

LOVE BETWEEN LIVES HYPNOSIS
Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt
Certified Hypnotherapist
260 Maple Court, Suite 127, Ventura, CA 93003
(805) 665-0032

CLIENT INTAKE FORM

Name _____ Age _____ Birthdate _____ Date _____

Address _____ City _____ Zip _____

Cell Phone #: _____ Home/Work # _____

E-Mail Address _____

Emergency Contact _____ Phone # _____

Marital Status _____ Name of Spouse _____ Phone# _____

Occupation _____ Employer _____

Existing Medical/Psychiatric Conditions

Primary Physician & Contact Info

Medical/other conditions that may affect hypnosis session

Prescription Drugs Currently Used

Reason for Seeking Hypnotherapy

Goal or Outcome Desired

Had Previous Formal Hypnosis? _____

Reason _____

Religion/Name of Higher Power

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Favorite Pleasant/Relaxing Place (Beach, Mountains, etc.)

Unpleasant/Fearful Scenes to avoid (High Places, Water, etc.)

Something else you should know about me:

Referred by _____

May I thank them for the referral? Yes _____ No _____

If Yes: Phone (____) _____ Address: _____

_____ I am requesting a Past Life Regression Session

_____ I am requesting a Life Between Lives Regression Session

Client's Signature: _____ Date: _____

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HYPNOSIS CLIENT INFORMATION FORM

The undersigned Client acknowledges that he/she has been informed of the following information:

Hypnotherapist agrees to provide professional services in accordance with acquired training and experience, giving undivided attention during scheduled consultations to facilitate Client's benefits. Hypnotherapist's work is Client-centered. Services provided utilize induction of hypnosis, and methods and principles used to help clients discover their inner creative abilities to develop positive thinking and feeling. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in resolving personal issues, and to assist in achieving Client's goals. Client may be taught the use of self hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Hypnotherapist.

Hypnosis is not a state of sleep, but is a natural state of mind that can produce extraordinary levels of relaxation of mind, body, and emotions. The principles and theories upon which Hypnotherapy is based are accessing and utilizing the power of one's inner resources. Hypnosis can transcend the critical, analytical level of mind, and facilitate the acceptance of positive suggestions, directions, and instructions desired by the Client. The therapeutic use of Hypnosis can also elicit information and insights from the inner mind of the Client. The Hypnotherapist utilizes interviews, discussion, and hypnotic methods dealing with underlying issues whenever appropriate, with the goal to achieve effective and lasting positive results. At times, the hypnotherapist may use light physical touch on Client's forehead, arm, and/or shoulder to deepen Client's relaxation. The goal is to enhance your hypnosis experience.

The use of hypnosis could elicit memories of past events which may or may not be literally true. It is possible that events under hypnosis will be distorted or misconstrued. Memories or images evoked under hypnosis are not necessarily accurate and may be a construction of a composite of memories. Without corroborating information, it is not possible to determine whether a specific memory is true or false, even if it seems true. It is also possible that the regression process might uncover an unpleasant memory.

Your sessions are generally confidential. Exceptions to confidentiality include, but are not limited to information related to child abuse, elder abuse, homicide or suicide. Upon

11-30-2017

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HYPNOSIS CLIENT INFORMATION FORM (cont.)

receipt of an authorization to share confidential information, signed by the client, I will release to the specified health care providers the specific data authorized by the client.

General Hypnotherapy sessions are 50-60 minutes and the current rate is \$150.00. Past Life Regression sessions are 2 to 2-1/2 hours and the current rate is \$300.00. LBL sessions are 3-4 hours and the current rate is \$525. There is a discounted rate of \$725 when PLR/LBL sessions are purchased together. Periodic increases are to be expected. Your appointment time is reserved especially for you. Please let me know at least 48 hours in advance if you need to change or cancel an appointment. Sessions cancelled without 48 hours notice will be charged the full rate.

If we record a session, remember that the audio recording can bring about relaxation and even sleep. It should not be listened to in a vehicle, while operating heavy machinery or during any activity where alertness or attention are required for safety. Instead, listen to it at home in a safe, comfortable environment – preferably while lying down. And give yourself plenty of time to return to a state of complete alertness afterward before returning to your normal activities.

I, Vonda (“Vondie”) Lozano, M.D., Ph.D., CHt, am a Certified Hypnotherapist. I received my training and certification in Basis, Intermediate and Advanced Hypnosis through Hypnosis Solutions/International Hypnosis Federation in 2012. I received my Past Life Regression training through Scott Temple of Light/Professional Hypnosis Training in 2016. I received my Life Between Lives® hypnotherapy training through the Michael Newton Institute for LBL Hypnotherapy. I also have additional hypnotherapy training.

My educational background includes a Masters of Divinity from Fuller Theological Seminary’s School of Theology in 1988, with a concentration in Marriage and Family Ministries. I received a Doctorate in Marriage and Family Studies from Fuller Theological Seminary’s School of Psychology in 2002.

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HYPNOSIS CLIENT INFORMATION FORM (cont.)

