**Therapy Contract**

**Therapist’s Professional Information**

I am qualified to diploma level with HypnoTC: The Hypnotherapy Training Company, whose training has been externally accredited by The General Hypnotherapy Register (GHR), The Federation of Holistic Therapists (FHT) and The British Institute of Hypnotherapy & NLP (BIH).

I am also a Certified Hypnotherapist (C.H.) with the National Guild of Hypnotists (NGH), of which HypnoTC are a recognised training provider.

I also have a Level 2 Certificate in Counselling Skills.

I adhere to the Code of Ethics and Professional Conduct of The General Hypnotherapy Register (GHR), The National Guild of Hypnotists (NGH) and The Complimentary and Natural Healthcare Council (CNHC). You are welcome to see a copy of these codes, which also gives you information about the complaints procedure.

I am fully insured by Holistic Insurance Services.

**Confidentiality Information**

All sessions will be conducted in the strictest confidence and this confidence will be maintained and applied to any and all records (including written informal notes, audio/video recordings), in accordance with the Data Protection Act and the subsequent GDPR legislation, except in the following circumstances:

* Where the client gives consent for the confidence to be broken (including: contacting GP)
* Where disclosure on the part of the therapist is required by UK law
* Where the therapist considers the client an imminent danger to themselves or others.

**Therapist Agreement:**

I will:

* Ensure that the care of my client(s) remains my primary concern
* Ensure that a professional therapist-client relationship is to be adhered to at all times
* Act in the best interest of my client(s) at all times
* Act only within the limits of my expertise (knowledge, skills, experience and training)
* Ensure that where a client’s requirements are beyond my current expertise, or it is apparent that hypnotherapy is not the most suitable form of treatment, I will offer referral options to another therapist or healthcare professional
* Maintain appropriate and effective communication with my client(s), other members and professionals
* Carry out my duties in a professional and ethical way
* Behave with integrity and honesty at all times
* Explain fully to clients in advance of any treatment: My fees, precise terms of payment and any charges which might be levied for non-attendance or cancelled appointments (as stated in my cancellation policy – see below).

**Client Agreement:**

I will:

* Arrive at my scheduled session(s) on time
* Tell the truth at all times, as its within my best interests to do so
* Actively participate in my therapy session(s) as required
* Complete any homework tasks/activities (including self-hypnosis) set by the therapist
* Respect my therapist and act in a respectful manner at all times
* Maintain appropriate and effective communication with my therapist.

I understand:

* That good/lasting results may require several sessions (as indicated by the therapist)
* That the therapist is not held accountable for results achieved/not achieved
* That therapy may be terminated at the therapist’s discretion (where deemed appropriate)
* That a professional therapist-client relationship is to be adhered to at all times
* That any physical or verbal abuse will not be tolerated.

**Payment details**

Payment is due when the consultation is booked and all fees need to be paid and received at least 48 hours before the time of your session. Payment can be made automatically when booking otherwise in limited circumstance I am prepared to take payment via: bank transfer (account details given when booking), card payment or cash.

***Cancellation and Refund Policy***

As I need to organise my week in advance, I need at least 48 hours notice if you want to cancel or re-arrange your consultation and I will refund the fee you have paid in full, otherwise your fee is non-refundable.

**Consent and confirmation**

To the best of my knowledge all the information I have provided is correct and accurate.

I confirm that I have read, understood and agree to the terms of therapy as presented in this therapy contract and I consent to be placed into hypnosis and undergo hypnotherapy.

**Client’s Full Name (PRINTED): Therapist’s Full Name:**

**Client’s Signature: Therapist’s Signature:**

**Date: Date:**