

New Dawn Clinical Hypnotherapy & Emotion Management

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Pay Agreement for Services: Stake President, Bishop, Parent or Guardian

Rendered by: Laura Dong CCHT – DBA - New Dawn Clinical Hypnotherapy &
Emotion Management

I, _____, agree to reimburse Laura Dong on behalf of
_____ (Client) for services provided by Laura Dong CCHT in
the amount of: \$ _____, or until _____ date.

I agree to pay the entire balance on a monthly basis.

Signed: _____

Date: _____

Phone: _____

Email: _____

Address to send billings: _____

If you wish to receive confidential reports of client progress, please have the client fill out, sign, and return, the
attached: **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION.**
