



PERSONAL INFORMATION

Name		
Street Address		Apartment #
City	State	ZIP
Tel : Mobile	Email	DOB (mm/dd/yy)
Emergency Contact		Emergency Contact - Tel

SESSION FOCUS

What specific change do you want from this session?
When this issue shows up, what happens automatically?
What have you already tried to change this?
If this problem disappeared, is there anything you fear might happen or change as a result?

MEDICAL HISTORY

Are you currently working with a therapist, psychiatrist, or other mental health professional)? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If yes, please provide details below:</i>)
Have you ever experienced psychosis, schizophrenia, manic episodes, or seizures? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If yes, this session may not be appropriate.</i>)
Please list all current medications:
I understand that hypnosis is not a medical or psychological treatment and does not replace therapy or medical care. I understand that results vary and that this session is focused on insight, decision-making, and internal change. Signature _____ Printed Name _____ Date _____



CLIENT BILL OF RIGHTS & CONSENT FORM

CONTACT INFORMATION: My name is Alexander H Guldbeck, CH (Certified Consulting Hypnotist). I can be contacted at (972) MR-HYPNO, innergeniuscoaching@gmail.com, or through my website, www.innergeni.us. Sessions are by appointment only.

EDUCATION & TRAINING: I was trained in hypnotism and NLP at Lightwork Seminars, Inc and became a Certified Consulting Hypnotist in February 2011. I am a Certified Member of the National Guild of Hypnotists (NGH), which requires annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. I also have extensive additional training and certifications. Please refer to my website or ask me in person for additional details.

REQUIRED NOTICE: AS THE STATE OF FLORIDA HAS NOT ADOPTED ANY 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 or a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. A client has the right to refuse or terminate 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 scope and duration of sessions, and may assert any right without retaliation.

REDRESS: I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve, you may contact the National Guild of Hypnotists at P. O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress.

FEES & PAYMENT: The charge for general hypnotherapy is \$250 per 90 minute session. Payment is due in full at the time of service by cash, check or paypal. A \$35 fee will be assessed on all returned checks. **Fees are subject to periodic review and change.**

CANCELLATION POLICY: My time is my income and my hours are by appointment. Your time slot is reserved exclusively for you. Please arrive promptly to obtain your full session. A **24-hour cancellation notice is required**, except in an emergency or inclement weather. If you must cancel or reschedule due to an emergency, please notify me as soon as possible. Thank you for your consideration.

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 or a summary of my record about you.

INSURANCE: I do not file insurance or any other third party claims. Insurance companies usually consider hypnosis as an alternative therapy and therefore do not cover it. Some Flex Spending accounts or Employer Wellness Programs may reimburse employees. Upon request, a statement will be provided for you to submit for possible reimbursement. Please check with your company.

MY APPROACH: Hypnosis is safe and non-invasive. The services I render are held out to the public as a form of motivational coaching and education. I do not represent any of my services as any form of health care, psychotherapy or counseling. Hypnosis is not meant to be a substitute for psychological or professional counseling. If you have an ongoing mental health problem, please consult a professional licensed in the State of Florida. I use hypnosis to motivate clients to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic ability, reduce/manage stress, focus on positive thoughts and desired outcomes, and for other social, educational and cultural endeavors. I do not practice medical hypnosis and make no health benefit claims for my services. In some cases it may be necessary to respectfully touch the client's shoulders, hands, wrists, legs, or forehead in order to assist in relaxation.

GUARANTEE AND REFUND POLICY: No guarantees as to the effectiveness of hypnosis for your particular problem are made or implied, as it is impossible to guarantee human behavior or compliance. Therefore, no refunds for services are given. Hypnosis is not a quick fix or magic pill. A hypnotist is considered a guide or facilitator. You assume equal responsibility by making a commitment and allowing yourself to be guided into a state of hypnosis.

BY SIGNING THIS DOCUMENT I CONFIRM THAT I HAVE READ THIS CLIENT BILL OF RIGHTS AND I FULLY UNDERSTAND AND AGREE TO THE TERMS & CONDITIONS OUTLINED THEREIN. I acknowledge receipt of a copy of this statement for future reference.

Signature _____ Printed Name _____ Date _____