



Quantum Healing Hypnosis Academy

Permission to Share Session Information

I _____, hereby give my permission
(Client Legal Name)
for _____ to share what they learned
(QHHT Practitioner Name)

from my QHHT session story with other QHHT Practitioners and potential students and clients, by publishing my session story on the selected QHHT Official platform:

- On the private QHHT Official Practitioner Forum visible to only QHHT Practitioners
- On the public QHHT Official Blog

operated by Quantum Healing Hypnosis Academy, LLC. By signing this form, I indicate my willingness to allow my session story be written up and published.

I understand my QHHT Practitioner agrees to not include any personally identifiable information in this session story. I understand I have the right to refuse a specific portion of my story to be included for this reason.

I understand I have the right to review the session story before it is published. I also understand I have the right to refuse to participate in the sharing of my story on either QHHT platform. I can change my mind at any time and cancel this permission in writing, but cancelling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want my QHHT Practitioner to share my story with someone.

I understand Quantum Healing Hypnosis Academy is a US based global academy that teaches Dolores Cannon's Quantum Healing Hypnosis Technique (QHHT). Blog articles and forum posts are used as educational and informational use only and are read by academy staff, QHHT practitioners, and the general public (blog) who are interested in the spiritual and metaphysical fields as related to the higher self.

Client Signature

Date

Parent Signature (if client is younger than 18 years old)

Date

Practitioner Signature

Date