

Ocotillo Hypnosis

Consent To Past-Life Regression Therapy

I, _____, consent to participate in a process of Past-Life Regression Therapy, under the direction of John Bittner CHT. I understand that Past-Life Therapy can involve the use of a variety of techniques in combination with progressive relaxation hypnosis, guided imagery, facilitated fantasy, and other hypnotherapeutic interventions. As a part of Past-Life Regression Therapy, clients are encouraged to imagine events, circumstances, behaviors, thoughts and feelings from prior situations in their experience. I understand clients vary greatly in their response to the relaxation/hypnosis and regression process, with some clients experiencing intense images and recollections while others report experiencing very little. Additionally, I am aware that the images/recollections experienced during Past-Life Regression Therapy may be real, may be fantasy, or may be a combination of real and fantasized or distorted memories. I also understand that certain memories or images experienced during Past-Life Regression treatment may represent traumatic events which can evoke intense emotional reactions of distress. These emotionally charged images are often quite useful therapeutically for the facilitation of insight, understanding, and healing, but such intense experiences can nonetheless be emotionally troubling.

My signature below signifies that I have reviewed the above paragraph, understand principal characteristics of Past-Life Regression Therapy, and have agreed to participate in this therapeutic procedure. Furthermore, I understand that if at any time I become too uncomfortable and/or unwilling to proceed with the Past-Life Progression Therapy process, that I can request to stop the process and the treatment will cease immediately.

Client Signature

Date

Therapist Signature

Date