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NPI#1407-189087

## Hypnosis Consent Form

I, \_\_\_\_\_, give my full consent to receive hypnotherapy as a treatment modality or an adjunctive treatment to psychotherapy sessions from Tracey E. Harvey, MA, MFT. Tracey has discussed with me how she intends to use hypnosis and appropriate expectations regarding its use. Additionally she has explained different myths, misconceptions, and limitations regarding hypnotherapy. I understand that results vary and that no results can be guaranteed. Hypnosis/hypnotherapy is not a replacement for medical treatment or psychiatric services.

I understand that Tracey is a licensed clinical marriage and family therapist whose clinical activities are governed by the Board of Behavioral Sciences. She also is a trained practitioner of hypnosis or hypnotherapy. I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand or wrist in order to assist me in attaining or returning from a hypnotic state. I give Tracey Harvey permission and consent to do so in order to help me establish a beneficial state of hypnosis. I understand that in hypnotherapy, much as in talk therapy, it is possible that I might experience painful feelings, thoughts, images or memories. I have been advised that I am free to terminate any or all sessions at any time. I have accurately provided background information as requested by Tracey. I understand that confidentiality will be honored regarding my sessions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_