



Co-Therapist Information and Participation Agreement

Cory S. Brown, CMS-CHt, FIBH

Labyrinth Hypnotherapy

Cory S. Brown offers the following services: Clinical Hypnotherapy, Medical Support Clinical Hypnotherapy, Past-Life/Inter-Life/Natal Regression Therapy, Self-Hypnosis Hraining, and Life Coaching, via a secure, HIPAA compliant video conferencing platform. International Board of Hypnotherapy Certification Number: F0310-006

This information will be used to aid in serving you as the Co-Therapist. Please answer all questions honestly, to the best of your ability, and know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. (Hypnotherapists want Co-Therapists to answer honestly because the Co-Therapist may need a referral to a state licensed mental health care practitioner or physician instead of hypnotherapy, as indicated by IBH Scope of Practice.) All information collected will be kept confidential within the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Co-Therapist's Name

Address

Apt/Unit

City

State

Zip

Email

Initial here if you agree to the use of email correspondence.

Initial here if you agree to receive a customized self-hypnosis MP3 via email.

Phone

Initial here if you agree to receive text messages.

Initial here if you agree to receive voice mail messages at this number.

Initial if you agree to your hypnotherapy sessions beings conducted on a secure video chat platform over the internet.

Age

Marital Status

What is the main issue you wish to resolve with hypnotherapy? Please try to be concise yet specific?

Any medical conditions or challenges?

Are you currently under a physician's care for any of the above conditions?

If yes, please provide name of physician

When was your last visit with a physician?

Was anything notable about this visit? If so, please explain briefly.

Are you currently taking any medications? If so, what are the names of the medications, and how do they affect you?

Have you spoken to your physician about hypnotherapy as an adjunct to your treatment?

Have you ever been hypnotized? If so, please briefly explain your experience:

Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist or psychotherapist? If so, please give a brief history of your mental health treatment and the results of your treatment:

Are you receiving any mental health treatment now?

If yes, what is the name of your mental health care professional?

Have you spoken with your mental health care professional about hypnotherapy as an adjunct to your treatment?

Do you have thoughts of hurting yourself or taking your own life?

Do you take any prescribed psychotropic medications?

If yes, what are the names of these medications, and how do they affect you?

Do you use any non-prescription drugs, recreationally or otherwise? If yes, please list:

Do you agree to not use mind altering substances such as alcohol or cannabis before or during hypnotherapy sessions?

Were you referred to me? If so, by whom:

Briefly describe your spiritual/religious beliefs or life philosophy:

Other issues or areas I would be interested in resolving with hypnotherapy:

Stress	Accelerated Healing (already assessed by a physician)
Guilty or Angry Feelings	Forgiveness
Fears, Phobias or Trauma Recovery	Relationship Issues
Low Self-Esteem or Shyness	Job Performance
Lack of motivation	Unwanted Habits
Body Image Issues	Smoking Cessation
Spiritual Growth	Sports Performance
Test taking / Accelerated Learning / Memory Improvement	Self Confidence
Chronic Pain (already assessed by a physician)	Other:

Agreement: I understand that hypnotherapy, self-hypnosis, hypnotherapy regression techniques, processing emotions, guided imagery, gestalt dialoguing, and meditation are not exact and absolute sciences. I am of legal age and sound mind, and in consideration of my acceptance as a participant in this private hypnotherapy session(s), seminar, or workshop, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Cory S. Brown CMS-CHt FIBH and Labyrinth Hypnotherapy LLC, as well as any of his employees, his employer, or other participants in any of the activities, from any and all claims of damage arising from, or growing out of my participation in said activities. I agree that any and all complaints or disputes arising from my participation in hypnotherapy sessions, hypnotherapy regression techniques, processing emotions, guided imagery, gestalt dialoguing, meditation, seminars or events, and any other activity related to the above, should it arise, shall initially be decided by the Board of Directors of the International Board of Hypnotherapy (IBH) in accordance with its published procedures for reviewing and deciding complaints against its members (published at www.internationalboardofhypnotherapy.com). I further agree to mandatory mediation for any and all claims of damages or disputes before filing a suit in a court of law. I further understand that recordings may be made at any of these sessions or events, and that Cory S. Brown CMS-CHt FIBH and Labyrinth Hypnotherapy LLC retain the copyright to all of those recordings.

