



## Client Bill of Rights

**Contact Information:** My name is *LAURIE NIEDERMAYER*. I can be contacted through email at [triquetrawellness@gmail.com](mailto:triquetrawellness@gmail.com) or by telephone at 250-617-5717

**Education and Training:** I was trained in Clinical Hypnotherapy at the *Coastal Academy of Hypnotic Arts & Sciences*; I am a Certified Member of the National Guild of Hypnotists, the International Medical Dental Hypnotherapy Association and the International Association of Counsellors & Therapists and I do annual continuing education to maintain my training at a high level. I am a certified Clinical Hypnotherapist.

**THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.**

**HYPNOTISM IS A SELF-REGULATING PROFESSION AND ITS PRACTITIONERS ARE NOT LICENSED BY PROVINCIAL GOVERNMENTS.**

**I AM NOT 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 hypnosis 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

**Fees:** Fees payable in cash, credit card (Visa, MasterCard, American Express) or e-transfer.

### **Our Cancellation Policy:**

*If you miss, cancel or change your appointment with less than 24 hours notice, you will be charged \$100. (Special consideration will be given, in the event of an emergency).*

*This policy is in place out of respect for our therapist and our clients. Due to the length of our appointments, cancellations with less than 24 hours are difficult to fill. By giving last minute or no notice at all, you prevent someone else from being able to schedule into that time slot.*

**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:** At this time, Hypnotherapy is not currently covered by most health insurance providers, and I caution you not to expect them to. As such, you will need to pay for my services personally.

**My Approach:** Hypnotism is an effective technique that can help you work through your life's challenges. My job, as your hypnotherapist, is to work with you as a team. This can only be effective, if you, the client are serious about affecting positive changes in your life. