



## Acknowledgement of Services and Fees Hypnotherapy for Self-Improvement

**I, the undersigned, acknowledge that I understand and agree to the following:**

\_\_\_\_ I agree to pay you, Robyn Davis, a fee of \$\_\_\_\_\_ per session. I also agree to pay, **in full**, for your services on the date of each session.

\_\_\_\_ I agree to give you a **minimum 24 hours notice** for all cancellations or changes of scheduled appointments.

\_\_\_\_ I understand that missing a scheduled appointment without prior notice, or with cancellation less than 24 hours, will be charged to me at the current full rate.

\_\_\_\_ I understand the program of conditioning offered by you will include an undetermined number of private sessions, depending on my individual needs.

\_\_\_\_ I understand and agree that the major purpose of this program is for vocational or avocational self-improvement and those problems of psychogenic or functional origins are treated by psychological or medical referrals only (Business and Professional Code 2908).

\_\_\_\_ I also understand there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of my sessions.

Additional Conditions:

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hypnotherapist

\_\_\_\_\_  
DateS