



Informed Consent and Release

My name is Paul J DiFranco C.Ht. I have a certification in Clinical and Spiritual Hypnotherapy. I graduated from several Hypnotherapy programs including the Heart-Centered Approach by the Wellness Institute taken through Cleveland Clinic’s Center for Integrative and Lifestyle Medicine. I am also a certified yoga and meditation instructor and a Reiki practitioner. These professions are considered complementary and alternative, spiritual and are self-regulated. They do not require State of Ohio licensing. I am also an ordained minister registered in the State of Ohio.

Occasionally, in hypnotherapy sessions, it may be necessary for the practitioner to touch shoulders, legs, hands, or forehead to assist in relaxation or awakening. At the client's direction advanced hypnotherapy sessions may involve regressions. Reiki is accomplished by hands on your physical body and/or working in your energy field. In yoga sessions, the instructor may assist students by pressing /pulling against backs, legs, and arms.

As your practitioner, I will help you facilitate your own process to help improve your physical, emotional, mental, and spiritual well-being. I am not a physician or licensed psychotherapist. I will not advise you to discontinue any medical or psychological treatments you may be receiving. I do not diagnose or prescribe drugs. At all times, your healing is your responsibility. I am available to be your partner in the process, and as a committed listener. This work is intended to be harmonious with other healing work that you undertake, including traditional medicine and psychological counseling. Please feel free to discuss my work with your doctor or psychotherapist.

Acknowledgment and Release

In signing this Acknowledgment and Release, you agree that I work with you in an above-described manner. Most people experience increased well-being and relaxation with my sessions. There are no known negative side effects associated with these sessions. All discussions and the content of our work together will be kept confidential.

I understand that this is not a substitute for medical or psychological treatment. I understand that the session given is for the purpose of stress reduction and relaxation. I have also been informed and I understand that no guarantees or promises of cures have or will be made to me. Any benefits, which I experience, come from within my own self.

I, the client, understand that I have the right to stop the session at any time. I also have the right to ask questions, to request that a certain area not be touched, and/or to request that an area be treated longer than other areas. I am an active participant in my own healing.

I hereby acknowledge that I have read the Consent and Release form for session, and I am satisfied, and fully understand the nature of the sessions and elect to receive the same. I release the practitioner from all claims of malpractice, non-disclosure, or lack of informed consent. I freely assume all risks of the treatment whether presently contemplated or hereinafter discovered.

Signature _____ Date _____ Print Name _____

If under 18 Signature of Parent or Guardian _____ Date _____