

Foundations / Personal Energy Mastery
(206)417-4900

D.L. Scott CtHA, AASD, CDP, CLC

Clinical Hypnotherapist, Life Coach, Case Manager, Chemical Dependency Professional

Disclosure

I the undersigned have read the following material, and have had any questions answered concerning this material, allowing me the understanding of this material.

The type of counseling that I shall receive will be based on various techniques of harm reduction, hypnotic induction, and the teaching /employment of self hypnotic techniques. These techniques will be coupled with supportive therapy techniques, and education information concerning emotional behavioral problems, and the development of human awareness and potential.

The counselor that I am employing has obtained a degree in the Social and Human Services field. Is trained & licensed as a chemical dependency counselor with state of Washington: CP 00001195. Is trained & licensed as hypnotherapist with the state of Washington: HP 10000330. Has been trained and certified by a certification board in the art of NLP techniques, and has received training and certification as a Life Coach. The counselor has been active in the field for a period of over twenty seven years.

The counselor that I am employing is insured through Allied World Insurance Company, located in Amityville New York.

Client _____

Date _____

Witness _____

Date _____