Co-therapist E-Signature*:

Date:

If under 18 years of age: Legal
Guardian E-Signature*:

Date:

*By typing my signature, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document and by electronically signing I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement. If I am signing this document on behalf of a minor, I represent and warrant that I am the minor's parent or legal guardian.

Co-Therapist Information and Participation Agreement, continued

Confidentiality of Information

Co-Therapists have a right to expect that information revealed in sessions be held confidential, and not be disclosed without extraordinary justification. The conditions that justify the release of confidential information and by law must be reported to the appropriate agencies, are as follows:

1. Reasonable suspicion of child abuse or neglect.
2. Reasonable suspicion of senior citizen abuse or neglect.
3. A Co-Therapist poses a serious risk of suicide, and is an imminent danger to self.
4. A Co-Therapist poses a serious threat of imminent danger to another person.
5. A Judge, by issuance of a court order, may obtain information.
6. Report to law enforcement authorities knowledge of a felony that has been, or is being committed.

In all other situations, (your) signed authorization for release of information is required.

Co-therapist E-Signature*:

Date:

If under 18 years of age: Legal
Guardian E-Signature*:

Date:

Hypnotherapist Signature:

Date:

*By typing my signature, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document and by electronically signing I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement. If I am signing this document on behalf of a minor, I represent and warrant that I am the minor's parent or legal guardian.

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In order to be more successful in reaching my goals, I agree to:

1. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
2. Recognize that my thoughts, feelings, images, and actions have a direct affect on the quality of my life.
3. Acknowledge that my well being depends directly on how well I care for myself physically, mentally, emotionally, intellectually, and spiritually.
4. Accept that blaming others of myself is totally futile.
5. Take responsibility for my experience of life, because I create my life to the best of my ability in the moment, with the information I have right now.
6. Do all accelerator assignments given to me by my hypnotherapist, understanding that these are designed to help me reach my goal in the least amount of time possible. I understand that Co-Therapists who practice self-hypnosis in between sessions reach their goals faster.
7. Be on time for my sessions and allow at least 24 hours of advanced notice should I need to cancel or reschedule a session. 505-577-9935

I understand that all services provided by Cory S. Brown, CMS-CHt FIBH (Labyrinth Hypnotherapy LLC), are for educational and self-improvement purposes only. I further understand and acknowledge that these services are not the practice of medicine or psychotherapy and are, therefore, not offered as a replacement for or alternative to counseling, psychotherapy, psychiatric, or medical treatment.

Initial

Hypnotherapy is an educational, self-improvement process that facilitates access to internal resources that assist people in increasing motivation or altering behavior patterns through hypnosis to create positive change. The education of hypnotherapy is classified under Human Services in the Health and Human Services Division of the Classification of Instructional Programs by the United States Department of Education. The services provided are also described in the Dictionary of Occupational Titles published by the U.S. Department of Labor, see code 079.157.010.

Initial

If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Cory S. Brown, CMS-CHt FIBH (Labyrinth Hypnotherapy LLC), please feel free to contact the International Board of Hypnotherapy at 2132 Osuna Rd NE, Ste. B. Albuquerque, NM. It is your right to refuse any aspect of his services and to seek the services of another hypnotherapist at any time. Cory's fees range from \$150 + tax per session to \$275 + tax per session. Most sessions range from 45-90 minutes in length.

Initial

Co-Therapist E-Signature*:

Date:

Legal Gaurdian E-Signature*
(if under 18 years of age):

Date:

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest amount of time possible.

Hypnotherapist E-Signature:

Date:

*By typing my signature, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document and by electronically signing I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement. If I am signing this document on behalf of a minor, I represent and warrant that I am the minor's parent or legal guardian.