



Client Agreement and Disclosure Form

Helen Campbell Hypnotherapy

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

How did you find out about Helen? _____

The reason for your visit? _____

Have you ever been in therapy before? _____ Hypnotized before? _____

Are you seeking help with a diagnosed medical condition? _____, if Yes, please state for what

reasons? _____

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 no warranties have been extended and no specific outcomes have been guaranteed.
5. I acknowledge that I am solely responsible for my actions or inactions including what I do or do not do with the information and issues I uncover during this process.
6. I understand that Helen Campbell is not a medical doctor, psychologist, or mental health professional and that hypnotherapy services are non-therapeutic and not intended to take the place of professional counseling, medical or psychological care and should not be used as a substitute for diagnosis or treatment of any condition. I understand that if I am under the care of a doctor for any medical condition, including those mentioned above, I must obtain a signed, written referral from your provider before booking your appointment.
6. 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 _____

General Information

Contact Information: Helen Campbell, CCHt., 1853 Longleaf Rd, Cocoa, FL 32926, 321-302-2349



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Education and Training: I was trained in hypnotism at the Institute of Interpersonal Hypnotherapy (formerly Florida Institute of Hypnotherapy), Tampa, FL a Florida Department of Education state licensed school. I do annual continuing education to maintain my training at a high level.

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 practice in accordance with the IAIH 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 2901 West Busch Boulevard, Suite #806, Tampa, FL 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 my services are as listed online . Sessions may run from 1 to 2 hours (except for quick anxiety relief session.) Fees are due at the time of each session in the form of cash, check, credit card, Venmo, and PayPal. I have a 24-hour cancellation policy; clients are charged for one session 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.

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.

Limits of Hypnotherapist and Client

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



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techniques, regression, NLP and any other appropriate modality by Helen Campbell. 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 Helen Campbell, any of her 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 Helen Campbell 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: _____

Client Signature: _____ Date: _____

Parental Signature if under 18: _____