

# *Patricia M. Castellanos, LMHC, C.Ht, HBCE*

## **Hypnotherapy Policies and Procedures**

This document contains important information about my professional services. As a client, you have certain rights and responsibilities that are important for you to understand. As a practitioner, I have corresponding responsibilities to you. When you sign this document, it will represent an agreement between us. If you have any questions, please reach out to discuss them with me.

### **Practitioner:**

Ms. Patricia Castellanos earned her Master's degree in Mental Health Counseling from Nova Southeastern University, is licensed in the State of Florida, and has been practicing exclusively in the State of Florida for over 10 years as a Psychotherapist. She is certified as a Clinical Hypnotherapist, Certified Professional Hypnotist, HypnoFertility Practitioner and HypnoBirthing Childbirth Educator, supporting women and mothers online globally. During her extensive career, she has focused on assisting clients with life transitions, motherhood, parenting, relationships, improve mood, anxiety, stress management and general life challenges. She has worked with a diverse and bilingual English and Spanish population and maintains a culturally competent practice. Her approach utilizes coaching, hypnosis, empowerment and positive interventions with evidence based practices to build on your strengths and insight. Through individual work, classes and workshops, Patty is innovative and creative in her approach to helping clients find the clarity and understanding to reach their goals. She is an active member of the International Association for Counselors, Therapists and International Certification Board of Clinical Hypnotherapists and HypnoBirthing International.

### **Sessions:**

A 30 minute complimentary initial consultation is provided. After the initial consultation, the most appropriate package is determined for the client based on their needs and goals. Regular sessions are 60-90 minutes. Additional sessions can be arranged if it is determined by both the client and practitioner to be beneficial. Psychotherapy is only provided in the State of Florida. Coaching and Hypnosis is provided online to clients globally. Clients must complete New Client Paperwork prior to beginning services. Please be aware that if you are late for a session, it will still end at the scheduled time, as there may be other clients scheduled after your session.

### **Professional Fees:**

The standard service fee is \$200 for regular sessions. Packages are available in increments of 2 or 4 sessions. Specialized Hypnosis sessions, workshops and classes have specific fees. All fees and payments are described and discussed at consultation. Payment plans are available via credit card authorization. The fees may be revised from time to time, and a revised copy will be provided to you, if applicable. Any agreed upon fees are firm for the duration of the sessions until you reach your goals or you choose to discontinue services. Accepted payment methods include: Paypal, Zelle and major credit cards. You are responsible for payment as agreed upon at consultation. A record of payment for all services provided will be kept in your chart. If you refuse to pay your debt, a letter will be mailed out stating sessions will be suspended and we reserve the right to use an attorney or collection agency to secure payment.

In addition to session fees, it is my practice to charge \$150 per hour on a prorated basis (we will break down the hourly cost) in the case other professional services are requested. These professional services and fees will be discussed in consultation and an agreement will be created. This will be billed or charged to the credit card on file.

### **Missed Appointment and Cancellation Policy:**

Once we begin working together, we set aside time specifically for you. Please reserve cancellations for emergencies and illness only, as progress is stronger with consistency in sessions. If you need to cancel or reschedule a session, notice must be made least 24 hours in advance. The missed session will not be lost, it will remain on file to be rescheduled. Sessions are forfeited after 6 months of nonattendance.

**Contact and Emergency Procedures:**

You may contact me via telephone, text, or email. I am often not immediately available by telephone as I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. I will make every effort to return your contact within 48 hours of when it was made, with the exception of weekends and holidays. This is not a crisis facility. If, for any reason, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, in case of crisis or emergency, call 911 or go to the nearest emergency room or hospital.

**Other Rights:**

Our work together is a collaborative process. If you are unhappy with your progress throughout our work together, I encourage you to speak with me so I can respond to your concerns. You may also request that I refer you to another practitioner at any time. You have the right to considerate, safe and respectful care, without discrimination of race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.

**Confidentiality and Limits of Confidentiality:**

Your confidentiality and privacy is of the utmost importance. It is what guides our practice and allows the professional relationship to build trust and promote growth and fulfillment of your individual goals. No information will be released or obtained to or from any source, without your prior written consent. The following are limits of confidentiality:

- If there is a reasonable suspicion of abuse/neglect of a child, elderly, dependent, or disabled person, I am required to report this to the appropriate authorities immediately.
- If you may be in danger of harming yourself, I will make every effort to work with you to ensure your safety. However, if you do not cooperate, additional measures may need to be taken.
- If you may be in danger of harming another person, I am required to notify the police.
- As required by a third-party to obtain reimbursement
- As otherwise ordered or required by law (for example, as a result of a court order)

**Court and/or Legal Proceedings:**

I do not provide testimony or representation in court. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.

**Indemnification and Release of Liability:**

Through the hypnotherapeutic and coaching process, we will work together in order to seek an understanding to the meaning of emotions, thoughts, situations, dreams, desires, and physical and social reactions. Through this process, unfamiliar or uncomfortable feelings may arise. This, however, is an expected, normal and sometimes necessary part of the healing and growth process. We will work together to identify your goals and your strengths to gain insight and growth towards your goals. The process of expression is a part of growth and healing that often leads to improved relationships with yourself and others, solutions to your specific problems, and significant reductions in feelings of block or distress. As this process is an individualized and collaborative effort between client and practitioner, where goals are fully discussed and agreed upon, I agree to indemnify and hold harmless Patricia M. Castellanos, Practitioner, from all liabilities and claims which may arise as a result of my participation in services.

**Acknowledgement:**

I \_\_\_\_\_ acknowledge that I have read the information provided above in this agreement, I have discussed any concerns with practitioner, and all of my questions have been answered to my satisfaction. I acknowledge that I understand the above information. I accept and consent to participate in services.

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**Client Print**

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**Client Signature**

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**Date**

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**Practitioner Print**

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**Practitioner Signature**

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**Date**