



## **Informed Consent for Hypnotherapy**

### **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 and at the same time. As such, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Please read and indicate you have reviewed and agree to this information by signing below. 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. 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 do my very best to truly understand you and your repeating patterns, as well as to help you clarify what it is that you want for yourself.

### **Confidentiality**

The content of our hypnotherapy session(s) will be kept confidential by me unless you would like to share information with a specified organization, person(s) or professional(s). There are exceptions under California State Law. These exceptions are:

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, 65 and older, or mentally or physically impaired person at risk

I will promptly alert the proper authorities in order to protect you and/or people (or people's property) at risk.

Occasionally, I may need to consult with other professionals with specialized expertise 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.

### **Appointments and Cancellations**

If you need to cancel please, contact me as soon as possible, no later than 24 hours in advance, or you

will be financially responsible for the missed session. If during the week a time opens up, you may reschedule your missed session with no extra charge.

The standard meeting time for hypnotherapy sessions is 50 to 60 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the length of your sessions needs to be discussed with your therapist in order for the time to be scheduled in advance.

Cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

### **Telephone Accessibility**

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24-48 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

### **Social Media and Telecommunication**

Niki Payne dba Hypnodipity does maintain an active online presence for promotional purposes. 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. *Due to the importance of your confidentiality and the importance of minimizing dual relationships*, I generally do not accept friend requests or similar connections with clients on social media. This is to protect your confidentiality and privacy. If for some reason we are connected by way of mutual interests (ex. private Facebook groups, special interest communities), it is recommended to have a conversation with your hypnotherapist to establish appropriate boundaries. Please note that social media is not a way to contact me, especially in an emergency. If you have questions about this or something I posted for public consumption, please bring them up when we meet and we can talk more about it.

### **Electronic Communication**

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

1. You may withhold or withdraw consent at any time without affecting your right to care or benefits.
2. Confidentiality protections apply equally to telemedicine.
3. You have access to all clinical information transmitted during telemedicine, with copies available for a reasonable fee.

4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. Telemedicine offers benefits such as convenience, improved access to care, and continuity of treatment. However, there are risks, including the therapist's limited ability to observe physical and non-verbal cues that may be relevant to assessment and treatment. This could impact the provider's ability to recognize important clinical details that you may not verbally disclose.

**Minors**

If you are a minor, your parents may be legally entitled to some information about your treatment. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

**Termination**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the treatment is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, I will provide you with a list of qualified hypnotherapists to work with you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

*By signing below, I acknowledge that I have read, understood and agree to the terms of this document.*

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_