SERVICE AGREEMENT

Your Rights as a Client:
You are entitled to receive information about methods, techniques used, the duration of treatment, if known, and the fee structure. You are also to be informed of the practitioner's degrees and credentials.

Confidentiality:
I will not release your information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

Fees and Payments:

Single EFT Session:	$ 500
Single Hypnosis Session:	$ 500
Four Session Series:	$1205
Ten Session Series:	$2410

Appointments are 55 minutes and include a customized recording, when applicable, for your personal use. Hypnotherapy is not guaranteed. There are no refunds. Sessions must be completed within one year of payment. Fees are due and payable at the time of service.

Cancellations:
It is my policy to charge for each session you fail to appear, or for cancellations received less than 24-hours.

Termination:
It is your right to terminate at any time. Termination is a very important process and I encourage you to discuss this decision with me. There are no refunds. I will review your progress with you at any time. If I see you approaching readiness to leave, I will address this with you.

Disclaimer:
The services you receive are not a substitute for normal medical care. Hypnosis is not a cure for all of life's problems. The most accurate way to define hypnosis is to call it guided meditation. It can be used to manage pain, quit smoking, release weight, reduce stress or anxiety, overcome phobias and fears, manage sleep disorders, and much more.

By my signature below, I, as the client, am signifying that I am willing to accept the hypnotherapy offered me for the purpose of self-improvement. I understand the services I receive are not a substitute for normal medical care and am hereby advised to discuss medical services with my physician. I agree to accept full responsibility for my choices and experiences, and release Rebekka Putnam from all liability for such. I agree to have my session audio recorded when applicable, and understand I will receive a copy.

_____ _____
Signature Date

_____ _____
Rebekka Putnam, CHT Certification # 303-220 Date