

DISCLAIMER

Waiver of Liability: The client voluntarily agrees to be a participant in Introspective Hypnosis session under the direction of Joanna Januszczyk and accepts full responsibility for any and all injury arising from the hypnotherapy.

Initials: _____

Disclaimer: I, Joanna Januszczyk am not a trained medical Doctor or Psychologist. At no time will I attempt to provide medical or mental health therapy. I advise that you seek a qualified Doctor or Psychologist if you need help with mental health issues.

Initials: _____

Guarantee and Refund Policy: No warranty and (or) guarantee is given, expressed or implied for satisfactory results from the hypnotherapy session, as it is impossible to guarantee human behaviors or compliance. Therefore, no refunds for services are given. The client understands that change is his or her responsibility. The Certified Professional Hypnotist is considered a guide or facilitator in the process.

Signature: _____ Date: ___ / ___ / ___

Methods Used: Specific techniques may include Body Relaxation, Progressive Muscle Relaxation, Guided Meditation, Regression, Behavior Modification, Guided/Visual Imagery, Emotion Replacement Therapy, The client understands that the above modalities are not substitutes for regular medical care, and has been advised to consult with his or her medical Doctor or Healthcare Practitioner for treatment of any old, new, or existing medical conditions.

Initials: _____

Education and Training: Joanna Januszczyk received her training from Antonio Sangio and Alba Weinman QHHT and Introspective Hypnosis Certify Hypnotherapists.

And currently is completing her training in Clinical Hypnotherapy from Dr. Holly Holmes-Meredith through the HCH Institute for Hypnotherapy and Psychospiritual Trainings.

Initials: _____

Fees and Payment Policy: Cancellations must be received in writing at least 48 hours in advance in order to receive a full refund (minus processing fees). Any late cancellations or sessions missed will be non-refundable, but can be rescheduled for up to 30 days after the original booking date.

Signature: _____ Date: ___/___/___

Joanna Januszczyk reserves the right to refuse services to anyone, at any time, for any reason.

Initials: _____

My signature below signifies that I have read the above statement and fully understand and accept the information described above and agree to participate in an Introspective Hypnosis session.

Signature: _____ Date: ___/___/___

Print Name: _____