



Client Disclosure & Agreement

Please complete and return this form immediately

Fax: (USA) +1-212-202-5182

Please take a moment to read this agreement, then sign and date to confirm you have read and understood what it says. It is here to:

- Cover the legal requirements of our relationship;
- Set the framework in which you will now achieve the results you desire;
- Establish whether there are other issues we can eliminate easily at the same time; as a result, you may discover that you achieve even more than you expected.

1: This is not Traditional and is not Medicine

You will not be working with a doctor, psychotherapist, psychoanalyst, psychiatrist, psychologist, master of family/child counseling, or master of social work.

None of the processes nor the advice you receive here substitutes for medical attention, and they are neither intended as – nor should be used as – a substitute for your physician’s role in monitoring and treating you.

You warrant either (a) that you have not previously received help for this problem from a doctor, psychotherapist, psychoanalyst, psychiatrist, psychologist, master of family child counseling, or master of social work – or (b) that, if you have, you are providing a written consent from your practitioner or physician.

If a consent note is required, we will need to receive it at our offices before we can commence work with you.

2: Less Talk - More Change Now

CTR N – Change That’s Right Now™ – is focused on how to achieve the best results in the world, using the most advanced techniques we know – at very high speed. This isn’t about weeks, months or years of discussion and exploration; it’s about how you get a complete solution now in a fraction of the time and at a fraction of the investment. We want you to let the problem go away as quickly as possible.

This isn’t like other work you may have experienced, and at first you may be surprised how little we want to talk about the problem. There’s an extremely good reason for this: we want to know *how* you create the problem (so you can change), not *why* it was there.

This involves advanced use of Neuro-Linguistic Programming, Hypnotic Language Patterning, Non-Mirror-Image Reverse Analysis, Time- Line Therapy™. Every word of every session is entirely purposeful: to be focused on the single outcome and eliminate your former problem right now.

A foundation of working with us is the belief that it is *how* your mind is storing information that is important, not what it stores. During the session, you might find yourself interrupted while you are talking. Relax: this is deliberate. You will almost certainly be asked questions that cause you to look at things in a completely new way – questions you may not consciously understand, and which will immediately allow unconscious change so the problem goes away altogether.

3: How it Works

1. First, you tell us what the problem is, and how you will know that it has disappeared;
2. Then we will ask a series of questions, some surprising, which will allow us to elicit the root cause easily. This may be a shorter conversation, or could be a ‘Detailed Personal History’, which can take up to a couple of hours. If you are committed to getting the results you want, you must tell the truth 100% during this;
3. Then we’ll do the change work. This is surprisingly fast and enjoyable. And when we’re done, life will feel so much better!

4: Afterwards you **must** (your success depends on these):

Take the action upon which we agree

You will be given some homework to complete. The homework varies from client to client, and will take a full 24 hours of your time (including Practitioner sessions). It is an integral part of the program, critical to you creating the results you want. It’s always straightforward and doable: it just needs to be done – both your success and our guarantee depend on this.

Always stay focused on what you want

Clients who are not successful (there aren’t many), always turn out not to take total responsibility for themselves, including what they choose to spend their time thinking about. The feelings and experience you get at any time depend on what you choose to focus upon. Only you can know what you are thinking about, and shift your focus to what you want whenever you think in ways that don’t support you.

5: Total respect for you, *none whatsoever* for your old problem

We believe that you have the right to be the best possible you now, and that there is a positive reason for everything that happens. We respect you for who you are, and accept you without judgment. However, your problem and its behaviors may get somewhat less of a welcome.

6: Client Disclosure

Change That’s Right Now, Inc. makes the following disclosures: Change That’s Right Now, Inc is a professional practice that provides services that are alternative and complementary to healing arts services licensed by various states, official & other government bodies. Each client will be interviewed, and if it is determined that the services we provide can be of benefit, Change That’s Right Now, Inc will provide services in accordance with the education, training and experience we have. Conversations may be recorded for quality control.

We offer the following services:

1. **Time Line Therapy™** – This is a process of imagination in which the individual imagines him/herself letting go of negative emotions and limiting beliefs associated with past and/or future events. The technique has been found effective in relieving a wide variety of problems, allowing an individual to enjoy a better quality of life and move more rapidly towards his or her goals.
2. **NLP - Neuro Linguistic Programing** is a detailed operational model of the processes involved in human behavior and communication. Although it is not a psychotherapy, NLP's principles can be used to understand and make changes in any realm of human experience and activity. NLP is a powerful, rapid, and subtle technology for making extensive and lasting changes in human behavior and capacities. NLP deals with modifying and redesigning thinking patterns, promoting flexibility, and forging new capacities and abilities.

These services are not licensed by any state nor by any other official or government body. The services do not include the practice of medicine or psychology or any other licensed healing art, since we, and the independent Practitioners with whom we work, are not licensed physicians or psychologists. The Practitioner with whom you work is entirely responsible for the course of work.

