

Hypnotherapy Consent Form

Clients: Please read the following.

You may print and sign this form or sign a copy in my office.

Hypnosis is a naturally occurring state, which is beneficial and restorative. While I am confident that only benefit will accrue from using hypnotic techniques, I am required to state that you do so at your own risk.

The information contained within this document is provided to instruct the client about the nature of Hypnosis, Hypnotherapy, Guided Imagery, and Self-Hypnotic Techniques, and to inform the client about the wholesomeness and usefulness of these techniques in facilitating healthy lifestyle changes and/or alterations in personal habits for self-improvement.

You are in control at every moment and can terminate the hypnotic state at any time. Hypnosis is not sleep. You cannot get "stuck" in hypnosis. You cannot be made to do something against your will. Hypnosis is unique, relaxing and fun!

Hypnosis, Hypnotherapy, Guided Imagery and Self-Hypnotic Techniques are not meant as a substitute for standard medical, psychological or psychiatric treatment for serious or life-threatening conditions, such as medical trauma, surgical emergencies, bacterial infections, certain bodily "mechanical" difficulties, and thought disorders such as psychosis or schizophrenia. These techniques are an adjunctive/complementary alternative for self-healing, self-help, and behavioral modification. Potential clients under the age of 18 must provide written consent by a parent or legal guardian to use any services provided by Van Nguyen.

Van Nguyen makes no expressed or implied guarantees of results, in so far as human behavior cannot be predicted. The client is duly informed that as individuals vary, so do results, and that all hypnosis is self-hypnosis. Results are ultimately achieved through the client's own personal efforts at applying these techniques over time, for which each client must accept full responsibility.

Please read and sign below:

I, _____, agree that I am responsible for my own choices. I will make my own decisions regarding my lifestyle behaviors. I realize that if I have any medically or psychologically diagnosed conditions, I am being advised to seek my doctor's approval. I understand that Van Nguyen is not a medical or psychiatric professional. I will hold Van Nguyen harmless and release her from any liability from loss or injury before, during or after hypnotherapy, guided imagery, or general consulting.

_____	_____	_____
Print name	Legal Signature	Date
_____	_____	_____
Address	City, State, Zip	
_____	_____	
Email Address	Phone #1	

Emergency Contact Information: _____
Name and phone

Client Bill of Rights

Practitioner: Van Nguyen, Certified Hypnotherapist and Certified Medical Hypnotherapist.

Education and Training: My certifications include Hypnotherapy, Medical Hypnotherapy. I am a Certified Member of the National Guild of Hypnotists.

Notice: “Under California State law a Hypnotherapist may not provide a medical diagnosis or recommend discontinuance of any medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time.

In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnosis services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of treatment, and may assert any right without retaliation.”

Redress: As a certified member of the National Guild of Hypnotists, I practice in accordance with its Code of Ethics and Standards. If you ever have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the telephone book or by searching the internet.

Fees: The normal charges for my services are \$175 (cash, check or paypal) per session. A session generally lasts between 90 and 120 minutes. Fees are subject to change. Payment is expected at the conclusion of each session, unless previous written arrangements have been made. There will be a \$20 fee for insufficient funds on checks written.

Promotional Fee: _____

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

Insurance: I do not bill insurance companies directly. I will be happy to provide documentation for you to provide to your insurance company to request reimbursement.

My Approach: We all have within us the power to express our own uniqueness and achieve our full potential. It is by understanding the levels of consciousness that we can begin to recognize and overcome many of the obstacles to our success. My passion is to teach the basic principles of how the mind works, to empower others to reach their potential and to achieve their goals through developing positive habits.

Client Signature: I have received and read this Client Bill of Rights and understand what I have read.

Print Name

Date

Legal Signature

Date of Birth