

## **Informed Consent for Hypnosis Services**

**Practitioner:** Dr. Peter Fischer, C.H., M.S., D.M.D., Ph.D.

**Business Entity:** Mindful Health Center LLC

**Location:** Texas, USA

### **Client Information**

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Purpose and Nature of Hypnosis**

Hypnosis is a natural, focused state of attention that allows the subconscious mind to receive positive, beneficial suggestions. It is commonly used to promote relaxation, enhance well-being, reduce unwanted habits, support emotional balance, and assist in personal growth.

During hypnosis, **you remain conscious and in control** at all times. The hypnotic process is cooperative—your participation and motivation are key elements in achieving desired outcomes.

Hypnosis is **not** a form of mind control, sleep, or persuasion, and you cannot be made to act against your will or personal values.

### **Scope of Practice**

At **Mindful Health Center LLC**, hypnosis is offered as a **complementary and educational approach** to enhance self-awareness and support your personal or wellness goals.

Hypnosis services are **not a substitute for medical, psychiatric, or psychological diagnosis or treatment.**

Dr. Fischer does not diagnose medical or psychological conditions, prescribe medications, or perform any medical procedures.

If you are currently under the care of a licensed medical or mental health provider, it is recommended that you continue that care and inform your provider about your participation in hypnosis sessions if relevant.

## Confidentiality and HIPAA Compliance

Your privacy and confidentiality are of the highest importance. All information shared during sessions is considered **confidential health information** and will be safeguarded in compliance with the **Health Insurance Portability and Accountability Act (HIPAA)** and applicable Texas privacy laws.

Your records will not be disclosed to any third party without your written consent, except in cases where disclosure is required by law, including:

- If there is reasonable cause to believe you may harm yourself or others;
- In response to a valid court order;
- In compliance with mandated reporting of abuse, neglect, or exploitation.

You have the right to access your session records upon written request.

## Potential Benefits and Limitations

Hypnosis has been shown to help reduce stress, increase self-confidence, and promote behavioral and emotional balance.

However, individual results vary. While many clients experience meaningful improvement, **no specific outcome or guarantee can be made** regarding results or duration.

## Client Rights

- You have the right to ask questions at any time about the process or your progress.
- You may stop or refuse hypnosis at any time.
- You have the right to receive respectful, nonjudgmental, and professional service at all times.
- You may request a referral to another practitioner if desired.

## Session Fees and Cancellation Policy

Payment is due at the time of service unless other arrangements are made.

Cancellations require at least **24 hours' notice**. Missed appointments or late cancellations may be subject to the full session fee.

## **Audio/Video Recording Consent**

Sessions at the Mindful Health Center are recorded for Dr. Peter Fischer's review or session/therapeutic continuity. The recordings are the property of Mindful Health Center LLC and are not shared with clients or anyone outside of the Mindful Health Center LLC and will be securely stored in compliance with HIPAA.

## **Consent and Acknowledgment**

I, the undersigned client, have read and fully understand the information above. I acknowledge that hypnosis services provided by **Dr. Peter Fischer** through **Mindful Health Center LLC** are intended for educational and self-improvement purposes only. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily consent to participate in hypnosis sessions and assume full responsibility for my well-being during and after the sessions.

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

**Printed Name:** \_\_\_\_\_