NeuralPath Strategies
Cari@NeuralPathStrategies.com | 860-484-1329

Informed Consent Agreement

Purpose of This Agreement
This document outlines important information regarding the services provided by NeuralPath Strategies and is intended to ensure clarity, transparency, and mutual understanding between practitioner and client. Please read this agreement carefully and reach out with any questions before signing.

Scope of Services
NeuralPath Strategies offers private sessions focused on subconscious re-patterning, emotional insight, stress relief, mindset shifts, and perception change using methods such as hypnotherapy, guided visualization, coaching, and non-clinical wellness techniques.

These services are not medical or psychological in nature. They do not involve diagnosis, treatment, or cure of any condition or illness, and they are not a substitute for medical, psychological, or psychiatric care. Clients are encouraged to seek licensed medical or mental health care when appropriate.

Your Role as a Client
As a client, you understand that your results depend on your own efforts, motivation, and willingness to participate. You are responsible for informing your practitioner of any relevant information, including physical or emotional concerns, discomfort, or changes in your circumstances.

You also understand that no outcomes are guaranteed, and individual results will vary.

Risks and Benefits
Many clients report a sense of deep relaxation, increased clarity, or emotional relief after sessions. However, you may also become more aware of unresolved emotions, limiting beliefs, or internal conflicts. This is a natural part of the process and may temporarily feel uncomfortable. You are encouraged to communicate openly and ask for support if anything feels overwhelming or unclear.

You may stop services at any time.

Confidentiality
All client information is kept confidential and will not be disclosed to any third party without your written consent, unless required by law. Exceptions to confidentiality include:

- If there is clear risk of harm to yourself or others
- If there is suspicion of abuse or neglect of a child, elder, or vulnerable adult
- If records are subpoenaed by court order

If you request collaboration with another provider (e.g., physician or therapist), you will be asked to sign a separate release.

Session Structure and Format
Sessions typically last between 60 and 120 minutes, depending on the service. Virtual and in-person sessions are available. You are expected to arrive (or log in) on time, in a quiet, private space free from distractions. Virtual sessions require the use of headphones, privacy, and a reliable internet connection.

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Sessions may include:

- Conversation, intake, or goal clarification
- Hypnotherapy, guided imagery, or inner dialogue techniques
- Visualization, metaphor, or imagination-based work
- Emotional regulation or calming exercises
- Post-session reflection and next steps

Fees and Payment
The standard session rate is discussed in advance and payment is due before or at the time of service. Accepted payment methods include credit/debit card, electronic transfer, or other methods as agreed upon.

Cancellations must be made with at least 24 hours' notice. Missed appointments or late cancellations may incur a fee as outlined in the cancellation policy.

Contact Outside of Sessions
You may contact Carilyn Moisan via email at Cari@NeuralPathStrategies.com for scheduling or brief follow-up questions. Please allow up to 48 hours for a response. Phone calls or texts are not monitored 24/7 and should not be used in emergencies.

This is not an emergency or crisis service. If you are in emotional distress or experiencing a crisis, please contact emergency services or a mental health hotline.

Voluntary Participation and Acknowledgment
By signing below, you acknowledge that you have read and understood this agreement, that your participation is voluntary, and that you are not relying on this service for medical or psychological care. You understand the nature, scope, and limitations of services provided and have had the opportunity to ask questions.
You may request a copy of this agreement for your records.

Client Full Name: _____
Signature: _____
Date: _____
Practitioner Name: Carilyn Moisan
Signature: _____
Date: _____