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INFORMED CONSENT FOR HYPNOSIS

I hereby give my informed consent as a subject for clinical hypnosis for the purpose of addressing such personal goals as discussed between myself and my therapist. I understand that clinical hypnosis is an inexact science, and that no claim of specific results can be made. It is a specialized procedure to be used in conjunction with other therapeutic procedures according to the judgment of the therapist. If it is used for memory retrieval purposes, such “memories” as may surface do not constitute “proof” of the occurrence of an event without independent validation.

I also understand that being a hypnotic subject may render any testimony I may give as inadmissible in a court of law.

If tapes are made of my hypnotic sessions, I agree to reserve them exclusively for my own use, and not to use them while driving or performing any other activity requiring my full attending.

(Signed)_____

(Date)_____