

Client Bill of Rights and Disclosure Information

Contact Information: Kathie Brodie, Certified Hypnotist, 18505 Firlands Way North, Shoreline, WA 98133. Phone (206) 353.2178.

Registration: Registered hypnotherapist and reconnection healer in the state of Washington, registration number is HP10001562.

Education and Training: I received initial certification training in Hypnosis from Crystal White, who is certified by the National Guild of Hypnotists as a trainer. I also hold a Certificate of Completion from Steve Rother in Inverse Wave Therapy and Emotional Freedom Technique. I maintain a high level of expertise through regular participation in a variety of professional courses and advanced educational forums.

Professional Memberships: I am a member in good standing of the National Guild of Hypnotists.

Notice: AS THE STATE OF WASHINGTON HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS 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 not a physician 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. The client is responsible for choosing the provider and treatment modality which best suits their needs. The client always maintains the right to refuse hypnosis services at any time. In the event my services are terminated by a client, the client has the right to coordinated transfer of services to another practitioner. A client has a right to be free of physical, verbal and sexual abuse. A client has a right to know the expected duration of treatment, and may assert any right without retaliation.

Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act in regulating counselors is: (A) to provide protection for public health and safety; (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Redress: I am a certified member of the National Guild of Hypnotists and practice within its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists to seek redress at P.O. Box 308, Merrimack, NH, 03054-0308 or call (603) 429-9438. You can also contact the Washington State Department of Health at PO Box 47869, Olympia, WA 98504-7869 or call (360) 236-4700.

Fees: The session fee is \$325.00 for the stop smoking program payable at the beginning of the first session. All other hypnosis sessions are \$100 per hour. Classes and package sessions are priced separately and are payable at the beginning of the class or session.

The first session is usually 1 - 2 hours which allows time for intake, questions and answers and the session itself. Payment options include cash, check, or credit card (VISA, MasterCard or Paypal). A receipt will be provided. Generally, insurance companies do not cover hypnosis and as a result I do

not process insurance claims at this time. Some employers do cover smoking cessation so I would encourage you to check with your employer or your health care provider before your appointment.

Cancellation & Rescheduling Policy: No problem for appointments that are cancelled or rescheduled with at least 24 hours notification. No-shows or appointments changed with less than 24 hours notice will be billed \$95, payable before the next scheduled session. One grace cancellation is extended to all clients without charge. Please let me know if there are extenuating circumstances that result in a missed appointment.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided by law.

My Approach: My therapeutic orientation is client-centered and primarily utilizes clinical hypnosis, guided imagery, and Emotional Freedom Technique (EFT) and metaphors. It is non-diagnostic and non-psychological. It is not intended to replace medical or psychological therapies and services, but may be used in conjunction with them. The primary objective is self-improvement. The client is actively involved in the process and ultimately responsible for the number of sessions and the changes they wish to make. I do not guarantee or promise any specific outcomes. All hypnosis is considered self-hypnosis. It involves focusing awareness or attention internally. In this state of focused attention the individual is highly responsive to suggestion. Hypnosis can bring up negative feelings, emotions and memories. It is important for the client to always communicate with the hypnotherapist any questions or concerns they have.

IT IS AGREED between client and the practitioner that no lawsuit of any kind shall be brought until the Arbitration procedures of the county and state where the session is rendered shall be exhausted and any lawsuit shall only be maintained in the county and state where the session was rendered. The non-prevailing party at the arbitration shall be responsible for reasonable attorney fees, the fee of the arbitrator and costs and those are to be paid prior to the commencement of any lawsuit.

Please check indicating you have received, read, and understand what you have read:

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_____ I understand that good and lasting results may require several hypnosis sessions, and that I may be required to practice self-hypnosis and/or listen to a reinforcement recording between sessions/at home. I am responsible for actively cooperating with, and participating in my program. Kathie Brodie , NGH Certified Hypnotist, shall not be held accountable for the results I attain. I understand that I may be referred elsewhere for proper treatment, and that my program may be terminated if deemed appropriate. I have read the client bill of rights, and I understand that all information about me will be kept strictly confidential.

Client Name: (print) _____

Client Signature: _____ Date: _____

Hypnotist Signature: _____ Date: _____