



## THE LEELA SCHOOL

384 HELMAN ST.  
ASHLAND, OREGON 97520

**ELI JAXON-BEAR**  
PRINCIPAL TEACHER  
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**STEPHEN LEPPARD, MD**  
EXECUTIVE DIRECTOR & MENTOR  
**JARED FRANKS**  
ADMINISTRATIVE DIRECTOR & MENTOR

### Consent for Practice Sessions

To be used with any client at the age of 18 years or over

\_\_\_\_\_  
Date

I, the undersigned, understand and willingly give my consent as follows:

I hereby authorize \_\_\_\_\_, Leela Hypnotherapist  
(print name)

In-Training, to conduct hypnotherapy training sessions with me. I understand that I have the right to stop these sessions at any time for any reason. I agree to talk with my hypnotherapist in-training if I am uncomfortable with any aspect of the training sessions. I realize that the Leela Hypnotherapist In-Training, named above, is not a medical doctor or state licensed psychotherapist, but is training to be certified by the Leela School as an Advanced Clinical Hypnotherapist.

I consent to participate in hypnotherapy training sessions, which I have agreed to voluntarily.

No promises or guarantees, implied, stated or written have been made about hypnotherapy.

I understand that hypnosis can be viewed as an expanded state of consciousness, which includes both conscious and unconscious awareness. Hypnotherapy can be defined as a technique to assist me in accessing my inner resources to affect positive change. I understand the aim of hypnotherapy is to assist in reframing negative or unwanted habitual patterns of thinking, feeling and behaving with positive, healthy and empowering choices.

If I would like to know the core values and policies of the school, I am aware that I can request this information and it will be provided to me. I willingly consent to the processes, material and insights revealed in these training sessions to be used for discussion, training and teaching purposes between the Leela Hypnotherapist In-Training and their Leela School mentor(s) and teachers. While this summary is designed to provide an overview of confidentiality and its limits, I will contact my hypnotherapist in-training with any questions or concerns that I may have.

Practice Client's printed name: \_\_\_\_\_

Practice Client's signature: \_\_\_\_\_

Leela Hypnotherapist In-Training signature: \_\_\_\_\_