

## APPLICATION AND CONSENT FOR Hypnotherapy/Guided Journeying

I hereby apply for Hypnotherapy/Guided Journeying with Erin Mullins, ACHt. I understand that the intent is to improve function and improve quality of life; however, the work is not represented as a substitute for medical care.

I recognize that the process of this treatment necessitates that my body be touched and that I enter into a state of hypnosis and/or altered state and I give permission to Erin Mullins, to touch my body and facilitate this session. This consent form will apply to all treatment and hypnotherapy sessions and journeys from this date forward, unless revoked in writing.

I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

I agree to be on time for my appointments and to accept financial responsibility for any appointments missed or cancelled without 24 hours notice.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_