

Dr. A.V. Badalamenti
Certified Hypnotherapist
1825 Bellmore Avenue
N. Bellmore, NY 11710

Tel: 516-781-2300
Fax: 516-781-3865
www.hypnosisbyDrB.com

Client Bill of Rights

Related Education and Training:

I acquired my NGH certification at New York Hypnosis Training Center in Holbrook, New York and receive annual continuing education to maintain my training at a high level. **Notice:** The State of New York has not adopted any educational and training standards for the practice of hypnotism. This statement of credentials is for information purposes only.

Redress: I was certified by the National Guild of Hypnotists and the National Board for Certified Clinical Hypnotherapist, and practice in accordance within their 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, (608) 429-9438, to seek redress. Other services other than my own may be available in the community. You may locate such providers in the phone book or on-line.

Fees: The fees for my services are \$250 for the interview, followed by the initial hypnosis session. (approximately 1.5 hours total). A second hypnosis session if used within 30 days of the first session is free. After 30 days, a \$75. fee is charged for that session. No charge for missing 1 appointment. After missing a second appointment, a \$75. fee will be incurred for a ½ hour session and a \$100. fee for a 45 minute session. Additional follow-up sessions if required are \$ 75. which run approximately ½ hour.

“INQUIRE IF ANY DISCOUNTS ARE AVAILABLE”

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

Insurance: In general, insurance companies do not cover hypnotic services and I advise you not to expect them to do so.

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 may make no health benefit claims for my services.

Your signature indicates that you have read and understand this “Client Bill of Rights”.

X

Client Signature

Date