

# Disclosure and Client Services Contract

## for Laurence Lance and Laurence Lance Hypnotherapy L.L.C.

I, Laurence Lance, DBA Laurence Lance Hypnotherapy L.L.C. agree to provide the client with health improvement information until such time as either Laurence Lance, DBA Laurence Lance Hypnotherapy L.L.C, or the client should choose to terminate this service.

1. I hereby authorize Laurence Lance, DBA Laurence Lance Hypnotherapy L.L.C and any of his staff or associates to provide me with health improvement information. To assist them in developing a program for me I authorize them to perform certain tests. I understand that these tests are not necessarily approved by conventional medical professionals, nor the Food And Drug Administration, nor are these tests for the purpose of diagnosing any particular disease or medical problem.
2. I am here on this, and subsequent, visit solely on my own behalf and not as an agent for Federal, State, or local agencies on a mission of entrapment or investigation.
3. I fully understand that Laurence Lance DBA Laurence Lance Hypnotherapy L.L.C., nor any of his staff or associates are licensed physicians or licensed practitioners of any kind and I am not here for medical diagnosis or treatment procedures. I am obtaining these from other sources. Rather, I understand that Laurence Lance's ( DBA Laurence Lance Hypnotherapy L.L.C ) program focuses on building general physical, emotional, mental and spiritual health through education.
4. I understand the services performed by Laurence Lance, DBA Laurence Lance Hypnotherapy L.L.C any of his staff or associates are restricted to consultation on matters intended on the building a general health, and do not involve diagnosing, prognostication, treatment, or prescribing of remedies for the treatment of any disease, injury or other physical or mental condition, or any act which constitute the practice of medicine in this state.
5. I have been advised by Laurence Lance, DBA Laurence Lance Hypnotherapy L.L.C is staff and associates, that if I have a medical complaint, that I should continue in the care of my physician or should consult a physician if I have not yet done so. I have also been advised that even if I believe that my physical or mental health has been improved as a result of Laurence Lance's (DBA Laurence Lance Hypnotherapy L.L.C) suggestions, I should continue to comply with the medical treatment prescribed for me by my physician until my physician has told me that the treatment should be changed or discontinued.
6. I agree to indemnify (protect) and hold harmless Laurence Lance, Laurence Lance DBA Laurence Lance Hypnotherapy L.L.C, his staff, associates, and all his relatives in the case of injury, or death that might arise from the use of these services.
7. I acknowledge that I have the right to refuse any suggestions or treatments.
8. It is my responsibility to choose a provider that best meets my needs.
9. Laurence Lance DBA Laurence Lance Hypnotherapy L.L.C is a hypnotherapist with the state of Washington. I understand that he uses alternative methods that may include but are not limited to; Hypnotherapy, Past Life Regression, Reiki, Energy Genesis, and Emotional Stress Release (ESR).
10. Laurence Lance, DBA Laurence Lance Hypnotherapy L.L.C. charges \$130 per hour for his services.
11. We will discuss and agree together on a course of sessions to work towards my goals. Program length will vary depending upon my needs. Laurence may give me his recommendations but I may decide to terminate them at any time.
12. Laurence Lance is certified in hypnotherapy by The Southwest Institute of Healing Arts, The National Association of Transpersonal Hypnotherapist, and by Tonya Swan in Emotional Stress Relief ( ESR) and as a Reiki Master.
13. All my records and information discussed in sessions with are kept confidential. He may share information about my case as a case study example but not in a way in which I could be identified unless I give him written permission to do so.
14. Laurence Lance may provide me with an electronic copy of my sessions, at which time I am solely responsible for the content, dissemination, and any consequences of such records being released to any third party.

Date:

Signature: