

*Karen Kerschmann, LCSW  
LCS22451*

### Informed Consent To Audio Record Hypnosis Sessions

People use clinical hypnosis for various reasons including deep relaxation, modifying behavior, focusing attention, managing pain, improving performance, and changing attitudes and perceptions. During hypnosis, people are aware of the process of becoming relaxed and the focusing of their attention, and experience is voluntary. In other words, people are aware of what the therapist is saying and know they are free to accept or reject any ideas or suggestions given.

By signing this document, I am agreeing to voluntarily undergo hypnosis. I agree to release and hold harmless **Karen Kerschmann, LCSW, MSW** from any claims or liabilities arising from the use of audio recordings from my session. Furthermore, I affirm that I am not currently involved in, nor intend to become involved in, litigation related to any of the matters I will be addressing during clinical hypnosis.

I agree not to listen to any audio recordings made of any sessions while driving a car.

Your signature below indicates that you give **Karen Kerschmann, LCSW, MSW** permission to audio record hypnosis sessions and that you understand the following:

1. I can request that the audio recorder be turned off at any time and may request that the recording thereof be erased.
2. The purpose of the recording is for your subsequent review of your session and continued reinforcement. Therefore, you will be given a copy of the session.
3. The contents of these audio recorded sessions are confidential and the information will not be shared outside the context of these sessions.
4. The audio recordings will be stored in a secure location and will not be used for any other purpose without my explicit written permission.

\_\_\_\_\_ Name of Client (Please print)

\_\_\_\_\_  
Signature/Date