

CLIENT BILL OF RIGHTS

Contact Information: My name is Donna Dangle, with Body & Soul Shepherd, LLC. I can be contacted at 56 Beacon Hill Court, Gaithersburg, MD 20878 or by phone at 301-648-7800.

Education and Training: I was trained in hypnotism at the Hypnosis & Emotional Freedom Center. I am a Certified Member of the National Guild of Hypnotists and I do annual continuing education to maintain my training at a high level.

Notice: The state of Maryland has not adopted any educational and training standards for the practice of hypnotism. This statement of credentials is for information 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 coordinated transfer of services 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 and 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 National Guild of Hypnotists, and 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 PO 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 phone book or internet.

Fees: The charges for my services are listed on my website. Any changes to the fee structure will be posted no less than 30 days in advance of such change.

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 suggest you think of my services as something to pay for personally. In general, insurance companies do not like to cover hypnotic services, and I caution you not expect them to do so. Upon request, an invoice will be provided to you.

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

Client Name (print) _____

Client Signature: _____ Date: _____

Hypnosis Intake Form

Name: _____ Occupation: _____

Address: _____

Email: _____ Cell Phone: _____

Marital Status: _____ Children: Y / N Date of Birth: _____

Emergency Contact Name & Phone: _____

How did you hear about me? _____

Reason for Appointment: _____

Health Status: _____ Ever had a seizure? Y / N

Describe any physical discomfort: _____

Fears or Phobias: _____

If appropriate, may I consult with your Physician or Therapist? Y / N

Name/Phone: _____

Have you been hypnotized before? Y / N If yes, please describe briefly.

Describe a peaceful place for you: _____

Favorite Color: _____

By signing below, I certify the following: I understand that good and lasting results may require several sessions. I am responsible for actively cooperating with, and participating in, my program. Body & Soul Shepherd shall not be held accountable for the results I attain. I understand that my program may be terminated if deemed appropriate and that I may be referred elsewhere for proper treatment. I have read the Client Bill of Rights, and I understand that all information about me will be kept strictly confidential.

Signed: _____ Date: _____

BENEFITS FORM

Name: _____

Date: _____

PLEASE IDENTIFY THE MAIN ISSUE YOU WOULD LIKE TO ADDRESS:

What kind of change do you want to make? Be as clear and detailed as you can.

1.

2.

3.

4.

5.

6.

Describe how those changes will benefit your life. For example, how will successfully addressing the issue affect your home life, work life, relationships, etc.

1.

2.

3.

4.

5.

6.