

My signature below provides an acknowledgement that I am here today to participate in a two-session intervention protocol for smoking cessation. It is my intention to stop smoking, and to use hypnosis as a tool to aid me in that decision. I understand that there is no implied or expressed guarantee of results.

Further, I understand that the intervention will include clinical hypnosis with Terry Moore, a Licensed Clinical Social Worker affiliated with Associated Counseling Professionals. The hypnosis portions of the sessions will be audio recorded and that the recording will be provided as a bonus [no additional charge]. I understand that Mr. Moore will make every effort to provide a viable reproduction of the session, but that I am not guaranteed that the session will be repeated if I am unhappy with the quality of the recording [CD-R]

Lastly, I understand that the fee for the two-session protocol that Mr. Moore utilizes is \$225.00, and that the full fee is due at the time of the first appointment. I am responsible for keeping my second appointment, as scheduled.

I understand that if I seek reimbursement through health insurance, managed care, an Employee Assistance Program – or any other third party entity – that transaction is mine alone, and no refunds will be issued by Associated Counseling Professionals.

signature

date