

Hypnotherapy Consent

General Information

The therapeutic relationship is the foundation of our work together. It is unique to any other relationship in that it is highly personal, yet a contractual agreement at the same time. As such, it's important that we have a clear understanding about how our relationship will work, and what each of us can expect from this unique relationship. This consent will provide a clear framework for our work together. Feel free to discuss this with me at any time.

The Therapeutic Process

You have taken a very positive step by deciding to seek hypnotherapy. The outcome of your sessions will largely depend on your willingness to engage in the process, which may, at times, result in considerable discomfort or even subconscious resistance. While the benefits of hypnotherapy are many, there are some risks involved as well. The benefits of hypnotherapy include reduced stress, increased confidence, improved relationships, and/or resolution to other specific issues. However, such outcomes cannot be guaranteed and vary from person to person due to many factors that affect hypnotherapy sessions. The risks of hypnotherapy include discussing unpleasant situations, recalling repressed memories, and becoming aware of feelings attached to those situations and memories. I cannot promise that your behavior or circumstances will change, but I can promise to support you and to do my very best to truly understand you and the nature of your thoughts, feelings, and behaviors, and to help you explore every possible solution available to you.

Confidentiality:

The content of our hypnotherapy session(s) shall be kept confidential unless you provide written consent to have all or portions of such content released to a specific person. There are, however, some exceptions under California State Law. These exceptions include: (1) disclosing the intent to hurt yourself, (2) disclosing the intent to hurt someone else, an animal, or property, (3) reasonable suspicion that you are putting a minor (person 17 and under) at risk of physical, emotional, or sexual abuse, (4) reasonable suspicion that you are putting a senior citizen (person 65 and older), or dependent adult at risk of physical, emotional or sexual abuse. In any such cases, I am obliged to promptly alert the property authorities in order to protect you and/or people (or people's property) at risk. The type of information that may be requested includes: dates/times of service, treatment plan, and progress notes. Occasionally, I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using any identifiable information, such as your name or place of employment, in order to protect your right to privacy. If we happen to see each other outside of the therapy office, I will not acknowledge you first so that your right to privacy and confidentiality may be preserved. However, if you acknowledge me first, I will be more than happy to speak with you briefly, but it may be inappropriate to engage in any lengthy conversation beyond small talk in public or outside of the therapy office.

By signing below, I acknowledge that I have read and agree to the terms described above.

Client name: _____

Client Signature: _____ Date: _____