



Health & Wellness Center
1685 Lance Pointe Dr. Maumee, 43537
(419) 891-2181

Client Information & Release Authorization for Hypnosis

(All information is kept strictly confidential)

Date: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Date of Birth: ____/____/____ Marital Status: _____

Occupation: _____

Current Employer: _____ Job Title: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

How did you hear about me? _____

Do you have any questions about Hypnosis? ____ Yes; ____ No

Have you ever been hypnotized? ____ Yes; ____ No

Release Authorization for Service

I, the undersigned, understand that Hypnosis is a conditioned process whereby an individual is taught to use his/her own abilities for his/her own benefits; and, it may take several sessions of Hypnosis to achieve long term results. I hereby agree, voluntarily and freely to participate in Hypnosis.

The services rendered are held out to the public as non-therapeutic Hypnotism. George Mezinko and Serenity Health & Wellness Center does not offer any medical or psychological care or advice other than to advise all clients that they are always ultimately responsible for their own health care. If a client wants medical, psychological or psychiatric care or advice, he/she should seek a medical or mental health care professional. George Mezinko and Serenity Health & Wellness Center do not represent these services as any form of health care or psychotherapy, and make no health benefit claims for these services.

George Mezinko and Serenity Health & Wellness Center also advises every client to obtain a waiver or referral from their primary care physician or their mental health care professional before utilizing Hypnosis. **Clients should not discontinue or modify any medication presently being taken pursuant to medical advice without obtaining medical approval.** In the event that a client fails to obtain a medical referral prior to treatment, they assume all risk and responsibility for any adverse outcome that might result from using Hypnosis.

George Mezinko and Serenity Health & Wellness Center assumes no liability for any client or third party for any damages or injury which may result from any treatment that has been rendered in good faith. I release George Mezinko and Serenity Health & Wellness Center from any and all claims of injuries, harmful effects and all other consequences, whether or not presently known to me, which may result Hypnosis.

Due to liability issues all sessions are recorded (Video and/or Audio) first and foremost for the protection of the client as well as the protection of the therapist. Recorded sessions will never be shared or used for any public relations/advertising purposes without written consent of the client.

I declare that I have read this Release Authorization and that I understand and agree with its terms.

Signed: _____ **Date:** _____