All client information is kept strictly confidential and is for our internal use only. We never share information with other companies, except at your request or with your express permission. Owing to the inherently insecure nature of communications using email, internet, and telephone services, we cannot be responsible for the confidentiality of communications intercepted by third parties. Please note that under certain circumstances, including but not limited to States within which the law requires the disclosure of abuse including child abuse or sexual abuse, your Practitioner may have an obligation to report confidential information.

We have the following education, training, experience and other qualifications regarding the services provided:

All Change That's Right Now, Inc Practitioners are at a minimum Certified Master Practitioners of Neuro Linguistic Programming and Time Line Therapy®.

If you have concerns or complaints about the services provided, please speak to us. If we cannot resolve your concerns, you may contact the Time Line Therapy Association 615 Pi'ikoi Street, Suite 501, Honolulu Hawai'i 96814, USA

8: Anchoring

One of our powerful techniques is called 'Anchoring' and the most common form of it - touch anchoring - involves physically applying specific pressure to the surface of the skin. Most clients will apply this technique themselves, but in the rare case of an in-person visit, the Practitioner may touch the client for the purpose of anchoring, usually on the hand, arm or shoulder.

9: Results Guaranteed

We guarantee that when you complete the program we devise for you, you will achieve the result you want. We do this because years of experience have shown that the processes we use are so effective they consistently work when, as our client, you are fully committed to get the result you want. **Our guarantee, which is absolute, applies to clients who commit to and complete the process.** Please note that we offer no guarantee to the rare clients who ‘opt out’ of the process part way through. Many of our clients achieve dramatic changes in just a few hours, and others need a little longer. You must commit to complete the full 24 Hour process in order to embed the new pattern. So:

Before your initial session with the Practitioner, you will receive a 24 Hour Success Program outlining the steps designed to complete the program. If you engage in a fixed price program, we guarantee that you will get the result upon which we agree, no matter how long it takes, and you may call us for support at any future time, provided that:

- A. You complete in full all exercises in the 24 Hour Success Program and any additional exercises assigned to you by your Practitioner. You understand that while this is easy and enjoyable commitment by you, in cases where change isn’t so easy, you may need to commit additional time (sometimes beyond 24 hours). In some cases we may recommend complimentary services of which we have extensive experience, but which are not offered by directly by The Phobia Clinic
- B. You agree and understand that our first responsibility is to help you achieve your desired result. In some cases, we may ask you to work with more than one Practitioner, and to work with a range of different techniques.
- C. You check in regularly with your Practitioner as you work toward your desired result. Throughout the Success Program, each day for the first 14 days, once a week thereafter and on any day you perceive the problem has not already gone you will send an email or fax to your Practitioner describing the work you have completed and the progress you have made. This is a strictly enforced non-negotiable condition of the guarantee. Miss an email and we'll still work passionately for your success, and the lifetime guarantee is off. All communication concerning your program should be direct with your Practitioner.
- D. You are available and on time for the appointment(s), or give us two full working days notice of any re-scheduling.

For an hourly program, our guarantee to you is as follows: if we agree to give a guaranteed maximum number of hours and you achieve the outcome you agree with your Practitioner in fewer hours than the estimate, we will only charge you for the number of hours worked. Should it take longer than the estimated time, we will charge you no more than the hours quoted, and once your goal is reached you may call us for support at any future time, provided that you have participated in the program as a fully committed client, as defined in A, B, C & D above.

10: Fee Payment Terms

We ask for your credit card information in advance, but we will only process payment at the end of the first session, or after each session for hourly engagements.

Please notify us at least 48 hours notice if you need to reschedule or cancel. Appointments missed or cancelled at less than 48 hours notice will be billed at the full program rate. Appointments postponed at less than 48 hours notice will be billed at an hourly rate of \$195.

11: We offer only a perspective for your consideration

In the course of our work, the conversation may range over a wide range of topics. You hereby understand and acknowledge that anything and everything discussed is merely a perspective for you to consider in conducting your affairs, and any decisions regarding your life are your sole responsibility. Should you wish to seek professional advice in this regard you should do so with an appropriately licensed, competent, qualified professional advisor.

12: Following each session ...

Although our services are non-invasive, you may (or may not) experience feelings of pleasant dreaminess afterwards. If you do, you must not drive, operate machinery, or engage in activity that requires your full alertness or might be hazardous.

13: Limit of Liability & Total Responsibility of Client

Change That's Right Now and its agents will make every effort to assist you in achieving the results and/or changes for which our services are engaged. It is expressly understood that it is your sole responsibility to confirm the effectiveness or otherwise of any changes, and that you must do so in safety and with appropriate monitoring of your physician or other licensed healthcare professional. Change That's Right Now, Inc.'s liability is expressly limited to a refund of any fees paid.

14: Any disputes under this agreement shall be governed by the laws of the State of New York, USA.

