

<<YOUR LOGO>>
<<YOUR NAME & PRACTICE ADDRESS>>

Client Agreement Code of Care

- ✓ The client will be treated with respect and care at all times.
 - ✓ Disclosure of all information during therapy and consultations remains confidential.
 - *The hypnotherapist has a professional obligation to report to relevant authorities any suspicion of abuse or harm to a child.*
 - *The hypnotherapist has a professional obligation to report to relevant authorities any concerns if they believe the client may be intending to cause harm to themselves, the therapist or others.*
 - *A query on suitability or conflict of therapy with other treatment practitioners may have to be sought occasionally, with client knowledge.*
 - ✓ If receiving medical treatment of any kind, it is recommended that proper diagnosis is sought where relevant, to assist the therapist and also to inform those professionals of your enquiries toward Hypnotherapy.
 - ✓ A full copy of The AfSFH Code of Conduct is readily available. **<<AMEND AS APPROPRIATE>>**
 - ✓ This generally complies with that of the CNHC, a Department of Health supported Register on which I am also a registered member. **<<AMEND AS APPROPRIATE>>**
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Treatment Consent

- ✓ The therapist has fully explained the procedures and treatment, together with any self-help on my part (child's part – PTO).
- ✓ I accept the fee payable and note the 2 days' notice of cancellation of appointment that is required, otherwise half the fee will be charged. **<<AMEND AS APPROPRIATE>>**
- ✓ I understand that Hypnotherapy may involve light touch on occasion, but only in regard to assisting individuals on or off furniture or for using equipment such as a GSR meter if applicable. Full clothing is retained at all times. Respect for me, the client, and body privacy will be constantly maintained. **<<AMEND AS APPROPRIATE>>**
- ✓ The therapist reserves the right to refuse or postpone treatment if they feel threatened or disrespected.

I have read the agreement above and accept the treatment on those terms.

Signed _____ Date _____

Print Name _____

Therapist's Signature _____

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Parental/Guardian's Consent

I understand that as parent/guardian of _____ I must give consent before a child under 16 years of age (or under 17 with special needs) can receive hypnotherapy and that I or an agreed adult will also accompany the above person to their appointments.

I have been informed by _____ (hypnotherapist) that I must consult a doctor concerning the health and wellbeing of my charge, according to Law.

I have asked about/seen the current CRB certificate of the hypnotherapist.

I have read and understand the agreement and give permission for any treatment to take place.

Signed _____ (Parent/Guardian) Date _____

Print Name _____

Therapist's signature _____ (witness)