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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:** Since fees vary for different issues being resolved, we advise you to call the office to obtain further information regarding our fee schedule as of January 1, 2021. Most sessions include an interview, followed by a recorded hypnosis session.

\*\*\*The hypnosis recordings may not be shared on the internet or anyone else. Blatant disregard of this stipulation may result in legal action against the client.

\*\*\*We urge all prospective clients to call for further information and clarity regarding fees. Thank you!

\*\*\*INQUIRE IF ANY DISCOUNTS ARE AVAILABLE\*\*\*

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

**Insurance:** We do not accept third party payment. 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.

X		
	(or legal guardian) Signature	Date

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