

# HYPNOTHERAPY CLIENT AGREEMENT

Partaking in therapy will require you to agree to this agreement.

## THERAPIST PROFESSIONAL INFORMATION

I am a certified hypnotherapist trained at HypnoTC - The Hypnotherapy Training Company.

HypnoTC's training has been externally accredited by the General Therapy Register, the Federation of Holistic therapists and the British Institute of Hypnotherapy.

I adhere to the code of ethics and professional conduct of the National Council of Hypnotherapy and National Guild of Hypnosis.

Documents can be accessed here: <a href="https://www.hypnotherapists.org.uk/about-nch/code-of-ethics/">https://www.hypnotherapists.org.uk/about-nch/code-of-ethics/</a> and here: <a href="https://ngh.net/safe-ethical-practice/">https://ngh.net/safe-ethical-practice/</a>. Printed copies are available on request.

I am fully insured by Balan's insurance.

#### **CONFIDENTIALITY INFORMATION**

All sessions will be conducted in the strictest of confidence and this confidence will be maintained and applied to any and all records including written informal notes, audio or video recordings in accordance with the Data Protection Act and the subsequent GDPR legislation except in the following circumstances:

- where the client gives consent for the sharing of information including contacting their GP
- where disclosure on the part of the therapist is required by UK law
- where therapists considers the client to be an imminent danger to themselves or others

### THERAPIST AGREEMENT

I will

- ensure that the care of my client remains my primary concern
- ensure that a professional therapist-client relationship is to be adhere to at all times
- act in the best interest of my client at all times
- act only within the limits of my expertise (knowledge, skills, experience and training).
- ensure that where a client's requirements are beyond my current expertise, or if it is apparent that
  hypnotherapy is not the most suitable for treatment, I will offer referral options to another therapist or health
  care professional.
- maintain appropriate and effective communication with my client, other members and professionals
- carry out my duties in a professional and ethical way
- behave with integrity and honesty at all times
- explain fully to clients in advance of any treatment: my fees, terms of payment and any charges which might be
  levied for non attendance or cancelled appointments (see cancellation policy below)

#### **CLIENT AGREEMENT**

## I will

- arrive at my schedule session on time
- tell the truth at all times as it's within my best interest to do so
- actively participate in my therapy session as required
- complete any at home tasks activities including self hypnosis set by the therapist
- respect my therapist and act in a respectful manner at all times
- maintain appropriate and effective communication with my therapist

## I understand:

- that hypnotherapy is contraindicated in: psychosis, severe depression, dementia, diminished/ poor mental capacity, brain damage and I will let my therapist know if any of these apply to me.
- that good / lasting results may take may require several sessions
- that therapist is not held accountable for results achieved or not achieved
- therapy may be terminated at the therapist's discretion where deemed appropriate

## **CANCELLATION / REFUND POLICY**

All therapy sessions must be paid at least 48 hours in advance in order to secure your booking. Refunds will be given if 24 hours notice is given prior to session time.

Client Full Name:	Therapist Full Name:
Client Signature:	Therapist Signature:
Date:	Date:

Updated May 2025