Although I am a Licensed Marriage and Family Therapist, these hypnotherapy services are separate from my Marriage and Family Therapy practice. Therefore these hypnotherapy services do not include the practice of psychotherapy. These hypnotherapy services are non-diagnostic and are complementary to the healing arts services that are licensed by the state. No mental, emotional, or physical disorders are assessed, diagnosed, or treated. Hypnotherapy is not a substitute for psychological or medical treatment. I operate my hypnotherapy practice in accordance with California Senate Bill SB577 and California Business and Professions Code 2908.

I frequently teach, speak and write about hypnosis and other topics. These topics may pertain to many different people. However, your confidentiality is maintained. And your individual identifying information is not used. This may include, but is not limited to seminars, workshops, meetups, books, email, newsletters, blogs, websites, radio and television. If you have any questions or concerns about this, please let me know.

I, the undersigned Client, acknowledge that I have been advised of the foregoing information, and that I have been given a copy of this Client Information form.

Client's Signature: _____ Date: _____

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RELEASE OF LIABILITY FORM

Disclaimer: Hypnosis, hypnotherapy, guided imagery, and regression are not absolute sciences. I personally know of no case and have no knowledge of any case on record where an individual has been proven to have been harmed in any way by these types of hypnosis, hypnotherapy, guided imagery or regression. However, it is necessary as a general practice to have every person taking part in hypnosis, hypnotherapy, guided imagery, regression and/or related activities read and sign the following release:

LEGAL RELEASE

I am of legal age and in consideration of my participation in hypnosis, hypnotherapy, guided imagery, regression sessions, workshops, seminars, or related activities, I for myself, my heirs, executors, administrators, and assignees, do hereby release and discharge Vonda (“Vondie”) Lozano, M.Div., Ph.D., CHt, Love Between Lives Hypnosis from all claims of liability, damages, demands, and actions whatsoever in any manner arising from or growing out of my participation. I also understand that any advice or counseling given, while within the parameters of current modern Hypnotherapeutic Practice, is accepted and/or acted upon entirely at my own risk. In addition, I understand that, while safe, highly successful, proven, cutting edge techniques are utilized, no guarantee of any kind whatsoever is implied, promised, or bestowed.

MEDICAL RELEASE

I confirm that I have no medical or psychiatric condition which could prevent me from safely experiencing hypnosis, guided meditation, regression, and/or related activities, and I further understand that such a session in no way supersedes any medical or other treatment I may be undergoing from a medical or health practitioner. I also agree that any hypnosis, hypnotherapy, guided imagery, regression, and/or related session is purely voluntary on my part.

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RELEASE OF LIABILITY FORM (cont.)

PERMISSION OF ELECTRONIC RECORD

Furthermore, I give my unequivocal permission to Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt/Love Between Lives Hypnosis to make an electronic record of me/my sessions as a normal part of participation in hypnosis, hypnotherapy, guided imagery, regression sessions, seminars, or related activities. I agree that this electronic record is owned jointly by myself and Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt/Love Between Lives Hypnosis and may not be copied, published, distributed, or disseminated in any manner, without joint and mutual express permission. I understand that this record, if held by Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt/Love Between Lives Hypnosis, is generally confidential and will not be given, shown, or shared with any person or organization, except office staff, law enforcement, legal counsel, or in other instances wherein there are exceptions to confidentiality (See Hypnosis Client Information Form) without my express written permission.

* * * * *

This legal release/medical release/electronic record permission is given voluntarily and constitutes an irrevocable waiver of any privilege otherwise attaching to the subject matter of this document, extending itself to my heirs and personal representatives. My signature at the bottom of this form attests to my unconditional acceptance of and agreement to all three of the above sections: 'Legal Release,' 'Medical Release,' and 'Permission of Electronic Record,' unless otherwise noted.

Client's Name

Client's Signature

Date

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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, the undersigned, hereby authorize Vonda (“Vondie”) Lozano, M.Div., Ph.D., CHt/Love Between Lives Hypnosis to share the information I am able to recall, including electronic records/recordings, about my past lives or Life Between Lives® with the with the Michael Newton Institute for LBL Hypnotherapy, as part of Vondie’s certification process. I understand that Vondie will also be following up with me after the session to talk about my experience.

I understand that I am entitled to a copy of this release upon request.

Client ‘s Name

Client’s Signature

Date

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**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
(OPTIONAL)**

I, the undersigned, hereby authorize Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt/Love Between Lives Hypnosis to share/release confidential information about my past lives and Life Between Lives®; provided that no personally identifying information is used other than age, gender and general occupation, if relevant.

I authorize Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt to share/release the aforementioned confidential information in the following ways:

_____ Blog posts, books, ebooks

_____ Other online and print publications, including, but not limited to emails, newsletters

_____ Teaching and speaking including, but not limited to seminars, workshops, meetups

_____ Public relations, including, but not limited to newspapers, radio, television

_____ For research in connection with the Michael Newton Institute for LBL Hypnotherapy to enlighten others about their purpose on earth,

_____ Any/All of the above

I understand that I am entitled to a copy of this release upon request and that I may choose to terminate this release at any time (except as it relates to information that has already been published) by notifying Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt in writing.

Client's Name

Client's Signature

Date

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