

Form

INFORMED CONSENT AGREEMENT

Please read and sign the following disclaimer.

Like the practice of medicine and psychotherapy, hypnosis, regression and the other hypnotherapeutic methods used by Dr. Skillas in his practice are not absolute sciences. We personally know of no case on record where an individual has ever been harmed in any way by hypnosis, self-hypnosis, regression or the clearing of negative energies from layers of consciousness. We do know of numerous cases where individuals have benefited from their experience with hypnosis, self-hypnosis, regression, and clearing negative energy.

Spirit Releasement Therapy (SRT), Past Life Therapy (PLT) and other energy clearing techniques used by Dr. Skillas in his practice while ancient in their history, are considered new, experimental, experiential forms of psychotherapy. The clinical evidence shows many people have benefited from their experience of SRT, PLT and Dr. Skillas' other techniques of clearing negative energy from clients in distress. Once the therapeutic modality is explained and discussed, we ask that you read and sign the following:

I agree to participate in SRT/PLT, hypnosis, and Dr. Skillas' other techniques of clearing negative energy.

I understand the purpose and nature of this work is for clearing negative energy and reprogramming the subconscious for personal growth. I am participating voluntarily. I understand that my confidentiality will be protected.

I am of legal age and in consideration of my consent to this process, I, for myself, my heirs, executors, administrators, and assignees, do hereby release and discharge Charles Wm. Skillas, Ph.D. from all claims of damages, demands, moneys, and actions whatsoever in any manner arising from or growing out of my participation.

During the process of therapy, repressed or dissociated memory of past trauma may surface. We cannot support a claim that these memories are real and will not testify to such reality in a court of law. Memories, which may surface in the course of therapy, may be of significant benefit in working to resolve the issues around the memories.

Signature _____

Date _____