

Client Consent Form For Therapy Services

Name _____ DOB: _____

Address _____

Phone # _____ Cell # _____

E-mail _____

Do you want to be included in Harmoniousinfinity's mailing list to receive information about workshops, events, promotions and inspirational thoughts? YES / NO

How did you hear about Evy/Harmoniousinfinity? _____

Reason/s for seeking therapy: _____

Have you ever been in therapy before? YES / NO. If YES, what type(s) of therapy?

Have you ever been hypnotized before? _____

Do you agree to being hypnotized as part of your therapy? _____

Are you currently taking medication? YES / NO. If YES, state what meds and for what reason

Have you been treated for any mental health issues? If YES, please provide details and dates:

Are you currently experiencing any specific health issues, please provide details:

What To Expect from Sessions:

After making an assessment, a combination of therapeutic techniques such as Mindfulness, EFT (Emotional Freedom Technique), NLP (Neurolinguistic Programing), Clinical Hypnotherapy and Counseling, will be applied depending on the current conditions and needs of the client.

What To Expect From Hypnotherapy Sessions:

Hypnotherapy is a form of therapy where the client is induced into hypnotic state (hypnosis). A hypnotic state is a natural, safe and relaxed state of the mind where the subconscious mind is open and receptive to assist in the process of healing. Hypnotherapy is a treatment in which the therapist induces the client into a relaxed, suggestible state and then offers suggestions for relief from symptoms complained of by the client. During hypnotherapy, the client is safely guided through a process to access both conscious and subconscious thoughts and emotions. Hypnotherapy is used to assist the client in accessing the inner resources within the subconscious mind to facilitate positive life changes and/or the healing of emotional trauma.

As with any form of therapy, hypnotherapy is a process that is effective over time and requires a commitment from the client to participate and apply what is learned in sessions.

These therapies are not a replacement for medical or psychiatric treatment or services.

Confidentiality

All sessions are strictly private and confidential, and no records of your sessions will be released to anyone without your express consent.

Notwithstanding the above, in the event that there is reason to suspect that the client intends to abuse, injure or harm themselves or someone else, then this information will be shared with the relevant authority.

Professional Credentials

Ms. Evy Y. Parkinson holds a Bachelor of Science degree from Atlantic International University with a major in Psychology, a Certificate in Psychology from the University of the West Indies, a Diploma in Hypnotherapy from the Florida Institute of Hypnotherapy, a Master’s in Clinical Hypnotherapy from the Official School of Hypnosis (Spain), a EFT Certificate from the Awakening Institute, USA and a Tai Chi & Chi Kung Certificate from the Tai Chi Institute of Trinidad and Tobago.

Professional Fees

- In house sessions: 95 US\$ | Per hour.
- Online sessions: 95 US\$ | Per hour.
- Workshops| Retreats: _____
- Mindful Eating Course: In person _____ Online _____

Rates may vary depending on the number of sessions booked in advance.

Sessions may take longer than 1 hour if necessary and the price will be adjusted accordingly.

There will be flexible payment plans for those who qualify as a suitable candidate, based on a number of factors.

By signing this Consent Form, I hereby confirm that I have read the contents of this form and unequivocally agree to the following:

1. I am participating in this therapy/course/workshop which has been explained to me and which is voluntary.
2. I fully understand and agree to the policies states herein.
3. I understand that I am not a patient, but a co-operator in my therapy experience.
4. I acknowledge that this treatment is not a replacement for medical or psychiatric treatment and understand that the therapist does not treat, prescribe or diagnose any medical or mental health conditions.
5. I understand that results may vary, and acknowledge that no guarantee or assurance has been made as to the results that may be achieved.
6. I acknowledge I may experience a mixture of emotions including anger, sadness or grief during and after these sessions and accept that this a part of the therapy. I have been advised that I am free to terminate any session at any time.
7. I understand that my progress involves how I care for myself physically, mentally, emotionally and spiritually.
8. I understand that transformation is a process which takes time, and requires a commitment from me to participate and apply what is learned in these sessions.
9. I understand that the therapist may respectfully touch my hand, wrist or forehead in order for me to attain or return to a hypnotic state.
10. I accept that I must give 24-hours' notice should I decide to cancel or reschedule an appointment. If I fail to do so, I accept that I will still be liable for the full price of the session I failed to keep.
11. I understand that if the therapy relationship is terminated before my credit is finish (in the event of paying advance sessions) I may not receive any refund of the remaining credit.
12. I have accurately and truthfully answered the questions on this Consent Form.

I am of legal age and in consideration of my acceptance as a participant in this seminar, therapy, hypnosis session, regression, training, workshop or any other Evy Y. Parkinson production, I and on behalf of my heirs, executors, administrators and assignees, hereby release and fully discharge Evy Y. Parkinson and her employees or other participants from any and all actions, claims, costs, demands, damages, liability or lawsuits whatsoever in any manner arising from, or as a result of my participation in these sessions.

I understand that recordings may be made at these events with my approval and Evy Y. Parkinson holds the copyright on these recordings. I have read this document and fully understand and agree to its terms and conditions.

Signature of Client: _____ Date _____

If appropriate:

I am the parent/legal guardian of the above named child, and have the authority to enter into this agreement on behalf of the child. I understand that I can withdraw this consent for services at any time.

Signature of Parent or Guardian (if client being underage) _____

I Evy Y. Parkinson, as your Therapist/Teacher/Professional Guide, commit to utilize all my professional skills to help you to reach your goals in the shortest time possible, and assure you that I will at all times act with integrity, professionalism, confidentiality, compassion and respect.

***Evy Y. Parkinson – Clinical Hypnotherapist, BSc in Psychology, Holistic
Therapist, Tai Chi & Qi Gong Practitioner, EFT Practitioner.
Creator of Harmoniousinfinity***



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