**CONSENT FORM**

**Client Agreement – Code of Care**

* The client will be treated with respect at all times.
* Disclosure of all information during the Initial Consultation and subsequent sessions will remain confidential.
* The therapist has discussed electronic and paper records and how these will be securely stored.
* The therapist has discussed that audio recording of the session may be taken for the therapist’s benefit and will then be deleted.
* The hypnotherapist has a professional obligation to report to relevant authorities any concerns they believe where the client may intend to harm themselves, the therapist or others.
* If the client is receiving medical treatment, then a diagnosis must be sought when possible, and health professionals may be informed of hypnotherapy treatment.

**Consent for Treatment**

* The therapist has fully explained the procedures and treatment.
* The client understands the success of the treatment, in part, is determined by the desire of the client to achieve the changes and their commitment to the format of the sessions.
* A respectful relationship will be maintained between the client and the therapist.

**Cancellation Policy**

* Please be considerate when cancelling an appointment, and where possible give at least 48 hours' notice.
* The appointment fee will be charged in full, if there is less than 24 hours cancellation notice given.

**I am happy for you to contact my General Practitioner: YES NO**

**I confirm that I have read the above Client Agreement and am aware of how my data will be processed and stored.**

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

|  |  |
| --- | --- |
| **NAME** |  |
| **ADDRESS** |  |
| **EMAIL** |  |
| **TELEPHONE NUMBER** |  |
| **SIGNED** |  |
| **DATED** |  |