

Terms and Conditions

Liability: I hereby release the student's therapist (Claire Linturn, Tessa Grazzine or Javier Orti at Free Young Minds Ltd) from any liability or claims that could be made against her concerning my mental and/or physical well-being during the work that has been outlined and agreed upon (now and in the future) by filling out this form.

Scope of Practice: I understand that the therapist is not a licensed physician, psychologist, or medical practitioner of any kind and that hypnosis should not be considered a replacement for the advice and/or services, of a psychiatrist, psychologist, psychotherapist, or doctor.

Participation: I give the therapist full permission to hypnotise the student under my guardianship and to use Rapid Transformational Therapy knowing that by participating fully in the process and by listening to the personalized recording for 21 days play an important role in the overall success.

Guarantee: I understand that although Rapid Transformational Therapy has an incredibly high success rate, the therapist cannot and does not guarantee results since my own personal success depends on many factors that the therapist has no control over, including the person's willingness and desire to affect the changes inside of themselves.

Audio Recording(s): I give the therapist full permission to make audio recordings that may include the student's voice. I understand that if a recording (or recordings) are made during or after my session(s) the therapist retains full copyright over any forms of media that may be produced and distributed to me.

Deepening Process: I hereby grant permission to the therapist to respectfully lift the student's arm, touch their shoulder, or rock their head during the Rapid Transformational session(s) in order to help facilitate the deepening process.

Abreactions: "Abreaction" means an emotional release resulting from mentally reliving or bringing into consciousness, through the process of catharsis, a long-repressed, painful experience. I understand that abreaction can occur during or after the therapeutic sessions.

Confidentiality: By accepting the T&C's this form, I consent that the therapist may release information to a specific individual or agency if it has been determined that a child or elder is at risk of or is currently being abused, if the student is in imminent danger to myself or others; or if a subpoena of records has been requested. I also understand that, at any time, my therapist may discuss aspects of the case with other colleagues keeping my full name and identity completely confidential always unless I have given permission otherwise.

In order for our work with you to start please accept this terms and conditions and then click "submit". We are looking forward to working with you.