## Lewis J. Moskowitz, Ph.D., LMHC, PA

# **Hypnotherapy Disclosure Form**

Lewis J. Moskowitz, Ph.D., LMHC, PA (hereafter "Hypnotherapist") agrees to provide professional services in accordance with acquired training and experience to facilitate the client's attainment of treatment goals. Hypnotherapy is a client-centered approach which promotes the rapid accomplishment of precise cognitive or behavioral goals.

## **Waiver of Liability**

By signature, the client named below voluntarily agrees to be the recipient of hypnotherapy sessions, and accepts full responsibility for any and all effects arising from the hypnosis sessions. The client shall hold Lewis J. Moskowitz, Ph.D., LMHC, PA harmless for any physical or mental effects of hypnosis.

#### **Methods Used**

Hypnosis is not a state of sleep; hypnosis is a natural state of mind that can produce extraordinary levels of relaxation. The hypnotherapist utilizes direct and indirect suggestions to facilitate a change in the client's thoughts, feelings, and behaviors.

## **Tape Recording**

Client agrees that portions of the hypnotherapy sessions may be recorded for our mutual protection. The Hypnotherapist does not share recordings.

## Warranty

No warranty is given, expressed or implied, for satisfactory results from the hypnosis session(s).

## Disclaimer

have been given a copy of this Disclosure Form.

Services to be provided do not include the practice of medicine. The Hypnotherapist is a trained Psychotherapist, not a medical doctor. At no time will the hypnotherapist attempt to provide medical treatment. The client affirms that hypnotherapy is appropriate for them and does not conflict with existing medical or psychiatric treatment. Always follow the advice of your doctor or other professional medical practitioner.

I, the undersigned Client acknowledge that I have been advised of the foregoing information, and that I

Client's Signature	Parent/Guardian Signature
Print Name	Date