

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Dear Dr. \_\_\_\_\_,

I am writing to you on behalf your patient, \_\_\_\_\_.

Your patient sought my professional services as a Hypnotherapist to assist them with their goal of \_\_\_\_\_.

Because there is the possibility of a medical etiology and/or medical components for such complaints, I want to be sure that you as their medical doctor are aware of this complaint and have evaluated them to determine whether medical treatment is required.

I also want to inquire as to whether or not Hypnotherapy and Imagery services would in any way be medically contraindicated for your patient or if my services would in any way conflict with your medical treatment of them.

Please note that I am not asking for your endorsement of Hypnotherapy or a prescription for my services as I realize that you may or may not be familiar with that subject. As a graduate of HMI's Nationally Accredited College of Hypnotherapy in Tarzana, California, I am trained to work with a variety of licensed health care professionals, and I am following the protocol of my professional training as well as California Business and Professions Code 2908.

I look forward to using my Hypnotherapy and Imagery skills to help your patient achieve the results they are looking for. I welcome your feedback and suggestions that might be helpful to assist them in achieving their goals.

Please find attached the authorization form that I would like for you to complete. If you have any questions or require any additional information, please feel free to contact me. I have included a Hypnosis.edu link (<https://hypnosis.edu/medical/>) to a White Paper on Hypnosis for Common Medical Issues that summarizes a good portion of the University research that supports the use of Hypnosis and Imagery for medical issues.

Thank you for your consideration in this matter.

Sincerely,

Niki Payne, C.Ht.  
Certified Hypnotherapist, AFL/CIO Certification # 36441779  
22219 Palos Verdes Blvd. Torrance, CA 90505  
(323) 736-2185 | niki@hypnodipity.com

# Request for Authorization for the use of Hypnotherapy and Imagery

This form requests authorization from a licensed Medical Doctor to allow the use of Hypnotherapy and Imagery as complementary self-help.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dear Doctor \_\_\_\_\_;

\_\_\_\_\_ sought my services on \_\_\_\_\_  
Client Name Date

The above-named client is seeking my self-improvement services using Hypnosis and Imagery techniques to address the following presenting issue:

\_\_\_\_\_

The State of California's Business and Professions Code 2908 sanctions Hypnotherapy services which offer vocational or avocational self-improvement. Included in this code section, the law provides Hypnotherapists to work outside of these areas under referral from a licensed Medical Doctor.

The client has been advised that I am not a licensed healing arts practitioner and that because one or more of the above-mentioned client's stated goals may have a possible medical etiology, I am referring them to you for consultation and authorization for them to use my Hypnotherapy services.

This authorization does not require your endorsement of Hypnotherapy, but rather your confirmation that you are aware of the presenting issue(s) as stated above and that seeking Hypnotherapy for motivation and behavioral change would not be medically contraindicated for your patient.

**Doctor Authorization and Signature:** My signature below verifies authorization for the use of Hypnotherapy and Imagery services for the above-named client.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Recommendations/Suggestions:

\_\_\_\_\_  
Niki Payne, C.Ht., Certified Hypnotherapist, AFL/CIO Certification # 36441779  
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