

DISCLOSURE OF HYPNOSIS SERVICES

**Dietary Management Services At The Natural Healing Center 121 West Main Street
Milford, CT. 06460 203 874-6019**

A. HYPNOSIS AND ITS PROCEDURES: The practice of hypnotism encompasses the induction of a hypnotic state by applying individualized techniques to induce hypnosis in order to assist clients with situational stress, altering habits/addictions such as smoking and weight management, increasing client motivation in employment, the workplace, in sports activities, and enhancing creative, artistic and scholastic endeavors. In different states, practitioners operate under a variety of titles, including but not limited to consulting hypnotist, hypnotist, hypnotherapist, or hypnocounselor. Basically all have the same meaning.

The practice of hypnotism may include.

1. Interviewing a client to determine the nature of the client's issues;
2. Assessing the client's suitability for hypnosis;
3. Testing a prospective client to determine the client's level of suggestibility;
4. Preparing clients for hypnosis through an explanation of the process and procedures used as well as a description of the resulting hypnotic state to be experienced by the client;
5. Teaching self-hypnosis to clients;
6. Inducing the hypnotic state;
7. Applying hypnotic techniques.

Within every being there lies the potential to elevate, heal, and inspire ourselves as well as others. Hypnosis is considered the best known tool to actualize this process. By delving into the roots of human conditioning and habit formation, we may work with the non-tangible aspects of human behavior and utilize effective methods to eradicate negative and harmful habits, and accomplish behavioral change. Through hypnosis you can change your belief system and "orders" with which you have been programming your behavior. Hypnosis is a state of altered consciousness induced by oral suggestion or other forms of stimuli to the senses. It is a state in which the subconscious mind enjoys a heightened level of susceptibility to further suggestion occasioned by a bypass of the conscious mind through suggestion, relaxation, and imagery.

B. SERVICES: The Hypnosis, Neuro-Linguistic Programming (NLP) LP, and or coaching services to be provided are holistic applications of natural medicine being performed by a credentialed Wholistic Nurse, Master Practitioner of NLP and Clinical Hypnotherapist. These clinical services are complementary services of the healing arts. During the hypnosis sessions, clients are completely aware of their surroundings and suggestions,

however persons are so relaxed that they rarely pay attention to anything but the voice of the hypnotist. The ability to visualize or imagine is enhanced. Most clients comment that they were truly relaxed and have not been so relaxed in quite some time. Hypnosis is safe and pleasurable.

MISSION STATEMENT: Each professional hypnotist is dedicated to using hypnosis to motivate you to embrace positive thoughts and beliefs and achieve personal goals such as positive change, self-empowerment, behavior modification, wellness, happiness, peak performance, success, and harmony.

EDUCATION IN HYPNOSIS, OTHER TRAININGS, AND EXPERIENCE:

Certifications- 30 College credits in Hypnosis from American Pacific University,
Certification from American Hypnosis Institute credential As a Certified Hypnotist, and
Advanced Clinical Hypnotist-
Certified and credentialed by the American Board of Clinical Hypnosis
Certified and credentialed by the American Board of Neuro-linguistic Programming
Member of the National Guild of Hypnosis
Certified as a NLP Master Practitioner, Master Hypnotherapist, Master Time-Line
Therapist

SPECIALTIES: **Specialist in hypnosis using “ Thinner Band Hypnosis”** registered trademark for “Gastric Lap band imagery”. Facilitator for the American Red Cross Stop Smoking Program, Facilitator of the Ultra-lite Transformation Program, Certified Provider of the First Line Therapy Life Style Intervention program, Certified in Sports Hypnosis, Pain Management, Diabetes Education. Board certified in Integrative Medicine.

I, the undersigned, hereby acknowledges that I have read and understand this ‘Hypnosis Disclosure of Services’ form, and that I have been given a copy of this Form for my records. I also affirm that I have voluntarily signed this acknowledgment on the _____ day of _____ 20_____

CLIENT SIGNATURE