Depth Hypnosis Release Form

Hypnotherapy is a self-regulated, not state-licensed, profession. We are a certified profession, and meet the highest standards set forth by the Association of Depth Hypnosis Practitioners and the Foundation of the Sacred Stream. We practice according to our organization's Code of Ethics and Standards. We have received high quality training through Depth Hypnosis Training Program and the Foundation of the Sacred Stream. We do not do medical diagnosis; nor are we licensed physicians or medical practitioners. We are certified healing arts practitioners – Certified Hypnotists. We provide hypnotherapy services, which give high-quality alternatives for people seeking to overcome many of the challenges of life. We pledge confidentiality.

Recent research has found that memories uncovered during hypnosis, or other forms of induced altered states may not be accurate or even factual. Memory is a constructive and reconstructive process. What is remembered about an event is shaped by what was observed, by conditions prevailing during attempts to remember, and by events occurring between observation and attempted remembering. Memories can be altered, deleted, and created by events that occur during and after the time of encoding, during the period of storage, and during attempts at retrieval.

Therefore, if memories should surface that may be considered grounds for future litigation during the course of hypnotherapy, you may lose your legal right to use this information in a court of law, as it may not be admissible. If certain types of memories begin to surface during any hypnosis session, the session will be discussed so that you may decide whether or not to proceed further with the hypnosis based on your understanding and careful consideration of the above information.

Depth Hypnosis can bring up strong emotions and by signing this document you are indicating that you feel stable enough to handle those emotions. The hypnotherapist is not liable for any pain or emotional distress that may ensue in the course of this work, and it is understood that you will seek medical or psychiatric help as the need arises.

Name (Printed):		
Signature:		
Date:		