

DISCLOSURE FORM
SAFE PLACE HYPNOSIS, LLC
903-932-8482

As your hypnotherapist, I commit to you that I will utilize all of my education, experience and skills to help you to reach your goals in the shortest time possible. You have my assurance of my full integrity, professionalism, confidentiality and respect.

Contact Information: My name is Sheryll W Kissell, CHt.

Email: Sheri@safeplacehypnosis.com or safeplacehypnosis@gmail.com

Website: <https://www.safeplacehypnosis.com>

Office: 304 W Main St., Suite E, Hallsville, TX 75650

Education and Training: I was trained in hypnotism at Grace Space Hypnotherapy School (which is an IACT approved instructor of hypnosis). I am a Certified Hypnotherapist (CHt). Although I am not a licensed Physician, Psychiatrist, Counselor or a Licensed Therapist, I am a certified member of the International Association of Counselors & Therapists (IACT), and I practice in accordance with its Code of Ethics. My Registration Number is: 092022- 12265. I am also a member of the National Guild of Hypnotists as well as a member of the American Hypnosis Association.

I also attended the Ali Campbell Hypnotherapy Practitioner Academy – Rapid Induction Academy and Neuro Linguistic Programming (NLP) Academy, receiving Certifications in both Rapid Induction and NLP. Additionally, I attended continuing education courses and received additional Certifications in Rapid and Instant Inductions as well as Certified Specialist Hypnosis and Pain Management from the American Hypnotists Association.

Notice: AS THE STATE OF TEXAS HAS NOT ADOPTED EDUCATIONAL TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession, and its practitioners are not licensed by any state governments.

I am not a physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, I strongly recommend the client seek it and the client may seek such services at any time without need for my opinion or consent.

Client Initials _____

Sheryll Kissell, CHt: SWK

In the event my services are terminated by a client, or at any time at the client's desire, the client has a right to a coordinated transfer to another practitioner. I do not keep transferable records or notes on any client. Any video recordings of sessions are not transferable or shareable and are intended solely for the purpose of ensuring my safety during a session. All recordings, if any, are deleted nightly once my safety has been assured.

A client has a right to refuse hypnotism 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 sessions, and may assert any right without retaliation.

If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the IACT at 210-366-2888 (complaints must be in writing setting forth the basis of the claim). Other services than my own may be available to you in the community. You may locate such qualified providers through the International Association of Interpersonal Hypnotherapises (IAIH) or IACT. As my client you have the right to refuse any aspect of services, to completely terminate services at any time, or to choose another practitioner.

Fees: The charges for sessions through Safe Place Hypnosis are as follows:

- Single session / Topic \$95 (45 minutes to 1 Hours)

Sessions may last between 45 minutes to 1 hour. Some sessions (depending upon subject matter (example: smoking) may require a one-week follow up session. If a follow up session is required, requested, or agreed to, there will be a \$50.00 second session fee. Fees are due prior to a single session. Fees should be paid in the form of credit or debit card through the Safe Place Hypnosis website <https://www.safeplacehypnosis.com> or via Venmo, Kelle, Pay Pal or Cash App (contact me for account information). You will be given a 14-day notice of any change in fees. I have a 24-hour cancellation policy; clients are charged for one-half hour (\$47.50) of time if they do not call to cancel or reschedule in accordance with this 24-hour notice.

Confidentiality: I will not release any information to anyone without a written authorization from you except as provided for by law. You have a right to be allowed access to my written record about you, if any is made. Note: Other than initial questionnaire completed at time of booking a session via my website or potential questionnaire completed along with this Disclosure, I do not keep any other written record on each client. As my client you have the right to complete and current information concerning any aspect of the professional/client relationship.

Insurance: I am a Certified Hypnotherapist (CHt), not a licensed Psychologist or Psychiatrist. You will be solely responsible for payment of any charges incurred. In general, most insurance companies do not cover hypnotic services, and even if yours does, you will be solely responsible for payment of any charges incurred and then filing your own insurance claims with your own insurance carrier.

My Approach: It is my goal to help you to achieve lasting results through the use of hypnosis, NLP, meditation, regression, reframing, and other related self-help

modalities. Through the power of your own mind, I will guide and assist you in reaching your goals in a way that you and I both agree to be in your best interest, and in a way that is in compliance with state and federal laws, if any are applicable, as well as with the standards of the organizations to which I belong. I agree to use my experience and education to facilitate the changes as are mutually agreed to be in your best interest. I am professionally committed to helping you achieve your goals in a timely manner.

CLIENT ACKNOWLEDGMENT, AGREEMENT AND CONSENT

As I enter into this relationship, I agree to the following:

_____. I am participating in hypnosis by my own choice because I want to be here.

_____. I understand that I am not a patient, but a co-operator in my hypnosis experience.

_____. I understand my sessions may be recorded but are deleted nightly.

_____. I understand that Sheryll Kissell, my Certified Hypnotherapist (CHt) is not a licensed Psychologist, Psychiatrist or a medical doctor or physician . She is a hypnosis practitioner.

