



## INFORMED CONSENT FOR COUNSELING and HYPNOTHERAPY SERVICES

Please bring this completed information to your first session.

Name of client receiving services: \_\_\_\_\_ DOB \_\_\_\_\_

### *What to expect from a session:*

Sessions can be conducted in an individual or group setting. Individual sessions can last one hour, while others are more in-depth and are scheduled for 1.5 hours. These are scheduled according to the needs of the client.

Hypnotherapy is the process of psychotherapy with a client that is in an induced hypnotic state (hypnosis).

Hypnosis is a treatment intervention in which the therapist induces the client into a relaxed, suggestible state and then offers suggestions for relief from symptoms. During hypnotherapy, the client is safely guided through a process to access both conscious and subconscious thoughts. Hypnosis is used to assist the client in accessing the inner resources within the subconscious mind to facilitate positive life changes and the healing of emotional trauma by offering suggestions to reframe negative and unwanted habitual patterns of thinking, feeling, and behaving, into positive, healthy and empowering choices. As with any form of psychotherapy, hypnotherapy and other counseling modalities are processes that are effective over time and require a commitment from the client to participate and apply what is learned in sessions.

### *Missed Sessions:*

Your appointments are very important to Infinite Changes Hypnosis. We hold your appointments just for you & ask that if you must cancel or reschedule any appointment, you please provide us with 24-hour notice. This way, our hypnotherapists will be able to adjust their schedules accordingly and we may be able to accommodate clients on our waiting list. We do, of course, understand that unavoidable issues come up and will do our best to work with you in case of an emergency, etc. However, if last minute cancellations or 'no shows' become a habit, you will be charged a cancellation fee. Here is our general breakdown of cancellation fees:

- Less than 24-hour notice will result in a charge equal to 50% of reserved appointment(s)
- 'NO SHOWS' will be charged 100% of service amount As a courtesy, we do call, text and/or email to confirm the date and time at least 24 hours prior to your appointment. If we are unable to reach you and only leave a message, or cannot reach you at all, please understand that it is your responsibility to remember your appointment dates and times in order to avoid missed appointments and cancellation fees. You are always welcome to call and double check any appointments if you're unsure.

### *Confidentiality*

All sessions are strictly confidential, as is the fact that you are receiving therapeutic services. I am bound by professional ethics and personal convictions to maintain your confidentiality. In the event that any of the following circumstances should arise, the safety of all involved parties would take precedence over confidentiality:

1. If there is reason to suspect someone has abused a child or vulnerable adult (mentally handicapped or elderly), this information will be reported to the appropriate authorities (Department of Human Services).

2. If a client or other person intends to injure or kill him or herself, this information will be shared with someone who can help prevent the injury from occurring.
3. If a client intends to cause serious harm to another person, this information will be shared with someone who is in a position to prevent the harm from occurring – and with the person who is being threatened.
4. No records relating to your sessions will be released to anyone without an authorization form signed by you. The only exception to this would be a court order from a judge to release records to a court. A subpoena from an attorney is not sufficient to release any records without your approval.
5. I may discuss your case (while maintaining your anonymity as much as possible) with a colleague for purposes of supervision. My colleagues are bound by the same ethical and legal considerations to protect your confidentiality.
6. Other than discussion of your case for supervision purposes, if any of the above circumstances arises, I will discuss the issue with you prior to breaching our confidential relationship. It is very important that you understand that I cannot discuss your case with anyone - not even family members or your lawyer – without your permission. Please don't ask someone to call me to discuss your case without talking to me first, because you will need to sign a release form authorizing the release of confidential information.

*Fees are due at the time service is provided*

*Group:* Fees vary depending on type and duration of group, and payment schedule is provided with each group participation agreement.

*Contacting Kristin:*

I can be reached via phone, email or website contact form and will reply promptly to all messages.

Phone: 360-726-5987

Email: [kwaters@infinitechangeshypnosis.com](mailto:kwaters@infinitechangeshypnosis.com)

Web: [www.infinitechangeshypnosis.com](http://www.infinitechangeshypnosis.com)

\_\_\_\_ I understand that this service is voluntary. By signing this form, I am agreeing to participate in the hypnotherapy process.

\_\_\_\_ I understand and agree to the above policies. I affirm that I am of legal age in my state of residence and that I have the authority to enter into this agreement. I understand that I can withdraw this consent for services at any time.

\_\_\_\_ I am the parent/legal guardian of the above named minor child, and I have the authority to enter into this agreement on behalf of the child. I understand that I can withdraw this consent for services at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_