



Acknowledgement of Services and Fees HYPNOTHERAPY FOR SELF-IMPROVEMENT

I, the undersigned, acknowledge that I have read, understand, and agree to the following:

The initial hypnotherapy assessment will be about **90 minutes at a fee of \$225**. This will include a history of my presenting concern, background information on hypnosis, theory of conscious and subconscious mind, suggestibility testing, hypnotic inductions, deepening techniques, post-hypnotic suggestions, and practical tools for self-improvement.

Regular hypnotherapy sessions are **50 minutes at a fee of \$175**. I also agree to pay you, Carolina Suero, C.Ht., for your services, in full, on the date of each session. Payments may be accepted via debit/credit card, Venmo, or PayPal.

I agree to give Carolina Suero Hypnotherapy **24 hours** hours notice on all cancellations or changes regarding scheduled appointment times. I understand time has been reserved exclusively for me and that missing a previously scheduled appointment without prior notice or cancellation within 24 hours will result in a charge for the missed session at the full rate stated above. I also understand that if I am late to a session, I may lose some of my session time as a result.

I understand that the program of conditioning offered by you will include an undetermined number of private sessions, depending on my individual needs. I understand and agree that the major purpose of this program is for vocational or avocational self-improvement and that **problems of psychogenic or functional origin are treated by psychological or medical referrals** only (Business and Professions Code 2908). I also understand that there are no guarantees as to the results or progress to be made. The Hypnotherapist will, to the best of their ability, endeavor to accomplish the objective of my sessions. Successful application of hypnotherapy techniques depends on cooperation, practice, consistency, and repetition.

During our sessions, I will be alone and in a safe environment that is free from outside distractions (e.g. phones, pets, people, etc.). Further, I understand I cannot record any portion of our session, unless prior arrangements have been made with you. All recordings are confidential and for private use only.

Additional Information: _____

Please sign and date:

Print Name: _____

Signature: _____ Date: _____