

The Root Integrated Healing, LLC
Client Information and Participation Agreement

Zachery Miller, CMS-CHt provides the following services:

Clinical Hypnotherapy, Medical Support Hypnotherapy, Self-Hypnosis Training

International Board of Hypnotherapy Certification Number: F11123-811

This information will aid in serving you as the client. Active clients are referred to as “Co-therapist”. Please answer honestly and know that answering yes or no to any particular question does not disqualify you from receiving services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Client Name _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Email Address _____

_____ Initial if you agree to the use of email correspondence

_____ Initial if you agree to receive a customized self-hypnosis MP3 via email

Phone number you prefer to be reached at _____

_____ Initial if you agree to receive text messages

_____ Initial if you agree to receive voice messages at this number

Age _____ Marital Status _____

Emergency Contact: _____

1. What is the main issue you wish to resolve with hypnotherapy?
2. Medical conditions or challenges:
3. Are you currently under a physician's care for any of the above conditions?
 - a) If so, name of physician:
4. When was your last visit with a physician?
5. Was anything about this visit notable? If so, explain briefly:

Other issues or areas I would like to resolve:

- ☐ Stress
 - ☐ Guilty or Angry Feelings
 - ☐ Fears, Phobias, or Trauma Recovery
 - ☐ Low Self Esteem or Self Confidence
 - ☐ Lack of Motivation
 - ☐ Digital Detox
 - ☐ Body Shape
 - ☐ Spiritual Growth
 - ☐ Test Taking/ Accelerated Learning/ Memory Improvement
 - ☐ Chronic Pain (already assessed by a Physician)
 - ☐ Accelerated Healing (already assessed by a Physician)
 - ☐ Forgiveness
 - ☐ Relationship Issues
 - ☐ Job Performance
 - ☐ Unwanted Habits
 - ☐ Smoking Cessation
 - ☐ Sports Performance
 - ☐ Other:
-

In order to be more successful in reaching my goals, I agree to:

1. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
2. Recognize that my thoughts, feelings, images and actions have a direct effect on the quality of my life.
3. Acknowledge that my well-being depends directly on how well I care for myself physically, emotionally, intellectually, and spiritually.
4. Accept that blaming others or myself is not effective or productive.
5. Take responsibility for my experience of life, because I create my life to the best of my ability in the moment, with what I know right now.
6. I agree to be on time for my sessions and allow at least 24 hours of advance notice should I need to cancel or reschedule a session. Please call or text 910-515-7386 to reschedule.

I understand that all services provided by Zachery Miller and The Root Integrated Healing, LLC are for educational and self-improvement purposes only. I further understand that these services are not the practice of medicine or psychotherapy and are, therefore, not offered as a replacement for counseling, psychotherapy, psychiatric or medical treatment.

Hypnotherapy is an educational process that facilitates access to internal resources that assist people in increasing motivation or altering behavior patterns through hypnosis to create positive change. The education of hypnotherapy is classified under Human Services in the Health and Human Services Division of the Classification of Instructional Programs by the United States Department of Education. The services provided are also described in the Dictionary of Occupational Titles published by the U.S. Department of Labor, see code 079.157.010.

If you should have an unresolved complaint about the facilitation process that has not been satisfactorily addressed by Zachery Miller or his organization, please feel free to contact the International Board of Hypnotherapy at 2132 Osuna Rd NE, Ste. B, Albuquerque, NM. It is your right to refuse any aspect of his services and to seek the service of another hypnotherapist at any time. Sessions are organic and dynamic, therefore the timeframe of each session may range from 45 to 120 minutes in length. Agreed price is per session, not session duration.

Co-therapist _____ Date _____

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest possible timeframe.

Clinical Hypnotherapist _____ Date _____

Zachery Miller, CMS-CHt

Client Information and Participation Agreement, continued

Confidentiality of Information

Co-therapists have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies, are the following:

1. Reasonable suspicion of child abuse or neglect
2. Reasonable suspicion of senior citizen abuse or neglect
3. A co-therapist poses a serious risk of suicide and is an imminent danger to self
4. A co-therapist poses a threat of imminent danger to another person
5. A Judge, by issuance of a court order, may obtain information
6. Knowledge of a felony that has been, or is being committed.

In other situations, signed authorization for the release of information is required.

Co-therapist _____ Date _____

Hypnotherapist _____ Date _____

Co-therapist Participation Agreement:

I understand that hypnotherapy, self-hypnosis, hypnotherapy regression techniques, processing emotions, guided imagery, neuro-linguistic programming (NLP), and meditation are not absolute sciences. I am of legal age, and a conscious, willing participant in this private hypnotherapy or NLP session(s), seminar, or workshop. I, for myself, my heirs, my executors, administrators or assignees, do hereby release and discharge Zachery Miller, The Root Integrated Healing, LLC, and any of his employees, his partners, or other participants in any of the activities, from any and all claims of damages arising from, or growing out of my participation in said activities. I agree that any and all complaints or disputes arising from my participation in hypnotherapy sessions, hypnotherapy regression techniques, processing emotions methods, neuro-linguistic programming techniques guided imagery, meditation, seminars or events, and any other activity related to the above, should it arise, shall initially be decided by the Board of Directors of the International Board of Hypnotherapy (IBH) in accordance with its published procedures for reviewing and deciding complaints against its members. Additional information may be found at www.internationalboardofhypnotherapy.com. I further agree to mandatory mediation for any claims of damages or disputes before filing suit in a court of law. I further understand that recordings may be made at any of these sessions or events, and that Zachery Miller and his organization retain the copyright to all these recordings.

Co-therapist Signature _____ Date _____

If under 18 years of age:

Legal Guardian _____ Date _____