

Beth Snyder Hypnosis, CCHt

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theomshoppeandspa.com

theomshoppe.com

bethsnyderhypnosis.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____ Age: _____

How did you find out about Beth A Snyder, CCHt Hypnotherapy? _____

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?

List your preferred communication method: _____

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 understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
4. I understand that transformation is a process and that it can take time.

*** 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: _____ Date _____

As your hypnotherapist, I commit to you that I will 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.

Education and Training: I was trained in hypnotism at the Florida Institute of Hypnotherapy, Tampa, FL a Florida Department of Education state licensed school. I am a Certified Member of the American Council of Hypnotist Examiners (ACHE), and I do annual continuing education to maintain my training at a high level.

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 nor 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 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 hypnosis trainer of the IAIH, and a member of the ACHE 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 ACHE. Other services than my own may be available to you in the community. You may locate such qualified providers through the ACHE or I can provide a referral. As my client you have the right to refuse any aspect of services, to completely terminate services at any time, or to choose another practitioner.

Fees: The charges for my services are \$225.00 per session. Sessions may run from 1 to 2 hours. 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 have a 24-hour cancellation policy; clients are charged for one full session if they do not call to cancel or reschedule in accordance with this 24-hour notice. Hours 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 hours are forfeited. Packages and sessions are non-refundable.

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 will 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 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 helping you achieve your goals in a timely manner.

I am of legal age and understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ hypnotic techniques, regression, NLP and any other appropriate modality by Beth A Snyder, CCHt. Therefore, I being of legal age or with a parental signature if under 18 years of age, my heirs, executors, administrators and assignees, do hereby release and discharge Beth A Snyder, CCHt & Arche Spark, Inc. dba The Om Shoppe, any of her employees from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my cooperative participation. I understand that voice recordings may be made during my sessions for my personal ongoing use and with my preapproval and knowledge and Beth A Snyder, CCHt retains the copyright of these recordings. Any concerns or questions can be addressed with the governing and credentialing body. I have received and read this Client Agreement and Disclosure Form and understand what I have read:

Client Name: _____

Client Signature: _____ Date: _____

Parental Signature if under 18: _____

