



Disclosure Statement

The method and techniques used in the sessions are determined by the practitioner (*Robin Hart*), and discussed and agreed upon in detail during the initial complimentary consultation. The methods and techniques may involve Hypnotherapy, Timeline Therapy, NLP Counseling, Light and Sound Therapy, Guided Imagery, Visualization, Progressive Relaxation, Rapid Eye Therapy, Emotional Freedom Technique, Personal and Spiritual Counseling, Flower Essences Therapy, Reiki and other self-regulatory techniques such as Self Hypnosis and Focusing. Also included may be Motivational, Self Improvement, and Stress Management Coaching.

I understand that the level of success by using Hypnosis, Imagery, and other mental techniques is dependant on many variables, including my attitude, motivation, cooperation, practice and the attendance of scheduled sessions by the client. I understand that personal results will vary, and that human behavior cannot be ethically warranted. I understand that in the process of increasing my awareness some of the mental processes used may or may not bring up some unconscious memories, images, or metaphors.

*I understand that Robin Hart is not a medical doctor and will not be involved in the treatment or diagnosis of disease. She does not substitute for medical treatment when such attention is needed, desired or required. I understand that she does not treat, prescribe or diagnose any illness or any other physical or mental disorder. I give my permission for Robin Hart to touch my head, arm or feet to in order to anchor positive emotions in a session. I give my permission for Robin Hart to discuss my case in confidence with other colleges, when she finds it necessary to receive feedback on my case. She agrees to give me the names of fellow colleges with whom she consults about my case upon my request. I declare that I am of sound mind, and give my permission for Robin Hart to address any of my issues. I have discussed and agreed upon the methods, techniques and type of therapy that will be used in future sessions. I agree to pay **Robin Hart of Anew Perspective Hypnosis & Coaching** a fee of \$125.00 per hour for each session, or a pre- determined package at the rate of _____ for _____ package on or before our session. **I agree and understand that all monies paid for services rendered are non-refundable, although they may be transferred to a family member and/or postponed for up to one year.***

*** I understand that Anew Perspective LLC has a 24 hour cancellation policy and that I can reschedule my appointment at any point prior to the 24 hours before my appointment. If I do not I will be charged a \$125.00 cancellation fee for the appointment missed.**

Signed _____ **Date** _____