

## **Informed Consent and Confidentiality**

*Please print your name in the first space, then sign, print and date below to indicate that you understand what you have read.*

I, \_\_\_\_\_, agree to engage in the process of non-therapeutic hypnosis. I understand that I will have all choices at all times and can start and end the process at any time, even during my session. The services I render are held out to the public as non-therapeutic hypnotism, defined as the learning of self-hypnosis to induce positive thinking, create commitment to change and to learn the techniques of self-hypnosis to produce self-control over physical experiences and emotional awareness. I do not represent my services as any form of health care or psychotherapy, and I may make no health benefit claims for my services.

I agree to continue medication as prescribed by my attending physicians and understand that hypnotherapy is not a substitute for medical care. I understand a hypnotist neither diagnoses nor treats any medical or mental health condition, instead offering tools of self-discovery and awareness to compliment any medical treatment prescribed by a physician. If any medical symptoms progress or become acute I agree to seek medical attention from a licensed healthcare provider. In the event of a medical emergency or if I feel suicidal, I will call 911 or other emergency help.

I understand that the methods of hypnosis include relaxation, breath work, creative visualization, positive affirmation, self-awareness development and other techniques and may produce physical and emotional responses. I agree to inform my hypnotist of any adverse feelings or experiences related to this process, at the time of my awareness of them.

I have been informed as to the limits of hypnosis effectiveness and offered referral to other providers of alternative approaches to problem solving.

Records are kept of all sessions; these records are private and confidential and are not shared with any other party without permission unless it is deemed necessary due to child protection issues or other confidentiality exclusions.

All sessions are private and confidential. The only time confidentiality will be breached is when there are legal and statutory requirements (for example giving evidence in court), duty of care (for example child protection issues, client considered to be a serious risk to themselves or others) or giving information to the police (for example in a criminal investigation). Information may also be shared privately and confidentially during my own clinical supervisions which are used to monitor my work and performance and stimulate further ideas for good practice.

I am over age 18, and consent to hypnosis services offered by Barb Davies.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_