

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.

Benefits and Risks

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.

Limits of Confidentiality

The content of our hypnotherapy session(s) shall be kept confidential by me unless you would like me to share information with a specified organization, person(s), or professional(s). There are 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) disclosing that you are putting a minor (person 17 and under) at risk, (4) disclosing that you are putting a senior citizen (person 65 and older), or mentally or physically impaired person at risk. In any such cases, I am obliged to promptly alert the proper 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, fees paid, and progress reports. Occasionally, I may need to consult with other professionals with specialized expertise in order to provide the best program 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.

Social Media Policy

Please note that any social media apps you use may seek to connect you with me, or with other visitors to this office, through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your program in this way. I do not accept "friend" requests or similar connections with clients on social media. This is to protect your confidentiality and privacy. If you would like to "Like" my professional Facebook page or "Follow" me on Instagram, you may do so at your own risk. Please note that this is not a way to contact me, especially in an emergency.

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

Client Name: _____

Client Signature: _____ Date: _____