



INTOUCH & MOTION

3806 W. Irving Park Rd. #Store, Chicago IL, 60618 | 773-850-9046 | info@intouchandmotion.com

INFORMED CONSENT FOR PAST-LIFE REGRESSION THERAPY

I, _____, consent to participate in a process of Past-Life Regression Therapy, under the direction of Amy Goldbeck-Jozefczyk, LPC, R-DMT. I understand that Past-Life Regression Therapy can involve the use of general psychotherapeutic techniques in combination with progressive relaxation, hypnosis, guided imagery, facilitated fantasy, and other hypnotherapeutic interventions. As part of Past-Life Regression Therapy, clients are encouraged to imagine events, circumstances, behaviors, thoughts, and feelings, from prior situations in their experience. I understand that clients vary greatly in their responses to the relaxation/hypnosis and regression process, with some clients experiencing intense images and recollections while others report experiencing relatively little. Additionally, I am aware that the images/recollections experienced during Past-Life Regression Therapy may be real, may be fantasy, or may be a combination of real and fantasized or distorted memories. I also understand that certain memories or images experienced during Past-Life Regression treatment may represent traumatic events which can evoke intense emotional reactions or distress. These emotionally charged images are often quite useful therapeutically for facilitating insight, understanding, and healing, but such intense experiences can nonetheless be emotionally troubling.

Amy Goldbeck-Jozefczyk, has a BA in Psychology, a MA in Dance/Movement Therapy, is a LPC (Licensed Professional Counselor) and a R-DMT (Registered Dance/Movement Therapist). She has completed Past-Life Regression Therapy training for mental health professionals with pioneers and specialists in the field, including Dr. Brian Weiss and Susan Wisheart, MS, LMFT, CHT, totaling to 43.5 hours in Past-Life Regression Therapy training.

My signature below signifies that I have reviewed the above paragraph, understand principal characteristics of Past-Life Regression Therapy, and have agreed to participate in this therapeutic procedure. Furthermore, I understand that if at any time I become too uncomfortable and/or unwilling to proceed with the Past-Life Regression Therapy process, that I can request to stop the process and the treatment will cease immediately.

Client's Name

Date

Witness

Date