(Your name, credentials)

(Office Address)

(Email & Phone)

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about (Name)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The reason for your visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in therapy before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hypnotized before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_, and if Yes, please state for what reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your preferred communication method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do I have your permission to record your sessions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As I enter into this relationship, I agree to the following:

1. I am participating in hypnosis by my own choice because I want to be here.

2. I understand that I am not a patient, but a co-operator in my hypnosis experience.

3. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.

4. I understand that transformation is a process and that it can take time.

\*\*\* By signing this form I acknowledge that I will give a 24-hour notice in case I need to cancel or reschedule my appointments and that if I do not that I will pay for the full price of the session that I had scheduled.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As your hypnotherapist, I commit to you that I will utilize all of my skills to help you to reach your goals in the shortest time possible. You have my assurance of my full integrity, professionalism, confidentiality and respect.

Contact Information: My name is (Name, Address, Phone, Email, Fax (if any), Webisite etc)

Education and Training: I was trained in hypnotism at the Institute of Interpersonal Hypnotherapy (formerly the Florida Institute of Hypnotherapy) a Florida Department of Education state licensed school. I am a Certified Member of the International Association of Interpersonal Hypnotherapists (IAIH), and I do annual continuing education to maintain my training at a high level. Add any additional relevant training here if you like.

Notice: AS THE STATE OF FLORIDA HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession, and its practitioners are not licensed by state governments. I am not a physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer to another practitioner. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

Redress: I am a certified member of the IAIH, and practice in accordance with its Code of Ethics. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the IAIH at 2805 West Busch Boulevard, Suite #103, Tampa, Florida 33618 (complaints must be in writing setting forth the basis of the claim). Other services than my own may be available to you in the community. You may locate such qualified providers through the IAIH. As my client you have the right to refuse any aspect of services, to completely terminate services at any time, or to choose another practitioner.

Fees: The charges for sessions through the IIH Clinic are as follows:

* Single session $180 (2 Hours)
* 3 Session Package $513 (6 Hours)
* 5 Session Package $810 (10 Hours)
* 10 Session Package $1530 (20 Hours)

Sessions may last between 1 to 3 hours. Fees are due prior to a single session or prior to the first session in a package. Fees should be paid in the form of credit or debit card through the IIH Clinic Services page found at the following link: <https://www.instituteofhypnotherapy.com/clinic-services/> You will be given a 14-day notice of any change in fees. I have a 24-hour cancellation policy; clients are charged for one and a half hours of time if they do not call to cancel or reschedule in accordance with this 24-hour notice. Hours paid in advance in the form of package deals are good for 6 months from their time of purchase. After 6 months of absence from hypnotherapy, these hours are forfeited. Packages are non-refundable.

Confidentiality: I will not release any information to anyone without a written authorization from you except as provided for by law. You have a right to be allowed access to my written record about you. As my client you have the right to complete and current information concerning any aspect of the professional/client relationship.

Insurance: I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, most insurance companies do not cover hypnotic services, and I caution you not to expect them to do so.

My Approach: It is my goal to help you to achieve lasting results through the use of hypnosis, NLP, meditation and other related self-help modalities. Through the power of your own mind, I will assist you in reaching your goals in a way that you and I both agree to be in your best interest, and in a way that is in compliance with state and federal laws, as well as with the standards of the organizations to which I belong. I agree to use my experience to facilitate the changes as are mutually agreed to be in your best interest. I am professionally committed to helping you achieve your goals in a timely manner.

Your signature below affirms the following:

I am of legal age and understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ hypnotic techniques, regression, NLP and any other appropriate modality by (Your Name Here). Therefore, I being of legal age or with a parental signature if under 18 years of age, my heirs, executors, administrators and assignees, do hereby release and discharge the Institute of Interpersonal Hypnotherapy, the International Association of Interpersonal Hypnotherapists, and (Your Name Here), and any associated employees from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my cooperative participation. I understand that recordings may be made during my sessions for my personal ongoing use and with my preapproval and knowledge and (Your Name Here) retains the copyright of these recordings. Any concerns or questions can be addressed with the International Association of Interpersonal Hypnotherapist as the governing and credentialing body.

I have received and read this Client Agreement and Disclosure Form and understand what I have read:

Client Name (Print) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Parental Signature if under 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hypnotherapy is a self-regulated profession and does not qualify for state licensing in the United States. The International Association of Interpersonal Hypnotherapists is the credentialing body for Institute of Interpersonal Hypnotherapy (formerly the Florida Institute of Hypnotherapy), a Florida Department of Education state licensed school offering career Diplomas in Hypnotherapy, Clinical Hypnotherapy and Transpersonal Hypnotherapy. The IAIH’s Ethics Committee can suspend or revoke certification of its members. Certification is awarded to those who complete 500 hours of training and receive State Licensed Diplomas from IIH. Alternatively, certification and membership is also granted to a hypnotherapist who has attended a state licensed school or the international equivalent, received at least 300 hours of training, and who has successfully completed the IAIH Interpersonal Hypnotherapy Course and passed the IAIH practical and written exam. The IAIH has the highest standards and requirements for certification of any major hypnotherapy credentialing body currently in the United States. Hypnotherapists certified by IAIH have agreed to provide professional services in accordance with the IAIH Code of Ethics. IAIH Hypnotherapists practice within the scope of their individual credentials and engage in the profession legally and ethically. IAIH Hypnotherapists also understand and embrace the hypnosis laws that regulate our profession on international, federal, state, county and city levels. The IAIH works with state and federal legislators to raise the industry standards and protect the practice of hypnosis by qualified practitioners.

When you see the IAIH logo you have the assurance that the hypnotherapist is highly trained and certified. Clients choosing an IAIH Certified Hypnotherapist are entering into a professional relationship knowing it is a cooperative relationship designed to assist the client to reach their goals in a timely manner. The IAIH defines hypnosis as a natural, yet altered, state of mind where communication and responsiveness with the subconscious mind is present. Ultimately hypnosis transcends the critical and analytical level of mind and thought, providing a natural yet altered state wherein practitioners can help facilitate the acceptance of suggestions, directions and instructions desired by the client. Through IAIH hypnotic techniques and teachings the client’s deep inner mind can access information and insights necessary to extend themselves and others the forgiveness, understanding, compassion, acceptance and ultimately love necessary to produce a compassionate philosophy and state of being.

IAIH Hypnotherapists are committed to honoring the importance of relationships in every aspect of the human experience. In cooperation with clients and with mutually agreed upon goals, IAIH Hypnotherapists utilize their advanced training to personalize an approach to uncover life defeating and limiting belief systems of their clients, identify repeating negative patterns, and use sound principles and techniques to help clients discover their inner transformative power, reframe defeating or negative thoughts into positive truthful thoughts and feelings, and achieve effective and lasting results.

It is the goal of every IAIH Hypnotherapist to help clients achieve their goals as quickly as possible and to become obsolete in the client’s life in a timely manner by empowering each client with powerful techniques to achieve goals and resolve issues through self-hypnosis, hypnotic reprogramming and reframing techniques. The IAIH Interpersonal hypnotherapist will utilize dialogues, and advanced hypnotic techniques honoring the sacredness of the relationship while working to uncover underlying patterns or limiting belief systems and ultimately transforming those to align with the truth that all persons are perfect, whole and complete, and worthy of love, abundance and respect. Through this, the IAIH Interpersonal Hypnotherapist empowers the client, and together they achieve effective and long-lasting results.