

Informed Consent For Nontherapeutic Hypnosis and Neurofeedback
Lincoln Stoller, PhD, CHt

Please print your name in the first space, then sign, print, and date below.

I, _____, agree to engage in the process of nontherapeutic hypnosis and neurofeedback. I understand that I will have all choices at all times and can start and end the process at anytime, even during my session. These services offered as nontherapeutic hypnotism and neurofeedback, defined as the learning of self-hypnosis and neurofeedback to induce positive thinking, create commitment to change and to learn the techniques of self-hypnosis and neurofeedback to produce self-control over physical experiences, cognitive and emotional awareness.

I agree to continue medication as prescribed by my attending physicians and understand that hypnotherapy and neurofeedback are not substitutes for medical care. I understand hypnosis and neurofeedback offer tools of self-discovery, regulation, and awareness. Hypnosis and neurofeedback neither diagnose nor treat any medical or mental health condition.

If any medical symptoms progress or become acute I agree to seek medical attention from a licensed healthcare provider. In the event of a medical emergency or if I feel suicidal, I will call 911 or other emergency help.

I understand that the methods of hypnosis and neurofeedback include relaxation, breath work, creative visualization, positive affirmation, self-awareness development and other techniques and may produce physical and emotional responses

I understand Lincoln Stoller is obligated to report to others, and act to prevent, any actual or potentially serious injury to myself or others.

I agree to inform Lincoln Stoller, PhD, CHt of any adverse feelings or experiences related to this process, at the time of my awareness of them. I am over age 18, and consent to hypnosis and neurofeedback services offered by Lincoln Stoller, PhD, CHt.

Print Name

Signature

Date