**Consent Form to Receive Solution Focused Hypnotherapy**

* I understand that I am embarking on a course of Solution Focused Hypnotherapy from Laura Savell Hypnotherapy. That I have certain responsibilities within that course of therapy both to myself and my therapist in order to maximise the results.
* I undertake to attend sessions regularly and to give 24 hours’ notice of cancellation. If I fail to give the agreed 24 hours’ notice I agree to pay the full session fee for a face to face appointment and half the session fee for an online appointment.
* I undertake to participate in activities between sessions as set out by my therapist and I understand that by doing so I will get maximum benefit from each session.
* I have had the process explained to me and understand what it entails.
* I understand that the duration of therapy predicted by the therapist is an estimate and it may take longer than originally planned. I also understand that whilst the therapist has predicted the results based on previous experience , there are no guarantees of the outcome of the therapy.
* I have read and understand the Privacy Notice (GDPR policy) provided by my therapist.
* I am aware that my therapist may break confidentiality if they deem that it is necessary to safeguard myself or others or if it prevents a crime from being committed.
* I have been informed that once therapy has been completed the therapist will remove my number from their phones and delete prior communication in a timely fashion.
* I have been given the chance to ask questions and accept these terms and conditions.

I, (Print name in block capitals):

Of, Address:

Telephone No:

Hereby consent to receiving Solution Focused Hypnotherapy from Laura Savell and agree to the above conditions.

Signed:

Date: