

Healing Through Hypnosis
RELEASE STATEMENT



I hereby authorize Dana Colson, Consulting Hypnotist, to perform hypnosis for the purposes outlined in this intake form and for future purposes mutually decided upon. I am of legal age, and of sound body and mind. I am not subject to seizures or undergoing medical or psychiatric treatment that would prevent me from participating in hypnosis.

I understand that the success of my hypnosis depends greatly upon my own desire to create positive change and serious participation. Dana Colson, CH, cannot offer any guarantee or success of my treatment, but everything reasonable in her power will be done to assist in promoting success. I am willing to be guided through relaxation and creative visualization processes and techniques for the purpose of self-improvement.

Further, I release Healing Through Hypnosis/Dana Colson, CH from any and all liability and understand that some conditions may require referral from a doctor or psychotherapist. I understand that hypnosis is not a substitute for standard/traditional medical care and should consult my medical doctor(s) regarding continuing any current medical treatment or treatment of any new illnesses.

All information is completely confidential and cannot be released without your written permission or consent.

Name: _____ Date: _____