

Life Between Lives Hypnosis, LLC
Vonda ("Vondie") Lozano, M.Div., Ph.D., CHt
Life Between Lives® Facilitator
260 Maple Court, Suite 127, Ventura, CA 93003
(805) 665-0032

CLIENT INTAKE FORM

First and Last Name _____ Age _____ Date _____

Address _____ City _____ State _____ Country _____ Zip _____

Phone #: Cell _____ E-Mail Address _____

Emergency Contact _____ Phone # _____

Emergency Services Provider in Your Area (Online Sessions) _____ Phone # _____

Marital Status _____ Occupation _____

Medical/Psychiatric/Physical/Other Conditions That May Affect Hypnosis: _____

Physician/Therapist _____ Phone # _____

Primary Reason for Seeking PLR/LBL Session _____

Previous Hypnosis Experience _____ Name of Higher Power _____

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

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

Something Else You Should Know About Me: _____

your Signature: _____ Date: _____

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HYPNOSIS INFORMATION FORM

I, Vonda (“Vondie”) Lozano, M.D., Ph.D., CHt, am a Certified Life Between Lives® Facilitator I received Life Between Lives® hypnosis training through the Michael Newton Institute (2017). I also received Basic, Intermediate and Advanced hypnosis certification through Kathe Caldwell at Hypnosis Solutions/International Hypnosis Federation (2012). I received Past Life Regression certification through Scott DeTamble’s Temple of Light/Professional Hypnosis Training (2016). My educational background includes a Masters of Divinity (1988) and a Doctorate in Marriage and Family Studies (2002) from Fuller Theological Seminary.

The following represents my administrative policies and other information related to your hypnosis sessions:

Hypnosis is Non-Diagnostic

Although I am also a California Licensed Marriage and Family Therapist, these hypnosis services are separate from my Marriage and Family Therapy practice and do not include the practice of psychotherapy. I operate my hypnosis practice in accordance with California Senate Bill SB577 and California Business and Professions Code 2908. No mental, emotional, or physical disorders are assessed, diagnosed, or treated. hypnosis is not a substitute for psychological or medical treatment. This hypnosis is not recommended for people with serious physical or psychological disorders, trauma or any other physical or psychological condition where hypnosis could be contraindicated. *It is always best to consult with your physician or mental health specialist before participating.*

Confidentiality

Your hypnosis sessions are generally confidential. Exceptions to confidentiality include, but are not limited to information related to child abuse, elder abuse, homicide or suicide. I may find it helpful to consult with other hypnosis professionals on occasion. Information about you may be discussed in confidence. I make every effort to avoid revealing your identity. I frequently teach, speak and write about Past Life and Life Between Lives hypnosis and other related topics. However, your individual identifying information is not used. This may include, but is not limited to seminars, meetups, books, email newsletters, blogs, and websites. Please let me know if you have any questions or concerns about this.

Session Rescheduling and Outcomes

Payments are non-refundable. Sessions can be rescheduled with 48 hours advance notice as scheduling permits. Although we hope and plan for a wonderful session, no warranty is given, expressed or implied, as to the specific outcome for your session(s).

Due to extenuating circumstances, I may need to cancel or reschedule a session(s) at times. I will provide as much notice as is possible. However, Life Between Lives Hypnosis shall not be liable for any financial or other consequences of the cancellation. However, if you prefer to not reschedule your session(s), a refund will be issued.

Recorded Sessions

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I’ll do my best to record your Past Life and Life Between Lives sessions and to send you a link to the audio recordings. However, my efforts may not always be successful. So, you’re also welcome to record these sessions with your smartphone or recording device if you’d like to have a back-up. There is no charge for the audio recording. And there is no refund if the session is not successfully recorded.

The 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 you return to your normal activities.

In-Person Sessions

In-person sessions are currently offered with valid picture ID and digital copy of your vaccination record (QR code). Ventura County guidelines are followed. If you are experiencing any Covid symptoms or have been exposed to Covid within the last 14 days, please let me know with as much advance notice as possible so we can reschedule your session.

Remote Sessions

I use a cell phone for calls and Zoom/phone for remote sessions. By initiating or accepting the phone call or by joining the Zoom meeting, you are consenting to having your session remotely. There are potential risks, consequences, and benefits of meeting remotely. Some of the benefits of remote sessions include meeting safely during the Covid crisis and meeting when it is otherwise geographically difficult. There are also risks and limitations when meeting remotely. These include, but are not limited to, issues of confidentiality, interruption by unauthorized persons, hypnosis limitations, transmission difficulties, unauthorized access to transmitted and/or stored confidential information, and decreased availability of my in the event of an emergency during a session. If you are outside the Ventura area*, please be sure to include emergency resources in your area on your Client Intake Form.

*Note: Certain states, including Colorado, Connecticut, and Washington have their own licensure/regulations for hypnosis. Therefore I am not allowed to do hypnosis if you are in those states. By signing below, you verify that you are not physically located/receiving these hypnosis/hypnosis services in any of the aforementioned states.

Hypnosis Methods, Benefits, Risks

The purpose of this hypnosis is for your self-exploration and self- development. I’m also including some general information about hypnosis hypnosis. I agree to provide professional services in accordance with my hypnosis training and experience, giving undivided attention during scheduled consultations to facilitate your benefit. My work is client-centered. Services provided utilize induction of hypnosis, and methods and principles. You may also be taught the use of self hypnotic techniques to assist in achieving your goals.

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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 emotion. The principles and theories upon which hypnosis 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 you desire. Hypnosis can also elicit information from your inner mind. I utilize interviews, discussion, and hypnotic methods with the goal to achieve effective and lasting positive results. At times, I may use light physical touch on your forehead, arm, and/or shoulder to deepen your relaxation. The goal is to enhance your hypnosis experience. Let me know if you have any questions or concerns about this. We can consider an alternative way to deepen your relaxation.

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. Some of the memories may provide supportive, encouraging content. However, this information should not be relied upon for ultimate decision-making in any specific case. *There is no substitute for consultation with a qualified mental health specialist or physician who could best evaluate and advise based on a careful considered evaluation of all pertinent facts.*

Preparation/Follow-up

Please be sure to visit the Preparation/Post Session page to facilitate an optimum experience, <https://lifebetweenliveshypnosis.com/preparation/>

Acknowledgement

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please let me know if you have any questions or concerns that we need to address before you sign.

I'm really looking forward to our work together.

Vonda (“Vondie”) Lozano, M.Div., Ph.D., CHt
Life Between Lives® Facilitator
Life Between Lives Hypnosis, LLC

your Signature: _____ Date: _____

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Release of Liability Form

Please read and check the box below to confirm that you understand and agree to the following terms:

Legal Release

I am of legal age and in consideration of my participation in hypnosis, guided imagery, regression sessions, I for myself, my heirs, executors, administrators, and assignees, do hereby release and discharge Life Between Lives Hypnosis, LLC 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, guided imagery, regression, and/or related session are purely voluntary on my part.

Permission of Electronic Record

I give my unequivocal permission to Life Between Lives Hypnosis, LLC to make a recording of me/my sessions as a normal part of participation in hypnosis, guided imagery, regression sessions, seminars, or related activities. I agree that this electronic record is for my personal use only and it may not be copied, published, distributed, or disseminated in any manner. Furthermore, I understand that this electronic recording is generally confidential and that Life Between Lives Hypnosis, LLC will not share this electronic recording with any person or organization, except as authorized or required by law, 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 attached 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.

your Signature: _____ Date: _____