



**Mindy Ash Hypnosis Centers**  
**Helping You to a Better Life!**

Client Information and Participation Agreement

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Medical conditions or challenges: \_\_\_\_\_

Are you currently under a physician's care for this/ these conditions? \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last visit: \_\_\_\_\_

I have checked or I will check with my doctor regarding using hypnosis for weight loss and/or pain management/ accelerated healing. Client's initials \_\_\_\_\_

Medications: \_\_\_\_\_

How you ever been in therapy or counseling before? \_\_\_\_\_

If yes, for how long? Did you feel it benefited you?  
\_\_\_\_\_

Have you ever been hypnotized before? \_\_\_\_\_

Do you exercise? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Do you drink alcohol more than three times a week?  
\_\_\_\_\_

Do you drink diet soda more than three times a week?  
\_\_\_\_\_

Current Weight \_\_\_\_\_ Desired Weight \_\_\_\_\_



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Like the practice of medicine, hypnosis, self-hypnosis, hypnotherapy and hypnotic age regression are not absolute sciences. We personally know of no case or have any knowledge of any case on record where an individual has been harmed in any way by hypnosis, self-hypnosis, hypnotherapy, meditation or hypnotic age regression. We do know of thousands of cases where individuals have benefited from these experiences. It is necessary as a general practice to have part in Mindy Ash services and products to sign this disclaimer. I am of legal age, and in consideration of my acceptance as a participant in these sessions/workshops/classes, I for myself, heirs, my executors, administrators and assignees, do hereby release and discharge Mindy Ash and any of her employees, or any other participants in any of the activities, for all claims of damages arising from, or growing out of my participation. I understand that the services provided to me are for educational and self-improvement purposes and are not for the diagnosis or treatment of any mental or physical ailment.

**Confidentiality of Information**

Clients have a right to expect that information revealed in sessions is not to be disclosed without extraordinary justifications. The conditions that justify the release of information and by law must be reported the appropriate agencies, are the following.

1. Knowledge of child abuse or neglect.
2. Knowledge of senior citizen abuse or neglect.
3. A client poses a serious risk of suicide and is an imminent danger to self or an imminent danger to another person.
4. A Judge, by issuance of a court order, may obtain information.
5. Report to law enforcement knowledge of a felony that has been, or is being committed.

In other situations, signed authorization for release of information is required.



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Also, in order to be more successful in reaching my goals I know it is important for me to:

1. Acknowledge that my wellbeing depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
2. Recognizing that my thoughts, feelings, images and actions have a direct effect on my life.
3. Accept that blaming others or myself is totally futile.
4. Take responsibility for my experience of life, for I create it.
5. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
6. I agree to be on time for my sessions and to allow at least 24 hours of advanced notice should I need to cancel or reschedule a session. Cancellations need to be made over the phone and not by texting. If I cancel or No Show more than once I will omit one of the sessions of my package.
7. Sessions need to be used within a \_\_\_\_\_ period of time from the date below.
8. Ms. Mindy Ash is not a doctor, she is a Certified Clinical Hypnotherapist and Smoking Cessation Specialist. \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

My commitment to you:

I agree to use my expertise to facilitate the changes as are mutually agreed to be in your interest. I am professionally committed to mobilizing your inner resource in the shortest possible time.

Mindy Ash, CCHt \_\_\_\_\_ Date \_\_\_\_\_  
702-721-0370

Signed: \_\_\_\_\_

(If Applicable) Parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Hypnosis is a legal stand-alone wellness modality.