Creative Hypno

Agnes Poitevin-Navarre MA, DSFH

Certified Solution Focused Hypnotherapist & Psychotherapist

Client Agreement

Code of Care

* The Client will be treated with respect and care at all times.
* Disclosure of all information during therapy and consultations remains confidential.
	+ The hypnotherapist has a professional obligation to report to relevant authorities any suspicion of abuse or harm to a child.
	+ The hypnotherapist has a professional obligation to report to relevant authorities any concerns if they believe the client may be intending to cause harm to themselves, the therapist or others.
	+ A query on suitability or conflict of therapy with other treatment practitioners may have to be sought occasionally, with client knowledge.
* If receiving medical treatment of any kind, it is recommended that a proper diagnosis is sought where relevant, to assist the therapist and also to inform those professionals of your enquiries toward hypnotherapy.
* A full copy of The National Council for Hypnotherapy’s Code of Practice is readily available on their website.

Treatment Consent

* The therapist has fully explained the procedures and treatment, together with any self help on my part.
* I accept the fee payable and note the 24 hours notice of cancellation of appointment that is required, otherwise half the fee will be charged.
* I understand that hypnotherapy may involve light touch on occasion, but full clothing is retained. Respect for me, the client, and body privacy will be constantly maintained.
* The therapist reserves the right to refuse or postpone treatment if they feel threatened or disrespected.

I have read the agreement above and accept the treatment on those terms.

I agree to my personal data being collected & processed as outlined in the Privacy Notice.

I would like to receive email newsletters containing information, updates and offers.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hypnotherapist signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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