

CLIENT INFORMATION and AGREEMENT

Services Provided: Clinical Hypnotherapy, Medical Support Adjunct, Self-hypnosis Training
Office Location: Baltimore, Maryland

Hypnotherapy is an educational process that facilitates access to internal resources that assist people in solving problems, increasing motivation, or altering behavior patterns to create positive change. Education and training in Hypnotherapy is classified under Human Services in the Health and Human Services Division of the Classification of Instructional Programs by the United States Department of Education.

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 (HIPPA) regulations.

Client's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

(Email address): _____

Is it okay for me to e-mail you at this address? _____(Initial)

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

May I leave a message and text for you at this number? _____(Initial)

Age: _____ **Marital Status:** _____ **Relationship History** _____

Emergency Contact: _____ **Phone Number:** _____ **Relationship** _____

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? _____
If so, name and phone number of physicians: _____
4. When was your last visit with a physician? _____
5. Was anything about this visit notable? If so, briefly explain:

6. Are you currently taking any medications and if so what medications are you currently taking?

How do these medications affect you?

7. Have you discussed with your physician about hypnotherapy as an adjunct to your treatment?

8. Have you ever been treated with hypnosis? _____

Please explain:

9. Have you ever had any other mental health treatment? _____

Please describe:

10. Are you receiving any mental health treatment now? _____

If so, name and phone number of mental health professional:

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 or hurting or taking anyone else's life?

12. How did you hear about me or Mind-Body Mentors and if referred, by whom?

13. Briefly describe your spiritual/religious beliefs and history:

What term do you use to refer to God? _____

Other issues or areas I would like to resolve:

- | | |
|---|---------------------------|
| _____ Stress / Anxiety | _____ Forgiveness |
| _____ Guilty or angry Feelings | _____ Relationship Issues |
| _____ Fears, Phobias or Trauma Recovery | _____ Job Performance |
| _____ Low Self Esteem or Shyness | _____ Unwanted Habits |
| _____ Lack of Motivation | _____ Smoking Cessation |
| _____ Body Shape | _____ Sports Performance |
| _____ Spiritual Growth | _____ Self Confidence |
| _____ Test Taking / Accelerated Learning / Memory Improvement | |

Other:

Limits on 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. By a court issued subpoena, 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** _____

Agreement:

Like the practice of medicine, Hypnotherapy and Self-hypnosis are not exact science. I personally know of no case on record where an individual has been harmed using 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 Hypnotherapy sessions with Courtney Miller to sign this disclaimer.

I accept, as a participant in the Integral Hypnotherapy sessions that I will be the Co-Therapist and a partner in my own healing process. I understand that all services provided by Courtney Miller are for educational and self-improvement purposes only. I further understand that Courtney Miller does not practice psychotherapy or medicine. Her services are not the practice of psychotherapy or medicine and are, therefore, not offered as a substitute for counseling, psychotherapy, psychiatric or medical treatment. **Medical support hypnotherapy is used only as an adjunct to conventional medical treatment. Consultation with a licensed physician is required before medical support hypnotherapy services are provided.**

I, for myself, my heirs, my executors, administrators, and assignees, do hereby release and discharge Courtney Miller, from all claims of damages arising from, or growing out of my participation in her services.

Client Signature: _____ **Date:** _____

If under eighteen years of age:

Legal Guardian: _____ **Date:** _____

Customary Refund Policy:

Courtney Miller's refund policy is based on client's satisfaction with their hypnotherapy experience. If a client expresses dissatisfaction with their hypnotherapy sessions, a full refund will be offered to the client. If the client chooses to accept a refund, it will be immediately provided.

If a Client Has a Complaint:

If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Courtney Miller, please feel free to contact the International Board of Hypnotherapy at 2132 Osuna Rd. NE, Suite B, Albuquerque, NM 87113. It is your right to refuse any aspect of her services and to seek the service of another provider at any time. Courtney Miller's fees range from \$100-\$200 per session. Sessions are from 45 to 90 minutes in length.

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 experience 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. Please call to reschedule at 410-733-8535

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.

Hypnotherapist: _____

Date _____