

**Cheri L. McDonald PhD, LMFT - A Place to Turn, Inc.**  
**5743 Corsa Ave#125, Westlake Village, California 91362**  
**Office#-818-889-4415 Fax#-818-889-8455**

**HYPNOTHERAPY CONSENT FORM**

I, \_\_\_\_\_ have been advised by Cheri L. McDonald PhD, LMFT the scope of hypnotherapy practice and I give my full consent to receiving hypnotherapy sessions by Cheri L. McDonald PhD, LMFT.

I understand that results vary and that the above named practitioner may not guarantee results.

Hypnotherapy is a service provided as an option beyond the standard therapeutic process **at an additional cost**. The fee for this service is \$250.00 for the initial 60-minute session and then \$150.00 for each 45-minute session thereafter.

If a three (3) session commitment is made, the fee is \$500.00 in total.

Insurance will not be billed directly for this service. A superbill will be offered as a courtesy, if desired, to be submitted to insurance or other responsible party to receive personal reimbursement for the service.

I agree hereby agree to sustain the agreements and procedures aforementioned.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Cheri L. McDonald PhD, LMFT**

\_\_\_\_\_  
**DATE**