



hypnodipity

Acknowledgement of Services and Fees

SUBJECT: Self-Improvement Program

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

I agree to pay Niki Payne (DBA Hypnodipity), a fee of \$ _____ per session.

I also agree to pay you for your services, in full, on the date of each session. Payments may be accepted via cash, debit/credit card, Zelle, Venmo, or Paypal.

I agree to give you **24 hours** hours notice on all cancellations or changes regarding scheduled appointment times. I understand time has been reserved exclusively for me and that missing a scheduled appointment without prior notice or cancellation within 24 hours will result in a charge for the missed session at the full rate stated above. I also understand that if I am late to a session, I may lose some of my session time as a result.

I understand that 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 that **problems of psychogenic or functional origin are treated by psychological or medical referrals** only (Business and Professions Code 2908). The determination to initiate and/or terminate the therapy relationship can be made at any time by the client or therapist without the need for detailed explanations. I also understand that 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: _____

Please print name, sign, and date:

Print Name: _____

Signature: _____

Date: _____