

Client Information and Participation Agreement

This is a sample form. Have your legal advisor help you design your own form.

Bob Smith provides the following services:

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

At your address, city state, zip

American Council of Hypnotist Examiners Certification Number: 111-222

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. 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 _____

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

Is it ok to leave phone messages for 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:

Client Information and Participation Agreement, continued

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 or psychotherapist?

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:

Client Information and Participation Agreement, continued

Other issues or areas I would like to resolve:

- | | |
|--|--|
| <input type="checkbox"/> Stress /Anxiety | <input type="checkbox"/> Forgiveness |
| <input type="checkbox"/> Guilty or Angry Feelings | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Fears, Phobias or Trauma Recovery | <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:

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 Bob, to sign this disclaimer.**

I am of legal age, and in consideration of my acceptance as a participant in this Private Hypnotherapy or NLP session, Seminar, Workshop, Class or Training, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Bob Smith and any of his employees, his employer, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation. I further understand that recordings **may** be made at any of these events, and that Bob Smith and his organization retain the copyright to all of these recordings.

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Do not use any of this information without consulting your personal legal advisor.

Signature _____ **Date** _____

If under eighteen years of age:

Legal Guardian: _____ **Date**

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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**

Client Information and Participation Agreement, continued

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. (505) 501-2640

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

Bob Smith, C.Ht.

If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Bob Smith or his organization, please feel free to contact the American Council of Hypnotist Examiners at 700 S. Central Ave. Glendale, CA, 91204. It is your right to refuse any aspect of his services and to seek the service of another

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hypnotherapist at any time. Mr. Smith's fees are \$150. Sessions are from 45 to 90 minutes in length. In no way are Mr. Smith's services to be interpreted as providing medical or psychiatric services.