

Healing Higher Hearts
Client Information and Agreement Form

Session Date _____ Session Time _____

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Mobile _____

Marital Status _____ Number of Children _____

Occupation _____

How did you find out about Joriana? _____

Reason for seeking a hypnosis session _____

Have you been hypnotized previously? If so, what was the outcome? _____

What are you doing, feeling, thinking or saying to yourself that you'd like to change? _____

**Healing Higher Hearts
Client Information and Agreement Form**

Responsibilities and Liability Release

I, _____, voluntarily agree to sign this agreement and assumption of risks, because I fully understand that Joriana Prespentt of Healing Higher Hearts, “Practitioner”, who is going to perform hypnosis, is not a licensed physician, does not hold a psychiatry degree and cannot diagnose, prescribe or treat any type of physical or mental disorder. I also understand that the service to be provided is not licensed by the State of Texas, and that is complementary/alternative to the healing arts services that are licensed by the State of Texas.

1. I am voluntarily participating in hypnosis of my own free will
2. I understand that I am not a patient, but a co-creator in my hypnosis experience
3. I understand that any suggestion made during the session is solely a part of a personal, educational, transformative program and is of my free will to incorporate into my life.
4. I understand that my well-being (physical, mental, emotional and spiritual) can impact my transformation.
5. I understand that any transformation or change is a process and will take time to evolve.
6. I understand that this hypnosis session is solely for educational purposes. The hypnosis session is not a substitute for medical or psychological advice from a medical or mental health professional. Only a medical professional or mental health professional can provide medical or psychological advice.
7. I understand that hypnosis is not intended to cure any specific condition. Practitioner makes absolutely no claims of a cure for any disease or health issue. Each hypnosis session is unique and different, and its success depends on my cooperation and faith in the process.
8. I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques. I am aware that these modalities are spiritual-based and non-medical in nature, and it is my responsibility to consult my regular physician and/or mental health professional about any changes in my condition or changes in my medication.
9. I understand the above modalities are not substitution for regular medical/mental care, and I have been advised to consult my regular medical physician or healthcare practitioner for treatment of any old, new, or existing medical conditions.
10. I understand that being hypnotized is not being asleep or unconscious. While in a deep trance, I may have the ability to open my eyes, move my body, voice my thoughts, hear outside noises, and even be aware of everything that is going on around me. (Note: most clients nowadays remember their sessions). However, I understand that the more I relax and trust my intuition, I will better be able to connect to my “past” life.

**Healing Higher Hearts
Client Information and Agreement Form**

11. I understand I may be assigned “homework” or be asked to make changes begun in our session today. I understand that this information and advice for change comes not from practitioner, but from my own Higher Self/Subconscious.

12. I understand that our session will be digitally recorded for my later use, and Practitioner retains the copyright of these recordings. I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording, resulting in static or blank recordings.

13. I understand that often in hypnosis sessions, universal information can be provided through the client to benefit all of humanity. I agree to allow Practitioner to share this information and any accompanying story in audio, video or written form, in blogs or books, as long as my first and/or last name and all personal and relevant details are omitted or changed. With the audio and video recordings of the session, I will agree on what to omit.

14. I understand that Practitioner has the right to cancel or reschedule for any reason, or elect to not proceed with a session if Practitioner believes that it is not in the best interest for Practitioner or you. Practitioner is NOT responsible or liable for travel costs (i.e., airline, hotel, etc.) associated with declining a session. Practitioner may cancel reschedule a session if ill.

15. I agree to fully release and hold harmless Practitioner from and against any and all claims or liability of any nature arising out of, or in connection with my session.

I am of legal age and understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ hypnotic techniques, regression, and any other appropriate modality by Practitioner. Therefore, I do hereby release and discharge Practitioner from all claims of damages, copyright, demands, or actions whatsoever in any manner arising from or growing out of my cooperative participation. I have received and read this Client Information and Agreement form and understand what I have read.

Client Signature _____ Date _____

Client Name (Printed) _____

I, Joriana Prespentt, have been trained as a QHHT Level 1 Practitioner by Dolores Cannon’s Quantum Healing Hypnosis Academy, Beyond Quantum Healing (BQH) by Candace Craw-Goldman. I commit to utilizing all my skills to help you in your session, and I pledge to uphold the following values: professionalism, integrity, respect, and confidentiality. **No refunds will be made after the session commenced.**