

# QUIT terms of acceptance

## private and confidential

Welcome to Holistic Health Melbourne. Please complete this Terms of Acceptance at least 48 hours prior to your appointment

When a client seeks help to quit cigarettes and we accept a client for such care, it is essential for both client and therapist to be working towards the same objective. Quitting cigarettes has specific goals. It is important that the client understands both the objective, the method that will be used to attain it and is prepared to work with their therapist to achieve this goal.

Your unique session will incorporate a combination of Hypnotherapy and NLP. This session does not offer to diagnose or treat any disease. We offer methods of restoring balance to the mind as a way of helping a client to stop smoking. We do not replace their medical doctor or other medical treatments.

### **Hypnotherapy:**

Hypnotherapy cannot make anyone do what they do not want to do. For the session to be successful you must be committed to quitting and be prepared to accept the information and suggestions given to you prior to, during and following your Hypnotherapy, by the therapist. The therapist reserves the right to refuse treatment to anyone who may be unsuitable for this therapy.

### **NLP (Neuro Linguistic Programming):**

NLP is a system of working with the ways in which the mind works. By working with the patterns, belief systems, and ideas the brain uses to store and retrieve information and ways the brain uses to carry out the functions of the body, NLP is often able to quickly help you change this programming. This allows you to make changes at the unconscious level in a matter of minutes, versus days or years with other systems. NLP only works because you choose to do it. NLP cannot change anything you don't want to be changed.

### **Support Structures:**

The system has additional guidelines which will help you to remain a non-smoker. It is essential that you follow the recommendations which will be given to you at the end of your session.

*Please read the following and include your signature to indicate your acceptance of these terms. If you would like clarification on any aspects, please call us and we will be very happy to discuss it with you.*

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## **My Agreement**

*My goal is to stop smoking and I understand that my therapist will support me 100% in reaching my goal. I give the therapist permission to communicate with my Doctor if it is relevant to my circumstances.*

### **Hypnotherapy:**

- I understand that a therapist cannot guarantee results any more than a doctor can guarantee results from a particular prescription or surgical procedure.*
- I understand that hypnosis is not mind control, and that a therapist does not do anything to me while in or out of trance.*
- I understand that hypnosis cannot make me do anything I do not want to do.*
- I understand that for the hypnosis to be successful I must be committed to, and take responsibility for, the results.*
- I understand no-one has ever suffered adverse affects simply from being hypnotized.*

**Support Structures:** *I understand that the full benefit of this session may not be had unless I follow through with using and implementing the support structures and recommendations given in this session.*

### **Follow Up Sessions:**

*I understand that the system has NO STATED REFUND POLICY. If I fail to follow the guidelines, or experience unexpected difficulties, I may return for a follow-up session. This is provided free of charge if full consultation fee is paid. If a discounted fee is paid a follow-up session is paid at the standard consultation session rate for a 1 or 1.5 hr session.*

*I agree that my practitioner may use my testimonial, photograph or video for marketing purposes (as indicated on my Client Information Form). I understand that my practitioner will not disclose any personal and confidential information to any Third Party.*

*All questions regarding my practitioner's objectives pertaining to my care have been answered to my complete satisfaction. I will not hold this clinic, or any of the staff, liable for any adverse effect on my health, nor will I hold this clinic, or any of the staff, liable if I choose to go against my doctor's medical advice or the recommendations of my therapist. I therefore accept the aforementioned types of care on this basis.*

Signature:

Date: