**Client Bill of Rights**

**Contact Information:** My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I can be contacted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Related Education and Training:**

I received my NGH certification training at New York Hypnosis Training Center, a NYS licensed school, in Holbrook, New York and I receive annual continuing education to maintain my skills at a high level.

**Notice:   Under New York State law a hypnotist may not provide a medical diagnosis or 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 of services to another practitioner.  A client has a right to refuse hypnosis 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 treatment, and may assert any right without retaliation."**

**Redress:** I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available in the community.  You may locate such providers on the internet.

**Fees:** The fees for my services are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Confidentiality:** I will not release any information to anyone without written authorization from you, except as provided for by law.

**Insurance:**  In general, insurance companies do not cover hypnotic services. Therefore, you will be paying me directly for my services.

The services I render are held out to the public as non-therapeutic hypnotism, defined as the use of hypnosis to inculcate positive thinking and the capacity for self-hypnosis. I do not represent my services as any form of medical, behavioral or mental health care, and despite research to the contrary, by law, I make no health benefit claims for my services.

Your signature indicates that you have read and understand this Client Bill of Rights:

    
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date