

[Your Name]
[Your Address]
[Your Email or Contact Number]

[Date]

The Chairperson

[Health Fund Name]
[Health Fund Address]

Dear Sir/Madam,

Re: Request for Inclusion of Clinical Hypnotherapy in Health Fund Rebates

As a committed member of your health fund, I am writing to request that Clinical Hypnotherapy be considered for inclusion in your suite of approved allied health services.

I have received treatment from a **Clinical Member of the Australian Hypnotherapists' Association (AHA)**, a professional who has completed **over 1000 hours of comprehensive training** in Clinical Hypnotherapy and related disciplines. The standard of care I received was exceptional — highly professional, deeply compassionate, and most importantly, effective in addressing the health concerns I sought help for.

Clinical Hypnotherapy is a fast-growing, evidence-supported modality that supports a range of health goals including chronic stress, anxiety, smoking cessation, weight management, insomnia, and behaviour change. It has empowered me to take control of my wellbeing and achieve results that were not possible through other avenues.

It is surprising — and disappointing — that your fund does not currently offer rebates for hypnotherapy provided by trained and accredited professionals. Given the low-risk, non-invasive nature of the therapy, and the growing body of scientific support for its efficacy, I believe it aligns well with your commitment to providing members with holistic, evidence-informed treatment options.

Members of the Australian Hypnotherapists' Association meet the standards outlined in the **Private Health Insurance (Accreditation) Rules 2011**. This includes rigorous training requirements, ongoing professional development, supervision, and adherence to a strict Code of Ethics. I understand that many leading health funds have previously recognised these practitioners for provider status.

To explore this further or to discuss inclusion criteria, I encourage you to contact the **Australian Hypnotherapists' Association** directly via their free advisory line on **1800 067 557**.

Thank you for your time and consideration. I hope you will support access to this valuable service for members like myself who have experienced its benefits firsthand.

Yours sincerely,

[Your Full Name]

Health Fund Member Number: _____