

Client Bill of Rights

Contact Information:

My name is Melissa Shute. I can be contacted through my office telephone number: 860-797-5306 or by email listed on my website. My office is located at 3 Barnard Lane, Bloomfield, CT 06002.

Education and Training:

I received my training in hypnosis from C.J. Mozzochi, Ph.D., a board certified member and instructor with the National Guild of Hypnotists. I also do continuing education courses to maintain my training at a high level.

Notice:

THE STATE OF CONNECTICUT HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. HOWEVER, THERE IS A REGISTRATION REQUIREMENT. MY REGISTRATION NUMBER IS HYP. 0000334. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Under Connecticut's law a hypnotist may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnosis 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 treatment, and may assert any right without retaliation.

Redress:

I am a certified member of the National Guild of Hypnotists, and I practice in accordance with its Code of Ethics and Standards. If you ever 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, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the telephone book.

Fees: Please call for my fees.

Confidentiality:

I will not release any information to anyone without a written authorization from you, except as provided for by law. You have the right to be allowed access to my file concerning you. With that understanding, I reserve the right to make an audio and/or video recording of any hypnosis sessions that I may have with you.

Insurance:

I suggest you think of my services as something that you will pay for personally. This will both protect your privacy and help you value the work you are doing more. In general, insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

My Approach:

I believe that hypnosis, when properly and ethically employed, is very effective in dealing with many problems which commonly confront people as they pursue their lives. It is not a remedy, but in many situations it can help people to resolve their problems and realize their potential. In particular, I use trance and suggestion to improve general self-control and to maintain a positive mental attitude. I do not and will not diagnose and/or conversationally treat mental disease. I will teach every client self-hypnosis; as I believe it is a very important skill to have; regardless of the reason the client seeks the assistance of a professional hypnotist.

NOTICE:

Never, under any circumstance, should the client perform self-hypnosis or listen to any hypnosis recordings of any type, or watch any hypnosis video recordings of any type while near anything that could be dangerous and/or, in particular, while driving any vehicle.

Client's Declaration:

I have received and read this Client Bill of Rights and understand what I have read.

Client Name (print): _____

Client Signature: _____

Date: _____