

Consent Form for Hypnosis, Neurolinguistics, and Time-Line Therapy

I/We, _____ have been advised by Dr. Harel Papikian regarding his use of hypnosis, neurolinguistics, and time-line therapy and I/We give full consent for Dr. Papikian to use these techniques in sessions with me/us. I/We understand that results may vary and that Dr. Papikian may not fully guarantee results.

I/We understand that in some cases it may be necessary for Dr. Papikian to respectfully touch a shoulder, hand, or wrist, in order to assist me/us in relaxation. I/We give Dr. Papikian permission and consent to do so when necessary.

I/We have been advised of my/our right to terminate any or all sessions at any time. I/We have agreed to participate in each session to the best of my/our ability. I/We have accurately provided background information as requested by Dr. Papikian.

I/We understand that confidentiality regarding these sessions will be honored between the therapist and myself/ourselves.

Signature of Client

Date

Signature of Client

Date