Hypnotherapy Informed Consent Form

For Online (Remote) Sessions

1 Basic Information

Practitioner Name / Practice Name:

Client Name:

Date of Session:

Client's Current Location (Country / Region):

2 What Hypnotherapy Is

Hypnotherapy uses a relaxed, focused state of attention (a hypnotic state) to support the client's own self-awareness and behavior change. The practitioner does not “control” the client; the client retains the ability to make choices, open their eyes, or stop the session at any time, even while in a hypnotic state.

Hypnotherapy is not a substitute for medical, psychological, or psychiatric treatment. It does not provide diagnoses, does not change medication, and does not replace any existing medical or mental health care the client is receiving.

3 Scope of Services Covered

This consent form applies to sessions that may include:

- General relaxation and stress-reduction sessions
- Behavior-change support, such as smoking cessation or habit/lifestyle change
- More specialized sessions addressing distress related to anxiety or trauma

For sessions addressing trauma or significant anxiety, the client acknowledges that, while the practitioner is a licensed psychologist, hypnotherapy as a method has inherent limitations, and agrees to accept referral to an appropriate specialized medical institution if symptoms worsen over the course of sessions.

4 Contraindications and Exclusions

Please consult the practitioner and/or your physician in advance if any of the following apply. The practitioner may decline to provide services, or may require physician clearance, in these cases:

- A history of epilepsy or any seizure disorder
- A diagnosis of schizophrenia, dissociative disorders, or other conditions affecting reality testing
- Severe depression, active suicidal ideation, or a history of self-harm
- Pregnancy (certain suggestions or breathing techniques may not be appropriate)
- Currently undergoing treatment with psychiatric medication

☐ None of the above apply to me.

☐ One or more of the above applies, and I confirm I have discussed this with the practitioner.

5 Provisions Specific to Online (Remote) Sessions

5.1 Connectivity and Environment

- The client is responsible for arranging a stable internet connection and a quiet, private space for the session.
- Handling of session interruptions caused by technical issues (rescheduling, refund, etc.) is governed by the practitioner's separate cancellation/refund policy.
- Because the session involves entering a hypnotic state, the client must not drive, operate machinery, or engage in any other activity requiring full alertness during the session.

5.2 Recording

☐ I consent to the session being recorded (audio/video); recordings are kept confidentially and used solely for the client's personal review.

☐ I do not consent to the session being recorded.

Note: Even if you choose not to consent above, the practitioner may, where judged beneficial to your treatment, raise the suggestion of recording again at a later time. Any such recording would still require your separate consent at that time.

5.3 Emergency Procedures

Because this is a remote session, the practitioner cannot physically ensure the client's safety during the session. The client is responsible for ensuring their physical environment is safe (e.g., free of fall hazards) and agrees to provide an emergency contact below.

Emergency Contact (Name, Relationship, Phone Number): _____

6 Referral to Other Professionals

If, during a session, the practitioner identifies a medical or psychiatric concern beyond the scope of hypnotherapy, the practitioner may pause or end the session and recommend that the client consult a physician, psychiatrist, or other appropriate medical professional. This is done solely to protect the client's wellbeing.

7 Potential Risks and Limitations

- Results vary by individual, and no specific outcome is guaranteed.
- Some clients may experience temporary drowsiness, heightened emotion, or the resurfacing of past memories following a session.
- Hypnotherapy is considered a complementary approach; in some applications, the supporting body of clinical evidence remains limited.

8 Confidentiality and Data Handling

Session content and personal information will not be disclosed to third parties, except where legally required (for example, in cases involving risk of harm to self or others). Because this practice serves clients across multiple jurisdictions, data is handled in a manner consistent with the principles of applicable data protection regulations (for example, the EU General Data Protection Regulation [GDPR], where relevant).

9 Cancellation and Refund Policy

Cancellation and refund terms are governed by the separate policy provided to the client or published in the booking system.

10 Right to Withdraw Consent

The client may withdraw consent and request that the session be stopped at any time, before or during the session, for any reason.

11 Notes / Additional Information

Optional: medical conditions, medications, or other context the practitioner should be aware of:

12 Signatures

I have read and understood this consent form and agree to all of the terms stated above.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Note: This document is a template. Please have it reviewed by a qualified legal professional in each jurisdiction where you provide services before use.