

# Quantum Gateways

## Client Intake

Client's Name: \_\_\_\_\_

Session Date: \_\_\_\_\_

Session Type (Check): ☐ QHHT in person only ☐ BQH in person ☐ BQH online/Zoom

☐ Theta Quantum Healing in person ☐ Theta Quantum Healing online/Zoom

☐ Theta Quantum Healing remotely ☐ Subconscious Reprogramming in person

☐ Subconscious Reprogramming online/Zoom ☐ Past Life Regression in person

☐ Past Life Regression online/Zoom ☐ Chakra Reading/Balancing/Clearing in person

☐ Chakra Reading/Balancing/Clearing online/ Zoom ☐ Chakra Reading/Balancing/Clearing remotely

☐ Akashic Reading in person ☐ Akashic Reading online/ Zoom ☐ Intuitive Guidance Session in person

☐ Intuitive Guidance Session online/Zoom ☐ Reiki in person ☐ Reiki online/Zoom ☐ Reiki remotely

☐ Other Session: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Birthdate: \_\_\_\_\_(DD/MM/YYYY)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Website: quantumgateways.com – Agnieszka “Angie” Navarrete - 425 SW Madison Ave, Ste M-1, Corvallis OR 97333

Religious/Spiritual Beliefs/Practices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the sessions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any diagnosed diseases or mental health conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Initial) I agree that \_\_\_\_\_ I was / \_\_\_\_\_ I was not diagnosed with schizophrenia or psychosis.

Medications and what are they treating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the reason for your session: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Quantum Hypnosis

## QHHT or BQH

### Agreements, Policies and Waivers

I, \_\_\_\_\_ (Client's name), hereby, agree that I am of at least minimum legal age (18 years old), that I voluntarily agree to sign this agreement. I fully understand and agree that Agnieszka "Angie" Navarrete is going to perform hypnosis and that I am requesting to be hypnotized of my own free will.

Email address: [quantumgateways@gmail.com](mailto:quantumgateways@gmail.com)

The hypnosis session will take place:

\_\_\_\_\_ at 425 SW Madison Ave, Suite M-1, Corvallis OR 97333.

or \_\_\_\_\_ online.

I understand and/or agree that:

- QHHT (Quantum Healing Hypnosis Technique) Sessions take place in-person only at the address specified above.
- BQH (Beyond Quantum Healing) Hypnosis Sessions take place in-person at the address specified above or online.
- For BQH online sessions, I will need to provide and use a computer, webcam, a microphone and headset / earphones.
- I need to be in a safe and quiet environment where I will be completely undisturbed for the duration of the session (4-6 hours approximately).
- I am participating in this hypnosis session by my own choice because I want to be here.
- BQH Sessions may include energy work such as Reiki, or other modalities currently available if desired. QHHT Sessions are conducted as developed by Dolores Cannon.
- I am not a patient, but a partner in my hypnosis experience.
- My session experience depends on my level of preparation, openness, communication, trust and ability to release.
- Each session is unique and its success depends on the client's full cooperation and faith in the process.
- Any coaching and/or suggestions that may be made during this session are only informative and a part of a personal and/or educational or motivational purposes. Agnieszka "Angie" Navarrete is not a medical or mental health care professional and she does not diagnose nor treat any type physical or mental condition.
- The hypnosis session is exclusively for educational or informational purposes. It is not intended to be in any way used as medical or psychological advice as this can be only given by a medical professional or a mental health specialist.
- Hypnosis is not intended to cure any specific condition. Agnieszka "Angie" Navarrete makes no claims of a cure for any disease or condition. Any healing taking place is the client's own doing.

Website: [quantumgateways.com](http://quantumgateways.com) – Agnieszka "Angie" Navarrete - 425 SW Madison Ave, Ste M-1, Corvallis OR 97333

- If I receive information from my Higher Self (Soul, Subconscious, Higher Consciousness, etc.) in regards to any changes in my health protocol, I take full responsibility for those suggested changes and will take it upon myself to consult my health care provider/doctor if necessary.
- Hypnosis is not a substitute for medical interventions, body therapy, or psychotherapy.
- Information that comes through me is coming from me and my own Higher Self (Soul, Subconscious, Higher Consciousness, etc.).
- My progress is my responsibility and involves how I care for myself physically, mentally, emotionally and spiritually.
- Transformation is a process that can take time and individual results vary.
- During the interview process which takes at least 1-2 hours, we'll be discussing personal matters of my life, my belief systems, health history, my childhood and other issues that may have an influence on my well-being. Agnieszka "Angie" Navarrete is not responsible nor will she be held responsible for any perceived negative consequence or result of any kind which is claimed to result from my participation in the hypnosis session.
- The session will be digitally recorded. I understand that Agnieszka "Angie" Navarrete does not guarantee that the recording will be audible, fully intact, or usable. I will not hold Agnieszka "Angie" Navarrete responsible for any possible malfunctions during the recording process.
- Facial obstructions including coverings of face or mouth will not be permitted during the session. I understand that it's important that I can be clearly heard without any obstructions over my face or mouth.
- I will provide Agnieszka "Angie" Navarrete with a list of questions to ask during the hypnosis session. I understand that I need to print out the questions or have them ready on separate sheets of paper and NOT in a journal.
- I give permission for Agnieszka "Angie" Navarrete to use session material in print and/or discussion. If Agnieszka "Angie" Navarrete uses the information in print and/or discussion, it will not be used in conjunction with my name without my further written permission.
- The session is one on one meaning that observers, including children, are not permitted.
- I will arrive to the session clean, showered.
- I will not use fragrances before or during the session.
- I will not hold Agnieszka "Angie" Navarrete responsible for any damages or injuries, physical or non-physical, where I may require her assistance.

