

## HYPNOSIS CONSENT FORM

### Client Information

- **Full Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Email:** \_\_\_\_\_
  - **Address:** \_\_\_\_\_
  - **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_
  - **Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
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### DESCRIPTION OF SERVICES

I, the undersigned, understand that hypnosis is a **self-improvement process** that facilitates access to the subconscious mind to encourage positive change. The services provided by a **certified hypnotist** are **non-therapeutic and do not involve medical treatment, diagnosis, or psychotherapy.**

Hypnosis may be used to assist with:

- Stress management and relaxation techniques
- Habit control (e.g., smoking cessation, weight management)
- Performance enhancement (e.g., academic, sports, creative arts)
- Confidence-building and personal motivation
- Self-improvement and personal development

I am practicing hypnosis under the guidelines of the **New Jersey Administrative Code § 13:42-1.2** and am **not providing medical or psychological treatment**. I acknowledge that hypnosis is **not a substitute for medical, psychological, or psychiatric care** and that clients should seek professional healthcare services for any medical or mental health concerns.

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### DISCLAIMER & LEGAL COMPLIANCE

In accordance with **New Jersey Administrative Code § 13:42-1.2**, hypnotists are NOT licensed healthcare professionals unless otherwise credentialed. I practice hypnosis within the scope of **stress management, habit change, and personal motivation**, and do not diagnose or treat medical or psychological conditions.

Clients acknowledge that:

- Hypnosis is not a **medical or psychological therapy**, nor a substitute for professional healthcare.
- The practitioner **does not prescribe medication or provide medical advice.**
- No specific outcome is guaranteed, and results vary among individuals.
- Hypnosis is a collaborative process between the hypnotist and the client.

I understand that I am responsible for my well-being and decisions. I will not hold **[Susan Blasi/Starfish Hypnosis]**- the hypnosis practice, or its representatives liable for any outcomes resulting from hypnosis sessions.

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### **CONFIDENTIALITY POLICY**

All information shared during hypnosis sessions is kept **strictly confidential**, except under the following circumstances:

1. If disclosure is required by law (e.g., suspected abuse, threats of harm to self or others).
  2. If I provide written consent for information to be shared.
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### **ACKNOWLEDGEMENT & INFORMED CONSENT**

I confirm that I have read and understood this consent form. I voluntarily seek hypnosis services and acknowledge that no specific outcomes are guaranteed. I affirm that I am **not under the influence of drugs or alcohol** at the time of this session and that I am **mentally competent** to give consent.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hypnotist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### **OPTIONAL – PARENT/GUARDIAN CONSENT (For Clients Under 18)**

I, **[Parent/Guardian Name]**, permit my minor child, **[Child's Name]**, to participate in hypnosis sessions with **[Practitioner's Name]**. I understand the scope of services and consent to my child's participation.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### **ADDITIONAL NOTES FOR PRACTITIONERS**

This consent form:

- ✓ **Clearly establishes the hypnotist's role as a retired RN with an active license** to avoid confusion with licensed healthcare services.
- ✓ **Follows New Jersey's legal framework** for non-licensed hypnotists, while acknowledging the RN background
- ✓ **Provides legal protection** by clarifying the non-therapeutic nature of hypnosis.
- ✓ **Maintains ethical transparency** with informed consent and confidentiality disclosures.