

VRishi Immersive Hypnotherapy

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Acknowledgement of Services and Fees

Subject: Self-Improvement Program

I, the undersigned, acknowledge that I understand and agree to the following:

I agree to pay you _____, a fee of \$ _____ per session.

Hypnotherapist Name

I also agree to pay you for your services, in full, on the date of each session.

I agree to give you 24 hours notice for all cancellations or changes of scheduled appointments. I understand that missing a scheduled appointment without prior cancellation, or cancelling with less than 24 hours notice, may be charged to me at the current full rate.

I understand that the program of conditioning offered by you will include an undetermined number of private sessions, depending on my individual needs. I understand and agree that the major purpose of this program is for Vocational or Avocational Self-improvement. The determination to initiate and/or terminate the therapy relationship can be made at any time by client or therapist without the need for detailed explanations. I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of my sessions.

It is a common practice for the hypnotherapist to record the hypnosis portion (only) of sessions and share that with the client, for the client to listen to in between sessions. No other portion of the session is recorded without prior written permission.

Additional Conditions:

Client Date Hypnotherapist Date

Client Signature

Date