *SFT Transformational Healing, LLC* work together using different tools to gain understanding of where the belief/behavior originated, with a view to change it.

RTT alone does not offer any guarantee of success. The client must want change be open and motivated. The client must be willing to fully participate in the session and to implement the recommendations of the hypnotherapist and listen to the personalized recording each day for at least 21-30 days.

I understand that *SFT Transformational Healing, LLC* is not a licensed physician, psychologist, or medical practitioner and the information, techniques, methods, recommendations by *SFT Transformational Healing, LLC* are not intended to substitute for diagnosis and care by a qualified physician, nor to encourage the treatment of any illness by persons not recognizably qualified. If you use RTT and are under medical care for ANY condition, DO NOT make any adjustments to any prescribed medication without the approval of your doctor. If in any doubt, you should contact your physician.

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make any adjustments to any prescribed medication without the approval of your doctor. If in any doubt, you should contact your physician. I give *SFT Transformational Healing, LLC* full permission to make audio recordings that may include my voice and I understand that if a recording (or recordings) are made during or after my session(s), *SFT Transformational Healing, LLC* holds full copyright over any forms of media that may be produced and distributed to me.

I hereby grant permission to *SFT Transformational Healing, LLC* to respectfully lift my arm, touch my shoulder, or rock my head during the course of my hypnotherapy session(s) in order to facilitate the deepening process.

I consent that *SFT Transformational Healing, LLC* may release information to a specified individual or agency if it has been determined that a child or elder is at risk of or is currently being abused; or if I, as a client, am in imminent danger to myself or I hereby give *SFT Transformational Healing, LLC* full permission to hypnotize me/my child and to use RTT in the knowledge that I do so at my own risk. I accept that while RTT has a high success rate, *SFT Transformational Healing, LLC* does not guarantee any results and the success of the session(s) depends greatly on my own ability and desire to affect change. I release *SFT Transformational Healing, LLC* from any liability or claims concerning my/my child's mental and/or physical well-being during or following the treatment that has been outlined and agreed upon by filling out this this form. I understand that if I/my child is epileptic or suffer from a psychotic illness it is not generally recommended that they undergo hypnotherapy. I hereby agree that by signing this form that I do not currently suffer from these disorders.

I can confirm that I have read the above and understand the process of RTT and hypnotherapy and accept these terms and conditions.

Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

I agree to maintain full confidentiality unless I have written consent from the client to share testimonies. I agree to maintaining a clean, secure, ethical therapeutic environment for all client sessions including both in-person and virtual appointments.

Practitioner Full Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_