

Katherine L Potter

Certified Hypnotist
4492 Sandalwood Drive
Pleasanton, CA 94588

Hello, thank you for your interest in booking an RTT Session. Rapid Transformational Therapy (RTT) is a unique method created by world renowned hypnotherapist Marisa Peer, that typically requires 1 - 3 sessions to resolve most deeply-rooted issues. RTT uses hypnosis which is a completely safe, natural, and relaxing process where you will remain in control throughout the duration of your session.

This letter represents the Terms and Conditions associated with booking a session. Please read, print and sign this letter to show that you understand and agree with these terms and conditions. Once I have received your signed agreement, we can schedule the session.

- 1) I understand that Katherine is a Certified Hypnotist who offers Rapid Transformational Therapy. The cost for a single session is \$300 and includes an audio recording which will help to solidify and lock in the transformation which happens in the initial session. The price also includes two follow up calls, the first 7-10 days after the session, and the second one after 21 days to check in and see how I am doing. As an added option, if I choose to commit to doing deeper work, Katherine offers a series of 3 sessions for the discounted price of \$750 for a series of 3 sessions. These prices will be increasing in April of 2019 as this marks the one year anniversary of Katherine beginning her practice. Any sessions paid for before April 1, 2019 will be honored at these rates, no matter when they are scheduled. Katherine requests a written or video testimonial if I am happy with my session which will enable her to promote her work and to help more people

Initials _____ for a single session priced at \$300.

Or

Initials _____ for a package of 3 sessions prices at \$750.

- 2) I understand that hypnosis alone is no guarantee of success and that Katherine cannot promise to cure every problem. The effectiveness of treatment depends largely on me. I understand that it is imperative for me to participate in my own treatment and to follow up on the homework assigned if I want to experience lasting change. During RTT, I will be regressed back to several memories in order to uncover where, when, how, and why I developed my presenting issue/problem. This insight will help me gain a deeper understanding of the root, the cause, and the reason for my problem/issue. I understand that I must want the change and be open and motivated to change, and play an active role in the successful outcome of my session(s).

Initials _____

- 3) I understand that payment for the session is required in advance in order to secure my slot. Payment can be made by PayPal, Venmo or Square. A convenience fee of 3% will be added to payments received by Square or PayPal if the Friends and Family option is not selected. I understand that Katherine has completed over 350 hours in training and will do her best to help me with the problem that I bring to her. As a retired MD, Katherine follows all HIPA and confidentiality regulations, and she will hold in confidence anything that comes out in a session. If additional sessions are required, they will be billable according to her prevailing rate at the time. Any exceptions to this rule will have to be negotiated with Katherine directly before a session can be booked.

Initials _____

- 4) The first follow up will occur a week to 10 days after the appointment, and I will take responsibility to reach out if Katherine has been unable to reach me. I understand that I will have an opportunity to ask any questions and Katherine will do her best to support me. If I have any questions before that time, I understand that Katherine can be reached via Facebook messenger, text message or via email. Katherine will also contact me 21-30 days after my initial appointment to follow up and see how things are integrating for me.

Initials _____

- 5) I understand that the information, techniques, methods, recommendations by Katherine Potter are not intended to substitute for the diagnosis and care by a qualified physician/ GP, nor to encourage the treatment of illness by persons not recognizably qualified. If you use hypnosis and are under medical care for ANY condition, do not make ANY adjustments to ANY prescribed medication without the approval of your doctor. If in any doubt you should seek your GP's advice.

Initials _____

- 6) To protect your privacy, all client data is kept strictly confidential.
- 7) Before taking part in your RTT session(s), please ensure:
 - 1) That you do not suffer from epilepsy or a psychotic illness (people with these conditions are advised against entering into hypnosis)
 - 2) That you will be free from the influence of drugs or alcohol during the course of your session.
 - 3) That you provide me with the correct address of your online location.
 - 4) That the environment around you is safe and will remain distraction free.
 - 5) That you provide me with a phone number or other means of communication to contact you with in the case of a technology failure.
 - 6) That you provide me with a third-party emergency contact number.
 - 7) I can confirm that I have read the above and understand the process of hypnotherapy and accept these terms and conditions.
 - 8) I understand the importance of listening to my personalized recording daily, for at least 3 weeks to ensure optimum results and I commit to listening to my recording.

Name _____

Email _____

Phone Number _____

Signature _____ date _____

(By signing above, I acknowledge the terms or the agreement and I agree to abide by my part in the agreement.)

Sincerely yours,

Katherine L Potter