

NY HYPNOSIS & HEALING CENTER

Intake Release Form

RELEASE STATEMENT I, _____,

Residing at _____,

Hereby authorize Mari Lifrieri, Cht. to hypnotize me for the purposes outlined in my Intake Interview Form, and for any other future purposes that I may request.

I understand that the success of my hypnosis sessions depends greatly on my own ability and desire to affect change in myself.

I understand that the results of my sessions depend greatly on my own serious participation, and that Mari Lifrieri, Cht. cannot offer any guarantee of the success of my treatment.

I am aware, however, that Mari Lifrieri, Cht. will do everything in her power to ensure my success.

I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen hypnosis at this time.

Signature: _____

Date: _____

I understand that during the hypnosis session, Mari Lifrieri, Cht. may touch me as an anchoring technique on my hand, shoulder, or forehead. I hereby give my permission for such touch to take place during my session.

Signature: _____

Date: _____

NY Hypnosis & Laser Center, Ltd.

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The Personal Change Place. Tell your friends.