

Myrto Lussier Certified Hypnotherapist
CLIENT CONSENT FORM

Client Name (Printed):

Initials	Form to be completed by client (or parent/guardian if client is under the age of 18)
Initial: _____	<p>Consent For Treatment: “I, _____, authorize and request that Myrto Lussier, Certified Hypnotherapist provide treatment and counseling. I understand that this treatment is a collaboration. My success is dependent on my motivation to change and my commitment in sessions with Myrto Lussier and in between sessions at home.</p>
Initial: _____	<p>Financial Terms: Hypnotherapy hourly sessions are typically 60 minutes in length and are billed at \$150/hr. I do not charge for phone calls under 10 minutes. If phone calls become excessive, or they are over 10 minutes in length, I will bill for time spent according to my hourly rate. Please pay at time of services rendered.</p>
Initial: _____	<p>Cancellations and Missed Appointments For a harmonious and productive collaboration I would request the following:</p> <ol style="list-style-type: none"> 1. Be as honest with me as you can. 2. Arrive on time for our sessions. 3. Do not drink alcohol or take any illegal drugs within 24 hours of our sessions. 4. Provide me with at least 24 hours cancellation notice. (If an appointment is missed or cancelled with less than 24 hours notice, you agree to pay me my full fee for the missed appointment). <p>Frequent cancellations may result in the termination of your treatment; your compliance in keeping appointments and active participation in the treatment process are vital.</p>
Initial: _____	<p>Confidentiality: All information between therapist and client is held strictly confidential unless:</p> <ol style="list-style-type: none"> 1. You authorize the release of information with your signature (or parent/guardian). 2. You present a danger to self. 3. You present a danger to others such as threats to harm another person(s). 4. You report suspected child abuse. 5. You report abuse of the elderly.
Initial: _____	<p>Communication via text messaging and email:</p> <ol style="list-style-type: none"> 1. While I use reasonable means to protect and secure conversations between us, electronic communication is sometimes susceptible to unforeseen and unauthorized access by third parties and therefore confidentiality cannot be always be guaranteed. 2. You are encouraged to protect your own confidentiality by controlling access to your communications with me (by using passwords only known by you, controlling access to your computer, deleting data if needed, etc.) 3. If we are communicating by text or email, and you have questions about the meaning of my statements to you, you are asked to bring these to my attention as soon as possible so that any misunderstandings may be explained. 4. If you prefer to not communicate through text or email, please let me know in advance.
	<p>Patient / Guardian’s Signature: _____ Date: _____</p>