

Client Bill Of Rights

Contact Information: My name is Linda Cole. I can be contacted at linda@optimisticinsight.com or by telephone 401-339-3942.

Education and Training: I was trained in hypnotism through the National Guild of Hypnotists. I am Certified Member and I do annual continuing education to maintain my training at a high level. My credentials are (CH) Certified Hypnotist.

Notice: "THE STATE OF RHODE ISLAND HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THE STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY". Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am neither a physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

Redress: I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. 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 at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the telephone book.

Fees: The charge for my services is \$100.00 per hour session. The first session is \$150.00 which includes a complete Intake Assessment. You will be given a 14 day notice of any changes in fees. I **do not** accept insurance coverage.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

Insurance: I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

My Approach: I firmly believe we all have the ability to improve our lives and hypnosis is an excellent tool to help improve the quality of life with positive lifestyle changes that lead to accomplishing realistic goals.

Client Signature: I have received and read this Client Bill Of Rights and understand what I have read.

Client Name: _____

Client Signature: _____ **Date:** _____

Phone Number: _____ **Email** _____