

# Florida Hypnotherapy Center at Jacksonville

## Client Participation Agreement

Name: \_\_\_\_\_ Birth Day and Month: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers; Cell: \_\_\_\_\_, Work: \_\_\_\_\_, Home: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

May we send you a quarterly e-mail regarding this center, new programs and updates? Yes No

May we send you a courtesy appointment reminder via text? Yes No

How did you find out about FHC? \_\_\_\_\_

What is the reason for your visit? \_\_\_\_\_

Have you ever been in therapy before? \_\_\_\_\_

Have you ever been hypnotized before? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_, and if yes, please state for what reasons? \_\_\_\_\_

As I enter into this relationship, I agree to the following:

1. I am participating in hypnosis by my own choice because I want to be here.
2. I understand that I am not a patient, but a co-operator in my hypnosis experience.
3. I acknowledge the futility of blame for both myself and for others.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
5. I understand that transformation is a process and that it can take time.
6. **\*\*\* By signing this form I acknowledge that I will give a 24-hour notice in case I need to cancel or reschedule my appointments and that if I do not, that I will pay for the full price of the session that I had scheduled.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

As your hypnotherapist, I commit to you to utilize all of my skills to help you to reach your goals in the shortest time possible. You have my assurance of my full integrity, professionalism, confidentiality and respect.

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## Terms & Conditions

**Note:** The words Hypnotist, Hypnotherapist, and Practitioner are used interchangeably in the following document. The facility name, **Florida Hypnotherapy Center** appears written in initial form as **FHC** in the following document.

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\_\_\_\_ I have been advised by FHC, about the scope of hypnosis/hypnotherapy practiced, and I give my full consent to receiving hypnosis/hypnotherapy sessions through FHC.

\_\_\_\_ I understand that results vary and that FHC may not guarantee results.

\_\_\_\_ Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling.

\_\_\_\_ I also understand that the Hypnotist/Hypnotherapist does not treat, prescribe for or diagnose any condition.

\_\_\_\_ I understand that the practitioner is a facilitator of hypnotherapy and is not practicing any other profession that requires a license under the laws of the State of Florida.

\_\_\_\_ I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder, hand, wrist, or forehead in order to help me establish a beneficial state of hypnosis.

\_\_\_\_ I have been advised that I am free to terminate any or all sessions at any time.

\_\_\_\_ I have agreed to participate in each session to the best of my ability.

\_\_\_\_ I have accurately provided background information as requested by the hypnotist/hypnotherapist.

\_\_\_\_ I understand that confidentiality regarding my sessions will be honored between FHC and myself. This same confidentiality is respected when working with minors under the age of eighteen.

\_\_\_\_ I understand that a session hour is 50 minutes, 10 minutes is reserved for scheduling and payment.

\_\_\_\_ I understand that there is a no show charge if I should fail to show up for, cancel or reschedule my appointment.

I understand and agree to the terms listed above.

Signature (18 years or older):

Date:

\_\_\_\_\_  
Signature (Parent/Guardian):

\_\_\_\_\_  
Date:

# Florida Hypnotherapy Center at Jacksonville

## Client Bill of Rights

**Contact Information:** I can be contacted through my office at 13500 Sutton Park Dr. S. #203, Jacksonville, FL 32224 or by telephone at (904) 248-1733.

**Education and Training:** I was trained in hypnotism at the Florida Institute of Hypnotherapy in Gainesville, Florida. I am a member of the Certified Hypnotist Examiners and I do annual continuing education to maintain my training at a high level. I am an Advanced Neuro Linguistic Programming Practitioner through NLP Learning Systems Corporation. I hold certification for certified clinical hypnotherapist, trainer and examiner from the ACHE.

**Notice:** AS THE STATE OF FLORIDA HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician or a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of 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 a coordinated transfer to another practitioner. A client has a right to refuse hypnotism 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 sessions, and may assert any right without retaliation.

**Redress:** I am a certified member of the American Council of Hypnotist Examiners, and practice in accordance with its Code of Ethics. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the American Council of Hypnotist Examiners at 700 S. Central Avenue, Glendale, CA 91204 (Complaints must be made in writing setting forth the basis of the claim.) Other services than my own may be available to you in the community. You may locate such providers in the telephone book. As my client you have the right to refuse any aspect of services or to completely terminate services at any time, or to choose another practitioner.

**Fees:** The charges for my services are \$120.00 per session. Sessions may run from 1 to 2 hours. A session hour is 50 minutes; 10 minutes is reserved for scheduling and payment. Fees are due at the time of each session in the form of cash, check or credit card. You will be given a 14-day notice of any change in fees. I do have a 24-hour cancellation policy and clients are charged for one session if they do not call to cancel or reschedule in accord with this 24-hour notice. Sessions paid in advance in the form of package deals are good for 6 months from their time of purchase. After 6 months of absence from hypnotherapy, these sessions are forfeited. Packages are non-refundable. **3 sessions paid in advance grants a 5% discount. 5 sessions paid in advance grants a 10% discount. Ten sessions paid in advance grants a 15% discount.**

**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. As my client you have the right to complete and current information concerning any aspect of the professional/client relationship.

**Insurance:** I suggest you think of my services as something that you pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, most insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

**My Approach:** It is my goal to help you to achieve lasting results through the use of Hypnosis, NLP, Meditation and other related self-help modalities. Through the power of your own mind, I will assist you in reaching your goals in a way that you and I both agree to be in your best interest and in a way that is in compliance with state and federal laws, as well as with the standards of the organizations to which I belong. I agree to use my experience to facilitate the changes as are mutually agreed to be in your best interest. I am professionally committed to mobilizing your inner resources in the shortest time possible.

*I am of legal age and in consideration of my acceptance as a participant in this seminar, hypnosis session, regression, training or any other Florida Hypnotherapy Center production. I for myself, my heirs, executors, administrators and assignees, do hereby release and discharge Florida Hypnotherapy Center, any of its employees or other participants from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my participation. I understand that recordings are made at these events and Florida Hypnotherapy Center retains the copyright of these recordings. I have received and read this Client Bill of Rights and the A.C.H.E. Disclosure Form and understand what I have read:*

**Client Name:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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