

# THE PHOBIA CLINIC

Change That's Right Now™

## Client Consent

### Client Information

*Client information is kept strictly confidential and is for our internal use only.*

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*Patient Name*

To: Winona Barton, The Phobia Clinic

I acknowledge that I have been informed that my patient wishes to engage in your NLP-based program. My signature below is solely for the purpose of acknowledging his/her decision.

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*Signature*

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*Name of Practice*

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*Address*

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*City, State, Zip*

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*Telephone*