_____. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually. I understand that I will not receive, nor will I ask for or consider our sessions to be a medical treatment or treatment of any medical condition, either diagnosed or undiagnosed.

_____ I acknowledge that I will give a 24-hour notice in case I need to cancel or reschedule my appointments and that if I do not that I will pay half of the full price (\$47.50) of the session that I had scheduled.

_____ I acknowledge that some topics may require a second or follow-up session and if so, I will only have to pay \$50 for any "same topic" follow-up sessions. New topics will be billed at \$95, while follow-up sessions are billed at \$50.

_____ I acknowledge that Safe Place Hypnosis cannot and does not accept insurance; therefore, I am responsible for any and all payments. If I have insurance that covers hypnosis by a Certified Hypnotherapist, I can request a receipt for my sessions and file my own claims for reimbursement with my insurance carrier.

_____. **Your signature below affirms the following:**

I am of legal age and understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ hypnotic techniques, regression, NLP, reframing, and any other appropriate modality by Sheryll Kissell, CHt.

Client Initials _____

Sheryll Kissell, CHt: SWK

I acknowledge and understand that hypnosis, hypnotherapy, hypno coaching (hereinafter jointly referred to as “hypnotherapy”) is a process in which we discuss a wide variety of issues, experiences, and memories for the purpose of understanding, reframing, and creating positive change so you can experience life and relationships more fully. It provides an opportunity to better, and more deeply, understand myself, as well as any problems or difficulties I may be experiencing. Hypnotherapy is a joint effort between me and my hypnotherapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors, including my desire for change and my willingness to actively participate in the therapeutic process.

I understand participating in hypnotherapy may result in a number of benefits, including, but not limited to, reduction of stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy with others, and increased self-confidence. Such benefits may also require substantial effort on my part, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. I understand that there is no “guarantee” that hypnotherapy will yield any or all of the benefits listed above. Personal growth and changes may be easy and quick at times or it may be slow and frustrating. I am in total control and I control how quickly I accept the life changes I seek.

I understand that participating in hypnotherapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences.

The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which my perceptions and assumptions are challenged, and different perspectives are offered. The issues presented by me may result in unintended outcomes, including changes in my personal relationships. I am aware that any decision on the status of my personal relationship is solely my responsibility.

I understand that during the therapeutic process, it is not unreasonable that I may temporarily feel worse before I feel better, depending on the topic and/or process. If, at any time, I have any questions or concerns, I will address them with my hypnotherapist.

I agree to abide by the terms and conditions of this agreement and consent to participate in hypnotherapy, hypnosis, with my hypnotherapist/ hypnotist/hypno coach. I understand that audio recordings **may** be made during my sessions for my personal ongoing use and with my preapproval and knowledge, Safe Place Hypnosis, LLC., by and through Sheryll Kissell, retains the copyright of these recordings.

Therefore, I, being of legal age or with a parental signature if under 18 years of age, my heirs, executors, administrators and assignees, do hereby indemnify, hold harmless, release and forever discharge and covenant not to sue, or legally hold liable, Safe Place Hypnosis, LLC., Sheryll Kissell, CHT, my Certified Hypnotherapist, the heirs, assigns, and associates, and any associated employees and staff of Safe Place Hypnosis, LLC, from all claims of damages, copyright, demands or actions whatsoever in any manner related to or arising from or growing out of my cooperative participation to the

hypnotherapy/hypnosis process, whether disclosed or undisclosed, known or unknown.

I understand that any concerns or questions can be addressed with Safe Place Hypnosis, LLC., and my Certified Hypnotherapist, Sheryll Kissell, CHt, as well as the International Association of Counselors and Therapists as the governing and credentialing body.

I have received and read this Client Agreement and Disclosure Form and understand what I have read:

Client Name (Print) :

Client Signature:

_____. Date: _____

Parental Signature if under 18 years of age:

Parent / Guardian Full Name: _____

Name of child to be treated: _____

Topic/Subject Matter Parent/Guardian wants addressed for the minor is as follows: _____

I understand I am offered the option to sit in the actual session with my minor or I can wait in the reception area. The choice to sit in on the session with my minor will be solely at my and my minor's discretion.

Client Initials _____

Sheryll Kissell, CHt: SWK

QUESTIONNAIRE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Contact #: _____

Email: _____

Age: _____

How did you find out about Safe Place Hypnosis?

The reason for your visit?

Have you ever been in therapy before?

Yes

No

If yes, when _____ where _____

What for _____ for how long? _____

Have you ever been hypnotized before?

Yes

No

If yes, when _____ where _____

What for _____ for how long? _____

Client Initials _____

Sheryll Kissell, CHT: SWK

Any additional context:

Are you currently taking any medications?

Yes

No

If yes, please state for what reasons?

List your preferred communication method (check one):

Email

Phone Call

Text Message

Do I have your permission to record your sessions? Recordings are solely for the purpose of the safety of the CHT and are not included in any type of treatment record.

Check one (and verbally advise me if your answer is No). Note, recordings are deleted nightly and no other official record or notes are kept.

Yes

No

Client Initials _____

Sheryll Kissell, CHt: SWK