

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 client for the last session provided.

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 hypnotist will, to the best of his ability, endeavor to accomplish the objective of my sessions.

Session Rates:

Location	Hypnotherapy Session	Couples Counseling	Past Life Regression	½ Hour Power Session
Office	145	220	200	70
In-home	165	250	230	80
Phone / Skype	130	195	N/A	65

Client Signature

Date

Hypnotherapist Signature

Date