



Client Information and Agreement Form

Online Introspective Hypnosis

Info@sabrinapetershypnosis.com

Session Date:	Session Time:		
Name:			
Date of Birth:	Sex (M) (F)	Age:	
Address:			
City:	State:	Zip:	
Phone:	Email:		
Marital Status:	Number of Children?		
Occupation:			
The reason for your hypnosis session?			
Have you ever been hypnotized before? (Y) (N)			
Do you have difficulty hearing? (Y) (N)			
How did you find out about Sabrina?			

*I understand that Introspective hypnosis is a voluntary self-exploration process and is not medical or mental health treatment. During the session I may stop or withdraw from participation at any time.

*I recognize that this experience is intended to support personal insight, emotional awareness, and spiritual exploration. I understand that as a practitioner of Introspective Hypnosis, Sabrina M. Peters is not a licensed physician, psychologist, or licensed mental health professional, and does not diagnose, treat, or prescribe for any physical or mental health condition.

*I acknowledge that this session is not a substitute for medical or psychological care, and I remain fully responsible for my own well-being before, during, and after our work together.

*I acknowledge that results are not guaranteed and that outcomes depend on my own participation, motivation, and commitment.

*I understand that introspective hypnosis may bring awareness to past experiences or emotional material and that the practitioner does not provide trauma therapy.

*I understand that emotional responses, memories, insights, or physical sensations may arise during or after a session. I accept full responsibility for how I interpret and respond to these experiences and agree to seek appropriate professional support if needed.

*I understand that services are provided remotely via online communication, and I accept responsibility for ensuring a safe, private, and appropriate environment during sessions.

*I agree to hold the practitioner harmless for any decisions or actions I take as a result of participating in these services.

**DISCLAIMER: Sabrina Peters is not a licensed physician, psychologist, psychiatrist, or mental health professional. These sessions are intended for personal exploration, self-development, and educational purposes only. Hypnosis is not intended to cure any specific condition.



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- 1. I am willing to be guided through relaxation, visual imagery, hypnosis and/or stress reduction techniques.** I am aware that these modalities are non-medical in nature and it is my responsibility to consult my primary healthcare provider regarding any changes in my condition or medications.
- 2. I understand that this hypnosis session is exclusively for educational or emotional awareness.** Hypnosis is not intended to diagnose or treat medical or psychological conditions. I am choosing to participate voluntarily and understand that I am an active participant in my experience.
- 3. I understand that hypnosis is a natural state of focused awareness, not asleep.** During a hypnotic state, I may remain aware of my surroundings and can speak, open my eyes, laugh, or move if needed. It is also normal to think at times that the process is not working or that I am not hypnotized. When I allow thoughts, sensations, or emotions to flow naturally while being guided, relaxation deepens and meaningful memories, insights, or experiences may emerge- whether from this life or another time relevant to my healing.
- 4. I understand that change is my own responsibility. I understand that all healing is self-healing.** Sabrina Peters serves as a facilitator in this process, offering guidance and support as I explore my own inner awareness. I understand that my outcomes depend on my willingness to be open, honest, and engaged, and to provide accurate feedback and relevant information throughout the process.
- 5. I understand that our session will be digitally recorded for my personal use.** I acknowledge that Sabrina Peters retains the copyright of all session recordings. These recordings may not be shared without my written consent. I also understand that in metaphysical or energetic sessions, environmental or energetic factors may occasionally affect recording quality, which could result in partial audio interference or incomplete recordings.
- 6. I understand that, during hypnosis sessions, insights or information of a Universal nature may emerge. I voluntarily give permission for Sabrina Peters to share such information** or related narratives in written or recorded formats (including blogs, books, or educational content), provided that all personally identifying details- including my name and any recognizable personal information are removed or appropriately altered. If a session is recorded for potential video use, I understand that I will have the opportunity at the conclusion of the session to indicate what content, if any, I wish to have omitted before it is shared.

I affirm that I am of legal age and understand I am entering into a cooperative relationship of my own free will. I understand that this is a collaborative process and that I am a willing participant in sessions that may include hypnotic techniques, regression, intuitive exploration, and other appropriate modalities facilitated by Sabrina Peters. I acknowledge that Sabrina Peters serves as a facilitator in this process and that my participation is voluntary. I hereby release and discharge Sabrina Peters from any claims, demands, or actions arising from my voluntary participation in these services. I confirm that I have received, read, and fully understand this Client Information and Agreement Form, and I consent to proceed under these terms.

Client Signature:		Date:	
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****DISCLAIMER:** I am trained as an Introspective Hypnosis Practitioner by Antonio Sangio and approach this work with integrity, professionalism, confidentiality and respect. I maintain my skills through ongoing annual training to uphold a high standard of professional practice. **Payment is subject to the cancellation policy. No refunds are given once a session has been conducted.**