

HYPNOTHERAPY FIRST APPOINTMENT CLIENT PACKET

Welcome!

It is my goal to make your first session as comfortable and productive as possible.

The paperwork below will take approximately 15 minutes. On completion please email me back all pages.

- Confidential Client Information Sheet
- Informed Consent
- Limits of Confidentiality
- Mini Questionnaire

My office is located inside OC Whole Family Wellness with a friendly office staff. Please help yourself to tea or water near the front door. The restrooms are located outside next to the elevator and the keys are at the front desk.

The practice also offers an IV Nutrition Lounge, pharmaceutical grade supplements and organic skin care products. Please feel free look around and ask questions from the highly trained team and most importantly, make yourself comfortable.

Sincerely,

Wendy

Wendy Purcell MA, LMFT, CHt

949-244-7246

25431 Cabot Road Suite #207 Laguna Hills, CA 92653

Name: _____ Date: _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Occupation: _____

Why are you seeking hypnosis: _____

Have you ever been hypnotized: _____

If you have any fears or phobias please list: _____

Please list medications that you are currently taking: _____

Emergency Contact Name: _____ Phone: _____

Address: _____

Informed Consent

Wendy Purcell is a California Board Licensed Marriage and Family Therapist since 2001 and Certified Hypnotherapist. All communications and sessions are confidential with the exceptions listed by California law on the Limits of Confidentiality Contract following this page.

Hypnotherapy appointments are made in advance and this reserves my time for you. If you need to cancel a scheduled appointment please do so with **a minimum of 24 hours notice so I may schedule another client. Please direct all cancellations or reschedules to my voice mail or text at (949) 244-7246.** I do not accept cancellations through e-mail. **If you do not give 24 hour notice to cancel, you may be charged full fee for your missed appointment.** _____

Initials

To contact me between sessions, please call or text me at (949) 244-7246. In most cases I will get back to you by the end of the business day Monday through Friday. If you are having a life-threatening emergency please call 911.

If you wish to use your insurance to pay for Hypnotherapy, I require payment at the time of service and will provide you with a monthly super bill to submit to your insurance carrier. In accordance with your policy, your carrier will determine coverage and make any reimbursements directly to you.

You will be charged a \$25.00 processing fee for any returned checks.

Treatment Agreements:

1. I agree to enter hypnotherapy with Wendy Purcell MA, LMFT, CHt
2. I agree to pay \$180.00 at the start of each 60-minute session payable by cash, check, Visa, MasterCard, Discover or American Express.
3. I understand that my therapist, Wendy Purcell, is a sole-proprietor and works in her own private practice. Although Wendy's office is located within OC Whole Family Wellness, I understand that none of these professionals are legally connected to or responsible for the professional services she provides.
4. I have read and understand my rights, the office policies, the limits of confidentiality and these conditions of our work together.

Signature

Date

Limits of Confidentiality

Information discussed in the therapy setting is held confidential and not shared without your written permission except under the following circumstances:

1. If the client threatens suicide*
2. If the client threatens to harm another person*
3. If I have reason to suspect that a minor is being abused: including but not limited to physical abuse, sexual abuse, emotional abuse, neglect, unjustifiable cruelty or unreasonable punishment*
4. If I have reason to suspect that an elderly person over 65 years of age or a dependent adult is being abused*
5. If I am ordered by the courts to break confidentiality to comply with legal requirements.
6. If I consult with other marriage & family therapists, social workers or psychologists in order to provide you with the best care and service. In this instance your name and identifying information will be kept confidential.
7. If I have a written release from you, authorizing me to speak with a party you designate such as an insurance company representative, doctor, healthcare provider, attorney, school or family member.

*I am a mandated reporter! State law mandates that mental health professionals are required to report the above situations to the appropriate agency designated to receive such a report.

All other communications between therapist and client will be deemed confidential under the laws of the State of California.

Having read and understood the above, I agree to these limits of confidentiality.

Signature

Date

Mini Questionnaire:

In a few words describe to me what's NOT working in your life.

Please list 3 goals you have for yourself in regards to the above.

- 1.
- 2.
- 3.

Please list 3 strengths or tools that help you reach your goals:

- 1.
- 2.
- 3.

Please list 3 ways you might sabotage yourself and your goals:

- 1.
- 2.
- 3.