

TERMS & CONDITIONS

Note: The terms Hypnotist/Hypnotherapist/Practitioner are used interchangeably in the following document.



- I have been advised by Flo Maldonado, Certified Consulting Hypnotist regarding the scope of hypnosis practice and I give my full consent to receiving hypnosis sessions from Flo today and if needed, in any future sessions.
- I understand that results vary, and the above-named practitioner does not guarantee results.
- I understand that Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the Hypnotist/Hypnotherapist does not treat, prescribe for, or diagnose any condition.
- I understand that the practitioner is a facilitator of hypnosis and is not practicing any other profession that requires a license under the laws of the State of Oregon. The practitioner does not offer “therapy” in the clinical sense of the term.
- I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder, hand, wrist or forehead in order to assist me in relaxation. I give the practitioner consent to do so in order to help me establish a beneficial state of hypnosis.
- I have been advised that I am free to terminate any or all sessions at any time, except where doing so would violate the terms of a contract or other payment agreement.
- I have agreed to participate in each session to the best of my ability. I have accurately provided background and health history information to the best of my knowledge.
- I understand that confidentiality regarding my sessions will be honored between Flo Maldonado and me. This same confidentiality is respected when working with minors under the age of eighteen.
- I understand that by making an appointment for hypnosis or coaching services I am reserving time that is exclusively my time. In the event I am unable to keep an appointment I will notify the office by calling 971 409-6031 or sending an e-mail to: flo@alterbehaviors.com
- I understand all monies are due on or before each session unless other arrangements have been made in writing. I understand that all pre-paid sessions must be used within 180 days of receipt.

I agree to all the terms listed above:

Clients Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

