

Client Bill of Rights

Contact Information

My name is _____. I can be contacted through my office at: _____.

Education and Training: I am a trained certified Clinical Hypnotherapist. I am trained through the CA Hypnotherapy & Intuitive Training Academy as a certified Clinical Hypnotherapist. I am a certified member of the American Council of Hypnotist Examiners and participate in annual continuing education to maintain my training at the highest level.

Notice: As the state of California has not adopted educational and training standards for the practice of hypnotism, the statement credential is for informational purposes only. Hypnotism is a self-regulating profession, and its practitioners are not licensed by state government. I am neither 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 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 the right to be free of physical, verbal or sexual abuse. The client has a right to know the expected duration of the 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 the 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 Ave., 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 phone book or online. As my client you have the right to refuse any aspect of service or to completely terminate services at any time, or to choose another practitioner.

Fees: The charges for all hypnotherapy services are as follows:

The initial session is 120 minutes and \$_____.

Subsequent hypnotherapy sessions are between \$_____ per 60-90-minute session (depending on our specific agreed-upon arrangement). Sessions that run over the normal allotted time are charged an additional \$35 per 15-minute block of time.

Past Life Regression sessions are \$_____.

Past Life Regression with Life Between Life and Higher Self Work sessions are \$_____.

All fees are due at the time of each session in the form of cash, check or credit card. You will be given 14 days' notice of any change in fees.

I have a 48-hour cancellation policy and clients are charged for any and all sessions if they do not cancel or reschedule in accordance with this 48-hour notice. Session packages are non-refundable.

After six months of absence from therapy, these session hours are forfeited unless another arrangement has been made in advance due to mitigating circumstances.

Six hours paid in advance grants a 5% discount. 10 hours paid in advance grants a 10% discount. 20 hours or more paid in advance grants a 15% discount.

Confidentiality: I will not release any information to anyone without authorization from you, except as required by law. You have the 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 protect both your privacy and help you value the work you are doing more. In general, most insurance companies do not cover hypnotherapy as a plan benefit.

My Approach: It is my goal to help you 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 agreed to be in your best interest and in a way that is in compliance with state and federal laws, as well as the standards of the organizations to which I belong. I agree to use my experience to facilitate the changes that 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, past life regression, training or any other production. I, myself, my heirs, executors, administrators and assignees, do hereby release and discharge Sean Negus & Second Sight Hypnotherapy and any of his employees, or other participants from any and all claims of damages, 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 Sean Negus through Second Sight Hypnotherapy 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: _____ Date: _____

Client Signature: _____

Client Bill of Rights – Client Copy

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