



Client Information

Session Date: _____

Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Occupation: _____

How did you hear about Kaya Sattva, CHt? _____

Why are you seeking QHHT hypnotherapy? _____

What are your goals for your hypnotherapy session(s)? _____

Client Agreement Form

1. I am willing to be guided through body relaxation, imagery, hypnosis, and stress reduction techniques. I understand that hypnosis is not being asleep and that during my hypnotic trance, I may be aware of what happens around me, and that I can stop the session at any time.
2. I am aware that Quantum Healing Hypnosis Technique (QHHT) is a spiritually and intuitively based method for self improvement and awareness, that it is not a substitute for medical or mental health treatment, and that it is my responsibility to consult my doctor or health-care practitioner of any changes in my condition or changes in my medication regimen.
3. I understand that Kaya Sattva is a legal alternative healthcare provider and has completed her 100-hour certification at the Quantum Healing Hypnosis Academy and has worked extensively with many clients on a variety of issues. I am aware that she is not a licensed physician or mental health practitioner, and that her hypnotherapy services are an alternative and are complimentary to other health services licensed by the state of California.
4. I understand that self-restoration is intrinsic to me and that change is completely my responsibility. I agree that the success of my hypnosis therapy depends greatly on my own relative absence of mistrust and fear, on my own desire to create change, and on my own ability to take action towards such change. Therefore, Kaya Sattva cannot and does not offer any guarantee of the change I seek by way of her hypnotherapeutic services.
5. I am aware that it is my responsibility to provide Kaya Sattva with only honest and accurate information in order to benefit the most from my session.
6. I am aware that a portion of my hypnosis session will be audio recorded, and that the recording will be supplied to me for my own personal reference and re-enforcement. I am aware that Kaya Sattva will retain ownership of the recording for her private educational use as she refines her skills as a hypnotherapist, and that she will upon written request delete the recording.
7. I am aware that some spiritually inspired insight obtained through QHHT has universal applications, which Kaya Sattva may post on public online platforms for the benefit of humanity, enriching the lives of those who resonate with the information. I have her full assurance of respect, integrity, and professionalism, and that my name will not be attached to these postings.

Release Statement

I declare that I have read the Client Agreement Form, and that I fully understand and agree to what I have read.

Client's Signature: _____ Date: _____

I am 18 years or older and am entering into, with Kaya Sattva, a cooperative relationship that will employ hypnosis, Reiki, and aromatherapy. I attest that I am of sufficiently sound mind and body to participate in these techniques. I do hereby release and discharge Kaya Sattva from any and all liability or claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of our cooperative participation.

Client's Signature: _____ Date: _____

I understand that during my hypnotherapy session, Kaya Sattva might lightly touch my forehead as an anchoring technique. I hereby give my permission for such touch to take place during my session.

Client's Signature: _____ Date: _____

Kaya Sattva's Commitment

I agree to use my abilities and expertise to facilitate such changes as are mutually agreed to be in your very best interest, with the assistance of your Spirit Council and mine. I offer you my complete and undivided attention during our scheduled QHHT session(s). I am professionally and lovingly committed to assisting you in applying your inner resources to achieve your goals in the very best ways possible.

Kaya Sattva, CHt _____ Date: _____