Hypnotherapy Consent & Service Agreement

The undersigned Client acknowledges that they have been informed of the following:

Nature of Services

The Hypnotherapist agrees to provide professional services using their acquired training and experience, giving full attention during scheduled sessions to support the Client's well-being. Hypnotherapy involves the use of hypnotic induction, guided imagery, and related techniques to help Clients:

- Access inner creative abilities
- Cultivate positive thoughts and feelings
- Transform unwanted habits and behavior patterns
- Gain freedom from limiting beliefs
- Enhance motivation and support personal goals

Hypnosis is not sleep, but a natural state of focused awareness and deep relaxation of the mind, body, and emotions. In this state, the Client may more easily accept positive suggestions, gain insights, and access inner resources.

Scope of Practice

Hypnotherapy, as provided here, is not a form of psychotherapy or medical treatment. It is offered as a personal growth experience and a supportive journey of self-exploration.

- Services do not include the practice of medicine, as the Hypnotherapist is not a licensed physician or mental health professional.

- No claims are made to diagnose, treat, or cure any medical or psychological condition.

- If you are currently under the care of a licensed physician or therapist, it is strongly recommended that you consult with them before beginning hypnotherapy.

- During hypnotherapy, it is possible to recall memories or emotions from the past or present, including those that may feel unpleasant. This is a natural part of the process and may support personal insight and healing.

Hypnotherapy is complementary to other healing practices and is intended to support — not replace — appropriate medical or psychological care.

Qualifications

The Hypnotherapist has completed over 300 hours of hypnotherapy training, including life regression and past life regression, and holds certifications with:

- The International Association of Counselors and Therapists (IACT)
- The National Guild of Hypnotists (NGH)
- The Michael Newton Institute™

Audio and Video Recordings

If a hypnosis session is recorded for your personal use, you agree that:

- Recordings are for your private use only and must not be copied, shared, sold, posted online, or distributed in any way.

- Listening or viewing may cause deep relaxation or drowsiness. Never use recordings while driving, operating machinery, or engaging in activities that require alertness.

- Use recordings only in a safe and comfortable environment, preferably while lying down. Allow yourself enough time afterward to return to full alertness before resuming normal activities.

Payment & Cancellation Policy

Payment for sessions is due at the time of booking (or on the day of the session, if agreed). If you need to reschedule, please provide at least 24 hours' notice.

- Cancellations made with less than 25 hours' notice may be subject to a cancellation fee or forfeiture of that session's fee.

- Missed appointments without notice are non-refundable.

- Packages or installment plans must be completed within the agreed period and are non-transferable.

- If you decide to cancel a package or installment plans after beginning the sessions, you will be refunded for the unused portion of the plan. We will have a conversation to ensure the process feels respectful and fair for both sides.

Closing Statement

By signing below, I confirm that I have read and understood this agreement, including the payment and cancellation policies. I acknowledge that hypnotherapy is offered as a supportive personal journey, and not as a medical procedure, physical healing, or psychotherapy. I consent to participate in the process with openness, respect, and a commitment to my own growth.

Client's Signature _____ Date _____

Additional Consent & Authorization

For clients receiving Past Life Regression or Life Between Lives® sessions only:

The information I recall during these sessions may be used by the Michael Newton Institute™ or Sakura Nimura for research, publications, or educational purposes to help enlighten others about their purpose on Earth. My name and personally identifying information will not be disclosed. Only age, gender, and general occupation may be included if relevant.

Please select one of the following:
□ I authorize the information, as described above, to be used.
□ I do not authorize the information, as described above, to be used.

I agree with the statement above and understand that my confidentiality will always be honored.

Signature: _____Date:_____ Print Name: _____