

Client Information and Participation Agreement

This is an example of what International Board of Hypnotherapy members are using. You must have your legal advisor help you design your own form that reflects your level of education and legal concepts appropriate to your state or province. **We present the following for discussion only.**

(Your Name) provides the following services:

Clinical hypnotherapy, Self-hypnosis Training, and Neuro-Linguistic Programming

at (Your Address.)

International Board of Hypnotherapy Certification Number: (Your #)

This information will be used to aid in serving you as the client. Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. *{{Hypnotherapists want clients to answer honestly, because the client may need a referral to a licensed mental health practitioner or physician instead of having hypnotherapy sessions.}}* All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Client's Name _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Email Address _____

_____ Initial that you agree to the use of email correspondence

_____ Initial if you agree to receive a customized self-hypnosis MP3 via email

Phone number you prefer to be reached at _(_____)_____

Is it ok to leave phone messages or text you at this number? _____

Age _____ Marital Status _____

1. What is the main issue you wish to resolve with hypnotherapy?
2. Medical conditions or challenges:
3. Are you currently under a physician's care for any of the above conditions?
 - a) If so, name of physician:
4. When was your last visit with a physician?

5. Was anything about this visit notable? If so, explain briefly:
6. Are you currently taking any medication(s)?
 - a) If so, what are the names of the medications, and how do they affect you?
7. Have you spoken to your physician about hypnotherapy as an adjunct to your treatment?
8. Have you ever been hypnotized?
 - a) If so, briefly explain your experience:
9. Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist, psychotherapist, or psychiatrist?
 - a) If so, give a brief history of your mental health treatment and the results of your treatment:
10. Are you receiving any mental health treatment now?
 - a) If so, name of mental health professional:
 - b) Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment?
11. Do you have thoughts of hurting yourself or taking your own life?
12. Do you take any prescribed psychotropic medications?
 - a) If so, what are the names of the medications, and how do they affect you?
13. Were you referred to me?
 - a) If so, by whom?
14. Briefly describe your spiritual/religious beliefs or life philosophy:

Other issues or areas I would like to resolve:

- | | |
|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Forgiveness |
| <input type="checkbox"/> Guilty or Angry Feelings | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Fears | <input type="checkbox"/> Job Performance |
| <input type="checkbox"/> Low Self-Esteem or Shyness | <input type="checkbox"/> Unwanted Habits |
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Body Shape | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Spiritual Growth | <input type="checkbox"/> Self Confidence |
| <input type="checkbox"/> Test Taking/Accelerated Learning/Memory Improvement | |
| <input type="checkbox"/> Chronic Pain (already assessed by a physician) | |
| <input type="checkbox"/> Accelerated Healing (already assessed by a physician) | |

Other:

Note: You must have your own legal advisor review this before using it.

Agreement:

Like the practice of medicine, Hypnotherapy, Self-hypnosis, Regression and NLP are not absolute sciences. I personally know of no case on record where an individual has been harmed by the use of these methods. I do know of thousands of cases where people of all walks of life have benefited greatly from the use of these methods. As a general practice, it is necessary for everyone taking part in private sessions, classes, workshops and seminars with Angela, to sign this Release of Liability Agreement.

I am of legal age, and in consideration of my acceptance as a participant in this Private Hypnotherapy or NLP session, Seminar, Workshop, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge (Your Name) and any of her employees, her employer, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation in said activities. I agree that any claim of damages or disputes arising from my participation in hypnotherapy sessions, hypnotherapy regression therapies, processing emotions methods, neuro-linguistic programming techniques, guided imagery, or events, should it arise, shall be settled by binding arbitration before an extra-judicial arbitration and mediation service selected by the parties. I further understand that recordings **may** be made at any of these events, and that (Your Name) and her organization retain the copyright to all of these recordings.

Signature _____ Date _____

If under eighteen years of age:

Legal Guardian: _____ Date _____

Limits on Confidentiality of Information

Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies, are the following:

1. Knowledge of child abuse or neglect.
2. Knowledge of senior citizen abuse or neglect.
3. A client poses a serious risk of suicide and is an imminent danger to self.
4. A client poses a threat of imminent danger to another person.
5. A Judge, by issuance of a court order, may obtain information.
6. Report to law enforcement authorities knowledge of a felony that has been, or is being committed.

In other situations, signed authorization for release of information is required.

Client _____ Date _____

Hypnotherapist _____ Date _____

In order to be more successful in reaching my goals, I agree to:

1. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
2. Recognize that my thoughts, feelings, images and actions have a direct effect on the quality of my life.
3. Acknowledge that my well-being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
4. Accept that blaming others or myself is totally futile.
5. Take responsibility for my experience of life, because I create my life to the best of my ability in the moment, with what I know right now.
6. I agree to be on time for my sessions and allow at least 24 hours of advance notice should I need to cancel or reschedule a session. (Your phone #)

If you should have a complaint about the facilitation process that has not been satisfactorily resolved by (Your Name) or his/her organization, please feel free to contact the International Board of Hypnotherapy at 2132 Osuna Rd NE, Ste. B, Albuquerque, NM. It is your right to refuse any aspect of his/her services and to seek the service of another hypnotherapist at any time. (Your Name)'s sessions are from 45 to 90 minutes in length.

I understand that all services provided by (Your Name) are for educational and self-improvement purposes only. I further understand that these services are not the practice of medicine or psychotherapy and are, therefore, not offered as a replacement for counseling, psychotherapy, psychiatric or medical treatment.

Hypnotherapy is an educational process that facilitates access to internal resources that assist people in increasing motivation, or altering behavior patterns through hypnosis to create positive change. The education of hypnotherapy is classified under Human Services in the Health and Human Services Division of the Classification of Instructional Programs by the United States Department of Education. The services provided are also described in the Dictionary of Occupational Titles published by the U. S. Department of Labor, see code 079.157.010.

Client / Co-Therapist _____ Date _____

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest possible time.

Clinical Hypnotherapist _____ Date _____

(Your Name)

Authorization for Release of Information

{Insert your Business Name & Address Here}

I hereby authorize the use or disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary, and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Client name: _____

Birth date: _____

Client Address: _____

I hereby authorize *{Insert Your Name}* to:

(Check all that apply)

- Exchange information with _____
- Release information to _____
- Obtain information from _____

I hereby authorize *{Insert Your Name}* to exchange / release / obtain information:

- Verbally
- In written form only
- Both verbally and in writing

To or from the Person / organization receiving / communicating the information:

Name: _____

Address: _____

Phone Number: _____

Note: The release of information form is only given to client when permission is needed for another provider to speak to you, or when you need to speak to another provider.

{Insert your Business Name & Address Here}

Description of Specific Information to be either:

Released / exchanged / obtained:

The specific purpose of this release is to:

This authorization expires on: _____

I have read and understand the following statements about my rights:

I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.

I may see and copy the information described on this form if I ask for it.

I am not required to sign this form to receive hypnotherapy services

Client Signature: _____

Today's date: _____

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