

Disclosure and Consent Form for Hypnotherapy and Counselling.

I, _____ (name of client) have been advised by Amberley R. Tapp the scope of therapy and I give my full consent to receiving hypnotherapy/counselling sessions by the above practitioner. I understand that results vary and that the above practitioner may not guarantee results.

Hypnotherapy and counselling are not replacements for medical treatment, or psychiatric services. I also understand the therapist does not treat, prescribe for or diagnose any condition. I understand the practitioner does not diagnose any condition or illness. I have accurately provided background information as requested by the hypnotherapist.

Integrity

I understand that the practitioner is a facilitator of hypnotherapy and is not practicing any other profession that requires a license under the laws of the Province of Alberta.

Informed Consent

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.

Fees and Financial Arrangements

All individual sessions must be paid upon booking. Prepaid fees are to be used within one year of payment. I understand that all prepaid fees are non-refundable. A full session fee will be charged for less than 48 hours notice of cancellation.

Terminating the Professional Relationship

I am free to terminate any or all sessions at any time, without a refund. I agree to participate in each session to the best of my ability.

Confidentiality

I understand that confidentiality regarding my sessions will be honoured between the practitioner and myself. This same confidentiality is respected when working with minors under the age of eighteen. Except if the practitioner has reason to believe and does believe a dependent (child or elder) is being abused (emotionally, physically, sexually, or financially). If the practitioner has reason to believe and does believe you are going to harm yourself or others (it must be imminent harm). And except if ordered by a court to release files.

Signature of Client Date

Printed name of Parent or Guardian

Signature of Parent or Guardian Date