



Disclosure Agreement

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 consultation or session. The methods and techniques may involve Hypnosis, Timeline Therapy, NLP Processes, Light and Sound Therapy, Guided Imagery, Visualization, Progressive Relaxation, Rapid Eye Techniques, Emotional Freedom Techniques, Personal and Spiritual Coaching, Reiki, Flower Essences, and other self-regulatory techniques such as Self Hypnosis, Focusing, Motivational, Self Improvement, and Stress Management Coaching. I understand that my level of success by using Hypnosis, Imagery, and other mental techniques is dependent on many variables, including my attitude, motivation, cooperation, practice and the attendance of scheduled sessions by me 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 arm during the NLP session in order to anchor positive emotions during the 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 challenges. I have discussed and agreed upon the methods, techniques and type of session that will be used in future sessions.

I agree to pay **Robin Hart of Anew Perspective Hypnosis & Coaching** an agreed fee per session or a pre-determined program rate for _____ program 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 from date of this agreement.***

**** I commit to do any follow up homework and understand that this will determine my final results.***

**** 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 for the missed session or lose a prepaid session as the cancellation fee for the appointment missed.***

Printed name: _____

Signed: _____ **Date** _____