Author - Carolyn Connors

*What exactly is Introspective Hypnosis?*

It is a method that combines Ericksonian hypnosis techniques, enhanced by spirituality and the dynamics of forgiveness, in order to achieve behavioural changes, as well as to receive and resolve psychosomatic answers towards relief to the patient. This therapy can be used to treat various behaviours, such as phobias, fears, angst, sadness, anxiety, anorexia, disorders, bulimia, low self-esteem, insecurities, complexes, migraines, obesity, obsessive compulsive disorders, allergies and/or addictions.

I , by my own free will, sign this waiver and accept all risks and I am perfectly aware that Carolyn Connors will be the person conducting the therapy sessions associated with hypnosis**. Carolyn Connors is NOT a licensed Physician, NOR is she a licensed Psychiatrist and CAN’T diagnose NOR treat any type of physical or mental disorders.** I fully understand that these hypnosis sessions are solely for educational and / or emotional enrichment. I also understand that any suggestions made during any sessions are part of a personal motivational goal and its only of informational character. **Carolyn Connors DOES NOT pretend to be a licensed professional in Medicine or in any medical field and she is NOT a Mental Health specialist.**

**With this document, I waive any claim to personal injury liability that may be the end result of any hypnosis therapy session.** I also agree that Carolyn Connors assumes NO responsibility for the results of this therapy process, NOR does she guarantee its final outcome or effectiveness.

**I certify that I am a competent adult of legal age and I assume all risks and complete responsibility in the final outcome of this therapy.** I am also voluntarily signing this consent form with my full legal name. This waiver and acceptance of risk is effective as of today and cant be revoked, modified, annulled or invalidated, without the prior written consent of Carolyn Connors.

FULL NAME:

DOB: MOBILE:

ADDRESS:

EMAIL:

PATIENT’S SIGNATURE:

CONSENT TO AUDIO AND/OR VIDEO RECORDINGS

By signing this document, I understand that this, as well as any further therapy sessions will be recorded by audio and/or video means. This is strictly for safety purposes and will also serve as a learning tool and guide for further healing. At the end of each session, I understand I will receive a copy of any audio and/or video recordings made and the original recordings will become the exclusive property of Carolyn Connors. These recordings will be held in strict confidentiality, except when the patient **DOES NOT** want to share the session in an anonymous way to promote the therapy methods developed by **Aurelio Mejia (Introspective Hypnosis).** Carolyn Connors will **NOT** be held responsible and is free of any liability due to damages caused through the unlawful use of any audio and/or video recordings made during any therapy sessions, if posted or published on the internet, by the Patient or third parties associated with or related to the Patient.

FULL NAME:

PATIENT’S SIGNATURE:

AUTHORISATION TO RECEIVE HYPNOSIS TREATMENT:

YES: NO:

PATIENT’S SIGNATURE: