Client Contract -All Services-

This agreement forms an addendum to any Client Booking Form.

Please read the following terms carefully and sign to indicate your understanding and agreement.



Code of Ethics and Professional Standards

I am a member of the National Hypnotherapy Society and work in accordance with their published Code of Ethical Practice. I am committed to providing a professional, safe, and supportive therapeutic environment. I uphold the ethical principles of:

- · Confidentiality and Safeguarding
- · Respect for client autonomy and dignity
- · Competence and continuous professional development
- · Appropriate boundaries and safe practice

Payment

Payment is required at least 24 hours in advance of sessions.

Session Structure and Commitment

Sessions last approximately 45 to 60 minutes.

You agree to attend sessions free from the influence of alcohol or recreational drugs.

You are welcome to discontinue sessions at any point without obligation.

Confidentiality

All sessions are confidential except in cases where:

- · You disclose risk of serious harm to yourself or others
- · There is a safeguarding concern
- · I am legally obligated to share information (e.g., via court order)

In such cases, I may need to contact your GP or appropriate authority. I will always aim to discuss this with you beforehand unless doing so increases risk.

Cancellation and Contact

Please give at least 24 hours' notice if you need to cancel or reschedule. Bookings are non refundable if cancellation is not within 25 hours but a rescheduled time may be offered.

You can contact me by email or text, I aim to respond within 24 hours, Monday to Friday.

Client Suitability and Safety

You confirm that

- \cdot You have disclosed all relevant physical and mental health conditions on your initial form
- · You will update me with any changes in your health or medications during the course of treatment
- \cdot You understand hypnotherapy is not a substitute for medical advice or psychiatric care

Data Protection

Your information is stored securely and in accordance with GDPR. I will not share your personal data with any third party without your explicit consent unless required by law.

Mutual Responsibilities

Client Responsibilities:

Attend sessions on time and engage openly Let me know if you feel uncomfortable at any time Practice any agreed exercises between sessions Therapist Responsibilities:

Work within my professional competence and training Maintain ethical standards Provide a respectful, inclusive, and supportive space

Client:			
Date:			Sign and print please
Therapist:	Kay Pace	XO_	