

# Jonathan Hyde Hypnosis

Jonathan Hyde, C.Ht.  
Certified Hypnotherapist

## Application, Personal Data Record and Release

Please fill out the following information as completely as possible. All information will be treated as confidential and will not be released except upon your request. The signer herein will not hold the above responsible in any way, nor shall any claims be valid in reference to such methods, instructions and programs in the teaching of relaxation and habit control.

Name: \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information

Please fill in the below fields and check the contact method you prefer for future courtesy session reminders.

Check if session reminders are not necessary.

Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ok to Text? Y / N

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Medical or Psychological problems we should know about? \_\_\_\_\_

Married  In a Relationship  Single / Spouse's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact Relation to You: \_\_\_\_\_

How did you hear about JH Hypnosis? \_\_\_\_\_

Have you been hypnotized before? Y / N

If Yes, by whom? \_\_\_\_\_ Reason: \_\_\_\_\_

The above information is true and accurate to the best of my knowledge:

\_\_\_\_\_  
Signature Date

## DISCLOSURE OF SERVICES

In recognition that millions of Californians receive a substantial volume of healthcare services from complementary and alternative health care practitioners, California Law allows access by California residents to complementary and alternative healthcare practitioners who are not providing services that require medical training and credentials. The following disclosure is provided in compliance with Section 2053.6 of the California Business and Professions Code.

The purpose of a program of hypnotherapy is for vocational or avocational self-improvement (Business and Professions Code 2908) and as alternative or complementary treatment to healing arts services licensed by the state. A hypnotherapist is not a licensed physician or psychologist and hypnotherapy services are not licensed by the State of California. Services are Non-diagnostic and do not include the practice of medicine, neither should they be considered as a substitute for licensed medical or psychological services or procedures.

Hypnosis works with the power of the subconscious mind to change habits and behaviors. The subconscious mind is considered to be the source or root of many of our behaviors, emotions, attitudes and motivations. Hypnosis is believed to be a powerful tool for accessing the subconscious mind and creating improvements in our lives.

Services consist of a program of conditioning, including an undetermined number of private sessions, depending on the client's individual needs. The hypnotist will to the best of his or her ability endeavor to accomplish the objectives of the client's sessions. While hypnosis may be an effective technique for many purposes, the effectiveness may vary from individual to individual, and no specific results or progress can be promised or guaranteed.

During hypnotherapy sessions, clients remain completely aware of everything that is going on. In fact, many people experience a hyper-awareness where sensations are perceived enriched and vivid. The ability to visualize or imagine is enhanced. Deep relaxation is common. Many describe the hypnotic state as a complete and total escape from physical tension and emotional stress, while remaining completely alert.

The use of hypnosis could elicit memories of past events which may or may not be literally true. It is possible that events under hypnosis will be distorted or misconstrued. Memories or images evoked under hypnosis are not necessarily accurate and may be a construction or a composite of memories. Without corroborating information, it is not possible to determine whether a specific memory is true or false, even if it seems true to the client.

Jonathan Hyde, DBA Jonathan Hyde Hypnosis, is an independent practitioner operating in part in office space leased to him by Miller Psychology Group, and is in no way affiliated with Miller Psychology Group for purposes of business practices, assumptions of liability or any other association beyond the use of said office space.

While it is the practice of Hypnotherapists to keep information confidential, information revealed in hypnotherapy is not subject to the psychotherapist-patient privilege. A court may order disclosure of information learned in therapy. In the event of such a rare case happening, you will be notified and any and all subpoenas will be challenged to protect your private information. Your privacy is our responsibility and our top priority.

*I have received a copy of this disclosure and understand the information described above.*

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACKNOWLEDGEMENT OF SERVICES AND FEES  
SUBJECT: SELF-IMPROVEMENT PROGRAM

I, \_\_\_\_\_, acknowledge that I have read, understand and agree to the following:

I agree to pay Jonathan Hyde a fee for each session equal to the session type and location according to the Session Rate Table below, and I agree to pay Jonathan Hyde or his assignee for services **in full** on the date of each appointment.

I agree to give Jonathan Hyde 24 hours' notice on all cancellations or changes of scheduled appointments. Missing a scheduled appointment without prior cancellation, canceling with less than 24 hours' notice or being late a half hour or more may be charged to me at half the current rate. Jonathan Hyde's liability regarding the services provided shall not, for any reason, exceed the amount of the fee paid by the client for the last session provided.

I acknowledge that I will be sent an invoice for the fee which is due the same day and that I may be required to pre-pay for any future sessions at Jonathan Hyde's discretion based on the situation. I acknowledge that the existence of this agreement is solely for business logistics and should not be misconstrued as a judgement against me.

I understand the program of conditioning offered by Jonathan Hyde will include an undetermined number of private sessions depending on my individual needs. I understand and agree that the purpose of this program is for vocational or avocational self-improvement and that problems of a psychogenic or functional origin are treated by psychological or medical referrals only (Business and Professions Code 2908).

I also understand that there are **no guarantees** as to the results or progress to be made, only that the hypnotherapist will, to the best of his ability, endeavor to accomplish the objective of my sessions.

Session Rates:

Location	Hypnotherapy Session	Couples Coaching	Past Life Regression	½ Hour Power Session
Office	145	220	220	70
In-home	165	245	245	80
Remote	130	195	N/A	65

Other Agreed Upon Rate: \$ \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hypnotherapist Signature

\_\_\_\_\_  
Date

Please take a moment to describe as much as possible what you would like to accomplish in your hypnotherapy session(s) then sign it. This form must be hand written, not typed.

---

(Don't forget to sign it)