

# SUNSTONE HEALTH & WELLNESS

1700 W. SMITH VALLEY RD., SUITE B4, GREENWOOD, IN 46142

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## Hypnosis Release Statement

I hereby authorize Lacey J. Rentschler, MSW, LCSW to hypnotize me for the purposes outlined in the intake form and for the future purposes that I may request.

I understand that the success of my hypnosis therapy depends greatly on my own ability and desire to affect change in myself.

I understand that the results of my sessions depend greatly on my own serious participation, and that Lacey J. Rentschler, MSW, LCSW, cannot offer any guarantee of the success of my treatment.

I am aware, however, that Lacey J. Rentschler, MSW, LCSW, will do everything in her power to ensure my success.

I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen hypnotherapy at this time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that during the hypnotherapy session, Lacey J. Rentschler, MSW, LCSW, may touch me as an anchoring technique.

I hereby give my permission for such touch to take place during my session.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_