

Client Information and Participation Agreement

Priya E. Pinto provides the following services: Clinical hypnotherapy and Self-hypnosis Training, with the International Board of Hypnotherapy Certification Number: F10317-477

This information will be used to aid in serving you as the client.

Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner.

Your honest answers serve in your receipt of appropriate care and service.

Hypnotherapists want clients to answer honestly, because the client may need a referral to a licensed mental health practitioner or physician instead of having hypnotherapy sessions.

All information will be kept confidential within the Health Insurance Portability and Accountability ACT (HIPAA) regulations.

Client's Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

_____ Initial that you agree to the use of email correspondence

_____ Initial if you agree to receive a customized self-hypnosis MP3 via email

Phone number you prefer to be reached at - (____) _____ Is it ok to leave phone messages or text you at this number? _____ Age _____

Marital Status _____

1. What is the main issue you wish to resolve with hypnotherapy?

2. Medical conditions or challenges:

3. Are you currently under a physician's care for any of the above conditions

(a) If so, name of physician:

4. When was your last visit with a physician?

5. Was anything about this visit notable?

If so, explain briefly:

(a)

Client Information and Participation Agreement, continued:

6. Are you currently taking any medication(s)?

a) If so, what are the names of the medications, and how do they affect you?

7. Have you spoken to your physician about hypnotherapy as an adjunct to your treatment:

8. Have you ever been hypnotized:

a) If so, briefly explain your experience:

9. Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist or psychotherapist?

a) If so, give a brief history of your mental health treatment and the results of your treatment:

10. Are you receiving any mental health treatment now?

a) If so, name of mental health professional:

b) Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment?

11. Do you have thoughts of hurting yourself or taking your own life?

12. Do you take any prescribed psychotropic medications?

a) If so, what are the names of the medications, and how do they affect you?

13. Were you referred to me?

a) If so, by whom?

14. Briefly describe your spiritual/religious beliefs or life philosophy:

Client Information and Participation Agreement, continued:

Other issues or areas I would like to resolve:

- Stress
- Forgiveness
- Guilty or Angry Feelings
- Relationship Issues
- Fears, Phobias or Trauma Recovery
- Job Performance
- Low Self Esteem or Shyness
- Unwanted Habits
- Lack of Motivation
- Smoking Cessation
- Body Shape
- Sports Performance
- Spiritual Growth
- Self Confidence
- Test Taking/Accelerated Learning/Memory Improvement
- Chronic Pain (already accessed by a physician)
- Accelerated Healing (already accessed by a physician)

Other:

Client Information and Participation Agreement, continued:

Like the practice of medicine, Hypnotherapy, Self-hypnosis, and Regression are not absolute sciences.

I personally know of no case on record where an individual has been harmed by the use of these methods. I do know of thousands of cases where people of all walks of life have benefited greatly from the use of these methods.

As a general practice, it is necessary for everyone taking part in private sessions, classes, workshops and seminars with Priya, to sign this Release of Liability Agreement. I am of legal age, and in consideration of my acceptance as a participant in this Private Hypnotherapy session, Seminar, Workshop, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Priya E. Pinto and any of her employees, her employer, or other participants in participation in said activities, from all claims of damages arising from, or growing out of my participation in said activities.

I agree that any claim of damages or disputes arising from my participation in hypnotherapy sessions, hypnotherapy regression therapies, processing emotions methods, guided imagery, or events, should it arise, shall be settled by binding arbitration before an extra-judicial arbitration and mediation service selected by the parties. I further understand that recordings may be made at any of these events, and that Priya E. Pinto and her organization retain the copyright to all of these recordings.

Signature _____ Date _____

If under eighteen years of age:

Legal Guardian: _____ Date _____

Client Information and Participation Agreement, Confidentiality of Information

Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies, are the following:

1. Knowledge of child abuse or neglect.
2. Knowledge of senior citizen abuse or neglect
3. A client poses a serious risk of suicide and is an imminent danger to self.
4. A client poses a threat of imminent danger to another person.
5. A Judge, by issuance of a court order, may obtain information
6. Report to law enforcement authorities knowledge of a felony that has been, or is being committed.

In other situations, signed authorization for release of information is required.

Client _____ Date _____
Hypnotherapist _____ Date _____

Client Information and Participation Agreement, continued

In order to be more successful in reaching my goals, I agree to:

1. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
2. Recognize that my thoughts, feelings, images and actions have a direct effect on the quality of my life.
3. Acknowledge that my well being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
4. Accept that blaming others or myself is totally futile.
5. Take responsibility for my experience of life, because I create my life to the best of my ability in the moment, with what I know right now.
6. I agree to be on time for my sessions and allow at least 24 hours of advance notice should I need to cancel or reschedule a session. [\(716\) 427-3788](tel:7164273788)

If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Priya E. Pinto or her organization, please feel free to contact the International Board of Hypnotherapy at 2132 Osuna Rd NE, Ste. B, Albuquerque, NM.

It is your right to refuse any aspect of her services and to seek the service of another hypnotherapist at any time. Ms. Priya E. Pinto's fee is \$110. Sessions are from 45 to 90 minutes in length.

I understand that all services provided by Ms. Priya E. Pinto are for educational and self-improvement purposes only. I further understand that these services are not the practice of medicine or psychotherapy and are, therefore, not offered as a replacement for counseling, psychotherapy, psychiatric or medical treatment.

Hypnotherapy is an educational process that facilitates access to internal resources that assist people in increasing motivation, or altering behavior patterns through hypnosis to create positive change. The education of hypnotherapy is classified under Human Services in the Health and Human Services Division of the Classification of Instructional Programs by the United States Department of Education.

The services provided are also described in the Dictionary of Occupational Titles published by the U.S. Department of labor, see code 079.157.010.

Client / Co-Therapist _____ Date _____

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest possible time.

Clinical Hypnotherapist _____ Date _____

Priya E. Pinto, CMS-CHt