

## **INFORMED CONSENT FOR CLINICAL HYPNOSIS**

This statement is a disclosure of certain information regarding the use of clinical hypnosis. It details certain rights and responsibilities that you have in this process and provides you with relevant information about my professional training and expertise.

### **My Training and Licensure**

I have a Doctorate in Clinical Psychology, which I earned in 1992 from Wright State University in Dayton, Ohio. I am licensed as a psychologist (#0810001997) in the Commonwealth of Virginia. I have completed all certification requirements established by the American Society of Clinical Hypnosis (ASCH) and have also met or exceeded all ASCH requirements for Approved Consultant Status.

### **Clinical Hypnosis**

Clinical hypnosis involves a set of skills that facilitate a natural, altered state of consciousness called trance. During therapeutic trance experiences the conscious, critical mind, is usually relaxed and relatively inactive, while the subconscious mind is able to access resources, skills, and abilities that are otherwise unavailable to the conscious mind. During trance, facilitated by hypnosis, openness to suggestibility can be enhanced, senses heightened, mental absorption increased, and imagination activated in controlled manners that promote insight, ego strengthening, and activation of solution-focused skills.

Hypnosis is only effective with a willing and voluntary participant. Hypnosis, therefore, involves a collaborative and cooperative relationship between a therapist and client and cannot be used against someone's will or voluntary consent. Hypnosis does not involve a sleep or unconscious state and generally involves a state of relaxation. When in trance, individuals are usually aware of their surroundings, the sound of the clinician's voice, and able to remember more or less what was said during the session.

At times, during trance, individuals experience time distortion, alterations in feeling states including analgesia, physical heaviness and/or lightness, and heightened or diminished sensations involving multiple sensory modalities. Most clinical hypnosis professionals maintain that all hypnosis is self-hypnosis, therefore trance states are generally under the control of the person in trance, and trance can be terminated at will if necessary.

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### Potential Legal Issues with Hypnosis

In many jurisdictions, courts have maintained that a person who has participated in hypnosis cannot testify in court about anything remembered during or after the hypnosis. Whether this court ruling would apply to a therapy session has not yet been definitively decided. Consequently, there is a possibility that anything remembered once the hypnosis begins, may not be admissible in a court of law. The only way to fully protect the potential right to testify is to forego the use of hypnosis.

### Statement of Choices

Dr. Reid has explained to me the reasons why hypnosis is recommended in my therapy. He has also explained that there are other options available to me should I decline to give my informed consent for hypnosis. He has provided me with an explanation about the nature of hypnosis, the myths associated with hypnosis, the fact that sometimes exploratory hypnotic procedures may create emotional distress, and answered all questions I have about hypnosis.

### Release from Liability

I hereby freely and voluntarily agree to engage in hypnosis for treatment of my medical and/or behavioral health concerns.

### Complaints

If you have any reason to believe that I have acted in an unethical or unprofessional manner, I encourage you to please discuss this with me first. If you do not feel that I have been responsive to your complaints, you can register a formal complaint with the following:

Virginia Department of Health Professions  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

### Client Consent to Treatment

My signature below indicates that I have read the above disclosure statement and understand its terms. I have discussed any questions I have with Dr. Reid and they have been answered to my satisfaction.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Legal Guardian Signature (if any): \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_