Please complete the following questionnaire and fax it back to us:

15: Your Information

Name: _____ Age: _____

Phone: (H) _____ (M) _____ (W) _____

What number (landline) should we call for your session(s): _____

Occupation/Job Description: _____

Email Address: _____

16: Have you ever seen a psychologist, psychiatrist, analyst, therapist, counselor, hypnotherapist or social worker or other health care worker for any emotional issue? If yes, please explain:

17: Are you currently seeing a doctor, psychologist, psychiatrist, analyst, therapist, counselor, hypnotherapist or social worker for the current or a related issue?

If yes, please explain, and please note that we will need a written consent note from anyone currently treating or providing therapy to you – we can provide guidance, or a form:

18: What do you plan to accomplish working with us?

19: Do you have a specific date or deadline for completion of the program? *We sometimes work with clients on an 'emergency' basis; please give the process as much time as possible, and note that, if there is insufficient time to complete the program, that you should continue with the process until you achieve the result you desire.*

20: Are you taking any medication or drugs? If so, please give details.

21: If you are taking medication, is it related to the current issue? If so, please note that you will need to provide a written consent note* from the prescribing doctor; we can provide a form if you wish. *You must always follow the prescribing physician's advice with regard to use and/or cessation of any medication.*

*Please note: You must avoid all recreational drugs including alcohol for 48 hours before and 72 hours after any session. * A consent note simply means a brief written notification that you have informed your doctor of your decision to engage in this program. We do not require a recommendation, a referral, or a release.*

22: What are the top 5 most significant good or bad emotional events of your life?

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

23: Have you undergone surgery in the last two years? If yes, how long ago, and what for?

24: Have you taken any other steps to solve this issue? If yes, what were they and what results did you experience?

25: Are you familiar with the techniques of NLP and/or Time Line Therapy™ ?

26: Please indicate any other issues in your life you'd like to resolve or Improve. (This is background information for us, not part of the current work.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> A.D.H.D. | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Chronic or Acute Pain | <input type="checkbox"/> Low Grades | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Weight Issues | <input type="checkbox"/> Spelling | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Concentration. Problems | <input type="checkbox"/> Sexual Concerns/Fears |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Post-Trauma/Sept 11 | <input type="checkbox"/> Pre/Post-Surgery |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Fears of Doctors/Dentists | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Habits | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Fear of Public Speaking | <input type="checkbox"/> Hurt |
| <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Goal Achievement | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Recovering Memories | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Phobias | <input type="checkbox"/> Sales Motivation | |
| <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Positive Thinking | <i>Other:</i> |
| <input type="checkbox"/> Interpersonal Problems | <input type="checkbox"/> Sports Performance | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Nail Biting | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Stuttering | <input type="checkbox"/> _____ |

27: Out of 10, how strongly do you feel each of these negative emotions when you think about your past? (*Example:* for Anger 10/10 means 'I feel extremely angry about the past', 0/10 means I feel no anger at all.) Please list any other negative emotions you tend to feel:

<i>Anger:</i>	___/10	<i>Any Others?:</i>	
<i>Sadness:</i>	___/10	_____:	___/10
<i>Fear:</i>	___/10	_____:	___/10
<i>Hurt:</i>	___/10	_____:	___/10
<i>Guilt:</i>	___/10	_____:	___/10

28: How important is to you to release this problem?
 (*Example:* 10/10 means 'Releasing this problem will change every day of my life', 1/10 means it will only make a very minor difference to me)

_____/10

29: Do you acknowledge and understand that achieving your desired result requires you to take responsibility for change? *We will provide you with a precise guided process for the change work – and the final result depends on your carrying out the process.*

Yes No

30: How will you know that the problem has completely disappeared **immediately after the session(s) with your practitioner?** This is important: since you know you have the issue even when you are not doing the behavior, describe *in positive terms* how it feels when the problem has disappeared. Only use positives in your description (ie don't describe how it *does not* feel.)

31: Please remember how you first discovered Change That's Right Now™: please be as specific as possible:

32: **Sign here** if you are now ready to change

I, _____, hereby acknowledge that I have been provided with the information contained herein, have read such, have provided complete and truthful answers to all questions, and I have read and understand the entire Client Disclosure & Agreement. I specifically acknowledge that I have read and understood the terms of the guarantee (on page 4) and the cancellation/postponement policy (on page 5) . I understand that these policies are strictly adhered to.

I further warrant that I am totally committed to getting the results that I seek through completing this process. I hereby request and consent to participate in services provided by Change That's Right Now™, Inc.

Client Signature: _____ **Date:** _____

And if applicable:

Parent/Guardian Signature: _____ Date: _____

Full Name of Parent/Guardian: _____

Thank you for completing this questionnaire. Please check to make sure that all sections are complete, then fax all pages back to us right now at:

FAX: (USA) +1-212-202-5182