

HYPNOTHERAPY INFORMED CONSENT, POLICIES, & AGREEMENT

PART I: HYPNOTHERAPY PROCESS

It is important to know that hypnotherapy is *not clinical social work or psychotherapy*. They are different approaches and often address different issues. If I believe your issues would be better addressed by clinical social work or psychotherapy, or psychiatry, I will let you know this and make a referral. Examples: clinical depression, severe clinical anxiety, severe obsessive-compulsive disorder, eating disorders, mental health diagnoses, and relationship problems.

BENEFITS/OUTCOMES: The hypnotherapy process seeks to meet goals established by all persons involved, usually revolving around a specific complaint(s). Participating in hypnotherapy may include benefits such as the resolution of presenting problems as well as improved intrapersonal and interpersonal relationships. The process may reduce distress, enhance stress management, and increase one's ability to cope with problems related to work, family, personal, relational, etc.

RISKS: By and large, there are minimal risks involved in hypnotherapy. Although change is desired, it can be uncomfortable at times. Resolving unpleasant events and memories may result in temporary discomfort. We will work collaboratively to minimize any discomfort and to reach a desirable outcome; however, it is possible that the goals of hypnotherapy may not be reached.

LENGTH OF THERAPY: The initial session will be 90 minutes with subsequent sessions for 60 minutes. Therapy sessions are typically bimonthly or monthly, depending upon the nature of the presenting challenges. It is difficult to predict how many sessions will be needed, but we will collaboratively discuss from session to session what the next steps are and how often hypnosis sessions will occur.

APPOINTMENTS AND CANCELLATIONS: You are responsible for attending each appointment and agree to adhere to the following policy: *If you cannot keep the scheduled appointment, please notify me to cancel or reschedule the appointment in advance of 24 hours of the scheduled appointment time. If you cancel or reschedule more than once, we may re-evaluate your needs, desires, and motivations for treatment at this time.*

FEES: The fee is \$60/hour and \$90/hour and a half session. For certain problems, I may offer a "package" arrangement of X-number of sessions for a fixed fee (smoking cessation, for instance). I ask for payment prior to the time of service. Sorry, the only acceptable forms of payment for now are: exact-amount cash, check or Venmo.

For other activities, I charge the hourly rate in quarter hours: for phone calls over 10 minutes in length, email correspondence, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care.

TRIAL, COURT ORDERED APPEARANCES, LITIGATION: Rarely, but on occasion, a court will order a hypnotherapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. In order to protect your confidentiality, I strongly suggest not being involved in the court. If I get called into court by you or your attorney, you will be charged a fee of \$1000 to include travel time, court time, preparing documents, etc.

COPIES OF MEDICAL RECORDS: Should you request a copy of your records, the cost is \$2 per page. Payment for your records will be due prior or upon receipt and can be mailed or emailed. Please allow at least 2 weeks to prepare medical records.

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 ever 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 to you in the community. You may locate such providers via an internet search.

Transitional Hypnosis - Randall Griffith, CHt - (225) 361-6782
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Baton Rouge, LA 70809

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PHONE CONTACTS AND EMERGENCIES: I have a part-time practice. My office hours are from 7 p.m. to 9 p.m. Monday, Tuesday, Thursday and Friday; and 10 a.m. – 2 p.m. Saturday. If you need to contact me for any reason please call 225-361-6782, leave a voicemail, and a return call will be made at my next available time. In case of an emergency, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 1-800-273-8255 or dial 988. If either you or someone else is in danger of being harmed, dial 911.

PART II: CONFIDENTIALITY:

Hypnotherapy and hypnosis are mostly an unregulated profession, with no licensing agency in authority, and with a wide range of requirements, state-to-state. However, I follow generally accepted guidelines for helping professionals and maintain strict confidentiality of sessions. Anything said in a hypnotherapy session is confidential and may not be revealed to a third party without written authorization, *except* for the following limitations:

- **Child Abuse:** Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information about child abuse or child neglect, I am required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse:** Vulnerable adult abuse or neglect. If information is revealed about vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.
- **Self-Harm:** Threats, plans or attempts to harm oneself. I am permitted to take steps to protect the client's safety, which may include disclosure of confidential information.
- **Harm to Others:** Threats regarding harm to another person. If you threaten bodily harm or death to another person, I am required by law to report this to the appropriate authority.
- **Court Orders & Legal Issued Subpoenas:** If I receive a subpoena for your records, I will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will contact you twice by phone. If I cannot get in touch with you by phone, I will send you written correspondence. If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, I am required to comply with a court order.
- **Upon Your Death:** To a law enforcement official for the purpose of alerting of your death if there is a suspicion that such death may have resulted from criminal conduct; to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual "process notes", except if the third party is part of a medical team.
- **Social Media:** No friend requests on our personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) will be accepted from current or former clients. If you choose to comment on our professional social media pages or posts, you do so at your own risk and may breach confidentiality. I cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace therapy. Please do not contact me through any social media site or platform. They are not confidential, nor are they monitored, and may become part of medical record.
- **Electronic Communication: If you need to contact me outside of our sessions, please do so via email or phone.**
 - **I do not use texting professionally.** Texting introduces unique challenges into the hypnotherapy–client relationship. Texting is not a substitute for sessions. **Texting is not confidential.** Phones can be lost or stolen. NEVER communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client's phone.
 - **Do not use e-mail for emergencies.** In the case of an emergency call 911, your local emergency hotline or go to the nearest emergency room. Additionally, e-mail is not a substitute for sessions. If you need to be seen, please call to book an appointment. My email is encrypted but it still is best not to communicate sensitive health information via email. Furthermore, if you send email from a work computer, your employer has the legal right to read it. E-mail is a part of your records.
- **Sessions Outside the Office:** From time to time, clients like to meet in an alternate location (i.e. their home, in public, or somewhere more conducive for them). I may be able to accommodate this request, however, this

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can put your confidentiality at risk.

EMERGENCY CONTACT:

It is necessary that **Transitional Hypnosis** has someone to contact on your behalf. In case of an emergency who should we contact?

| | | |
|-----------|--------------|-----------------|
| Full Name | Relationship | Phone Number(s) |
|-----------|--------------|-----------------|

Please check here that you agree and sign below. Thank-you.

I agree to allow **Randall Griffith, CHt** to contact my emergency contact on my behalf in the case of emergency

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

PART III: CONSENT

1. I have read and understand the information contained in the Hypnotherapy Informed Consent, Policies and Agreement document (this document). I have discussed any questions that I have regarding this information with **Randall Griffith**. My signature below indicates that I am voluntarily giving my informed consent to receive hypnotherapy services and agree to abide by the agreement and policies listed in this consent. I authorize **Randall Griffith** to provide hypnotherapy services that are considered necessary and advisable.

2. **Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Randall Griffith to provide hypnotherapy treatment to my minor child(ren).** If I have unilateral decision-making capacity to obtain hypnotherapy services for my minor, I will provide the appropriate court documentation to **Randall Griffith** prior to or at the initial session. Otherwise, I will have the other legal parent/guardian sign this consent for treatment prior to the initial session.

| Printed Name | Signature | Date |
|--------------|-----------|------|
| | | |
| | | |

Your signature signifies that you have received a copy of the “Therapy Agreement, Policies and Consent” for your records.

| Printed Name of Minor Child | DOB | Date |
|-----------------------------|-----|------|
| | | |

*Witness – **Randall Griffith, CHt***

Date

CLIENT COPY

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Witness – Randall Griffith

Date