

### **Informed Consent**

Date \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about Melina \_\_\_\_\_

### **DISCLAIMER**

I, \_\_\_\_\_, the undersigned, understand clearly that The Quantum Healing Hypnosis Technique<sup>SM</sup> known as, QHHT® was developed by the late Dolores Cannon over 45 years of groundbreaking work. QHHT® achieves the deepest level of hypnosis possible, the Somnambulistic level of trance. The Somnambulistic state is ordinarily experienced two times a day: just before becoming awake and just before falling asleep. QHHT® sessions provided by Melina Sattari are not a substitute for medical or psychological treatments and therapies. Melina Sattari does not diagnose, prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed healthcare professional for any physical or psychological ailment I have. Individual healing manifests through time and in different ways and a particular outcome is not guaranteed.

### **INFORMATION ABOUT MELINA SATTARI**

\_\_\_\_\_ Melina Sattari is a licensed Marriage and Family Therapist in the state of California. Licensed Marriage and Family Therapists are licensed and regulated in the state of California by the Board of Behavioral Sciences. Melina Sattari is also Certified in Quantum Healing Hypnosis from Quantum Healing Hypnosis Academy in USA. This agreement is for Quantum Healing Hypnosis Technique, known as QHHT®, not Therapy. By signing this agreement, you are agreeing that you understand the difference in these two functions and you will get appropriate professional help for mental health issues if necessary.

### **PROFESSIONAL FEES**

\_\_\_\_\_ I understand that the sessions are not covered by insurance. The reservation fee of \_\_\_\_\_ is paid to reserve the spot and the remaining balance of \_\_\_\_\_ is due at the time of the appointment in the form of cash, Venmo, or Zelle.

## **PAYMENT POLICY**

\_\_\_\_\_ I understand that payment in full is expected at the time of service, unless alternative arrangements are mutually agreed upon. All charges for returned checks are my responsibility and it is the policy of Melina Sattari to charge for any bank fees as well as a \$35.00 processing fee for a returned check. Any returned check may result in paying cash for future sessions.

## **CANCELATION/MISSED APOINMNETS/NO SHOW**

\_\_\_\_\_ I agree that a scheduled appointment means that time is reserved only for me. Cancellations must be made 24 hours in advance. Otherwise, I am responsible for the full session fee.

## **CONFIDENTIALITY**

\_\_\_\_\_ I understand that the information I share with Melina Sattari will be kept strictly confidential and shall not be disclosed except required by law.

## **ACKNOWLEDGEMENT**

\_\_\_\_\_ I agree that although QHHT® session may have profound effects in individual cases, it is not considered medical in nature nor a substitute for medical treatment. It is recommended that I seek medical treatment and/or evaluation for any medical conditions in addition to QHHT® Sessions. QHHT® is not a substitute for indicated medical treatment or medical evaluation.

\_\_\_\_\_ I am voluntarily participating in this session, and I accept complete responsibility for my own psychological, mental, emotional, and spiritual well-being.

\_\_\_\_\_ I agree that in the event any claim for damages shall be prosecuted by Melina Sattari or as a result of my acts or omissions, that I, or my estate, shall indemnify and save harmless Melina Sattari from any and all claims, including any costs and expenses (including attorney(s) fees) of defending the same.

\_\_\_\_\_ I have carefully read and fully understand this Agreement. I am aware that this Agreement constitutes a contract between myself and Melina Sattari and contains a release of liability on behalf of myself and my assigns, heir, executors, guardians and other legal representatives, and I sign this agreement of my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_