

Wendy Hill, Ph.D., CentrePoint, Inc.
4407 Manchester Ave., Suite 103, Encinitas, CA 92024 760-994-9296
www.wendyhill.com
Email completed document to: wendy.hill@sbcglobal.net

Please fill out and sign each section of this document.

Name _____

Age _____ Birth Date _____ Marital Status _____

Cell Phone _____ Other Phone _____

Work Phone _____

Address _____ City _____ Zip _____

Email _____ Website _____

Occupation _____ Employer _____

Address _____ Zip _____

Spouse/Mate _____ Age _____

Occupation _____ Phone _____

Emergency Contact Name & Number _____

Children (Names & Ages) _____

Referred By _____

Credit Card Type _____ Exp. Date _____ 3 Dig. # _____

Card Number _____

Policy for Payment, Refund, and Cancellation: I understand that CentrePoint, Inc. is a non-profit organization, that health insurance will not cover services, and fees paid are not tax deductible. I understand that agreed upon fees for services provided by Wendy Hill, Ph.D./CentrePoint, Inc. are to be paid in advance of service. I give Wendy Hill, Ph.D. permission to charge my credit card without signature if I am not present or if I should default on agreed upon fees or fail to appear for a service. Should any disagreement arise from services with Wendy Hill, Ph.D. I agree to arbitration as a sole instrument of resolution. All payments received for services and/or products are final and not subject to refund. I understand that I have the right to receive a signed copy.

Signature _____ Date _____

Client Information and Agreements

Please read and initial (check) the following to indicate your response and/or acknowledgment.

_____ CentrePoint, Inc. is a non-profit organization that offers hypnotherapy, psychotherapy, spiritually based counseling, classes, workshops, and events and that insurance will not cover services.

_____ I understand that participating in workshops and/or sessions offered by Dr. Wendy Hill and associates can be emotional. I understand that I will be offered the experience of hypnosis, regression, and psychotherapeutic techniques that may cause me to react emotionally and/or bring back traumatic/emotional remembered or forgotten experiences from the past including childhood, infancy, and/or womb experiences. I take full responsibility for my health and well-being. I make sure that I arrange for outside support from a licensed therapist/M.D. if I should have emotional/mental/physical reactions.

_____ To the best of my knowledge, I do not have any serious physical, mental, or emotional disorders.

_____ I have been diagnosed and have been treated by a licensed/medical professional as having the following physical, mental or emotional conditions:

_____ I am currently being treated for the above condition.

Doctor or therapist _____

_____ At this time I am taking no medications and understand that it is my responsibility to inform you if my situation changes.

_____ I am taking the following medications for physical or emotional conditions:

To get the most benefit from your workshop experience, please do not consume any stimulants or use alcohol or other recreational drugs on the day of your workshop.

_____ I understand that sessions may include history taking, emotional release, meditative states.

_____ I agree to make any appointment changes 48 hours in advance to service or relinquish fees paid.

Your signature below confirms that you have read and agree to these guidelines.

I, the undersigned Client acknowledge that I have been advised of the foregoing information.

Date _____

Signed _____

Print Name _____

Signed: *Wendy Hill, Ph.D.* authorized therapist

**Therapist-Client Arbitration Agreement and Payment, Refund, and Cancellation Policy
Between Client and CentrePoint, Inc. and/or Wendy Hill, Ph.D.**

Please sign and email to wendy.hill@sbcglobal.net

Article 1:

Agreement to Arbitrate:

It is understood that any dispute as to malpractice, that is as to whether any services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined in the state of California by submission to Arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for Arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury or through Judge, and instead are accepting the use of Arbitration. Nothing in this agreement should be construed to prevent the parties from trying to mediate any disputes before arbitration. By written agreement of all parties the dates herein can be modified and/or extended in order to schedule and conduct mediation.

Article 2:

All Claims Must Be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the therapist including any spouse or heirs of the client and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "client" herein shall mean both the mother and the mother's expected child or children. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the therapist, and the therapist's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be Arbitrated including, without limitation, the claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the therapist to collect any fee from the client shall not waive the right to compel Arbitration of any malpractice claim.

Article 3:

Procedures and Applicable Law: A demand for Arbitration must be communicated in writing to all parties. The parties shall first try and agree to choose an Arbitrator. If they are unable to do so within 60 days of attempting to choose an arbitrator, each party shall select a Arbitrator (party Arbitrator) within thirty days and a third Arbitrator (neutral Arbitrator) shall be selected by the Arbitrator appointed by the parties within thirty days of a demand for a neutral Arbitrator by either party. Each party to the Arbitration shall pay such party's pro rata share of the expenses and fees of the neutral Arbitrator, together with the other expenses of the Arbitration incurred or approved by the neutral Arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the Arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of Arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law. Either party shall have the absolute right to Arbitrate separately the issues of liability and damages upon written request to the neutral Arbitrator. The parties consent to the intervention and joinder in this Arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending Arbitration. The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this Arbitration agreement, including, but not limited to, Evidence Code Sections 1115 through 1128. Any party may bring before the Arbitrators a motion for summary judgment or summary Arbitration in accordance with the Code of Civil Procedure

Article 4:

General Provisions: All claims based upon the same incident, transaction or related circumstances shall be Arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the Arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the Arbitrators shall be governed by the California Code of Civil Procedure provisions relating to Arbitration. All claims and/or proceedings will be venued in the County of San Diego, California.

Article 5:

Revocation: This agreement may be revoked by written notice delivered to the therapist within 30 days of signature acceptance on internet. It is the intent of this agreement to apply to all services rendered any time for any condition.

Article 6:

Retroactive Effect: This agreement is intended to cover all services rendered before the date it is signed. If any provision of this Arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

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By my signature or internet acceptance I acknowledge that I have access to or have received a signed copy. By signing this contract I agree to have any issue of malpractice decided by neutral Arbitration and give up my right to a jury or court trial. See Article 1 of this contract.

Date _____

By _____
Client's or Client's Representative's Signature

By _____
Print Client's Name
(If Representative, Print Name and Relationship to Client) and Signature

Signed: *Wendy Hill, Ph.D.*

Authorized Therapist: Wendy Hill, Ph.D., President, CentrePoint, Inc., 4407 Manchester Ave., Suite 103, Encinitas, CA 92024.