\_\_\_ (Initial) I agree to notify Agnieszka "Angie" Navarrete ahead of the hypnosis session of any pre-existing medical or mental health conditions or injuries. I understand that hypnosis is not suitable for certain mental health conditions such as psychosis or schizophrenia.

\_\_\_ (Initial) I understand and agree to listen to the recording at least once within three days of receiving the recording (if applicable).

## **Cancellations, Rescheduling, No-Shows and Late Arrival Policy and Refunds**

My signature below also indicates that:

- I am agreeing to the cancellation, rescheduling, no-show and late arrival policy of Agnieszka "Angie" Navarrete and Moon Lotus Rising.
- I understand that Agnieszka "Angie" Navarrete requires a 48 hour rescheduling notice.

- I understand that Agnieszka “Angie” Navarrete requires a 7 day cancellation notice.
- I understand that if I’m late to the appointment the hypnosis session cannot be extended beyond the originally allotted time and may be canceled.
- Delays beyond 30 minutes may result in a cancellation of my appointment as “no-show”. Timely arrival to the session is of utmost importance. I agree to contact Agnieszka “Angie” Navarrete to notify her of any late arrival. Please leave your house on time taking any traffic under consideration.
- The non-refundable retainer to book the session is \$150.
- Should there be a cancellation with less than 7 day notice, no refund will be given to the retainer of \$150. If the client paid the amount in full, the remainder will be refunded minus any credit card or other processing fees.
- I may reschedule my session one time with a minimum 48 hour notice. Should I need to reschedule the session a second time, the retainer will be kept and I will need to pay the full price.
- Should I not show up to the session at all, I will be considered “no show”. No refunds are given in no-show situations and any new scheduling of the session will need to be paid in full again.
- I understand that should my hypnosis session not be successful, no refunds will be given.
- I understand that should I choose to pay for the session via installments during the checkout using a third party agency, the installments will continue until the session is paid in full even if I cancel the session. No refunds can be given until the full session amount has been paid. The above conditions apply for refunds.

## Inappropriate Behavior

I understand that:

\_\_\_\_ (Initial) – Agnieszka “Angie” Navarrete can end sessions early due to any inappropriate actions, advances or hostile behavior made towards her.

- This document remains valid unless I revoke it in writing.

\_\_\_\_ (Initial) By signing this document, I understand and agree on behalf of myself, my dependents, heirs, administrators, legal representatives, and assigns, to release and hold harmless Agnieszka “Angie” Navarrete, Francisco Navarrete, Quantum Gateways and Moon Lotus Rising from any and all liability for any possible known and unknown side effects, illness, injuries, or death, and for any losses or damages relating thereto, however occurring, in relation to my participation in or information received in the hypnosis session.

My signature below indicates that I have carefully read and reviewed this Document including any Agreement, Waivers & Releases, Cancellations, Rescheduling, No-Shows and Late Arrival Policies. I fully understand and agree to all of its terms and conditions.

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Client Signature

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Client Name Printed

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Date

# Quantum Hypnosis QHHT or BQH

## Session Content Release

I \_\_\_\_\_ (Client's name) understand that on occasions, Agnieszka "Angie" Navarrete would like to share recordings/audio from hypnosis sessions with the public/other professionals .

\_\_\_\_\_ ( Client Initial) - I, \_\_\_\_\_ ( Client name), - \_\_\_agree\_\_\_ don't agree (must check one) for recorded video /audio content from the session to be shared with others publically including social media, YouTube, website, etc. Any recordings are shared without the client's name.

\_\_\_\_\_ ( Client Initial) I am open to the possibility of recorded video/audio content to be shared publicly if the snippet is sent to me for approval prior to being published. The provider will publish audio/recorded content only with my written permission (email is sufficient).

My signature below indicates that I have carefully read and reviewed this EQH Session Content Release. I fully understand and agree to all of its terms and conditions as outlined above.

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Client Signature

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Date

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Client Name Printed