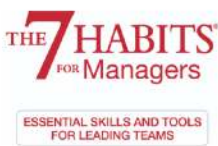


Client's Bill of Rights

Professional ethics

I am a Certified Member of the National Guild of Hypnotists (NGH) and practice in accordance with its [Code of Ethics and Standards](#). I complete annual continuing education to maintain my training at the highest level. NGH is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized and rigorous credential for the professional practice of the hypnotic arts. If you ever have a complaint about my services or behavior that I cannot resolve for you personally you may contact the [National Guild of Hypnotists](#) to seek redress.



Additionally, I am a professional life and career coach and maintain numerous professional certifications in the areas of personal and professional development, leadership development, diversity training, critical thinking, time management, team performance, corporate culture, and organizational effectiveness & engagement.

Confidentiality and privacy

I maintain the confidentiality of all knowledge and information concerning my clients. I will not tell anyone that you are my client. I may disclose information only when required by law or when authorized by those responsible for the client's care.

Scope of practice

As a hypnotist my role is help you resolve everyday problems using hypnosis. I am not a medical doctor or mental health practitioner. I do not diagnose, prescribe, treat, cure, or heal any disease. The services I render are of a non-medical nature and not a form of health care or psychotherapy. The physical and mental well being of each client is my primary consideration. I recommend that you seek medical and/or professional help when appropriate. Hypnosis is not a substitute for medical treatments or medications. I will withhold non-referred hypnotic services if a client's behavior, appearance or statements would lead a reasonable person to believe that the client should be evaluated by a licensed health care professional, and will provide services to such clients only after evaluation and with the approval of the licensed health care professional. If you need a diagnosis or any other type of treatment from a different practitioner, I will assist in a coordinated transfer of services to another practitioner.

My signature/eSignature means that I have received and read this Client Bill of Rights and understand what I have read.

Client Signature:

Print Client Name:

Client Email Address:

Date: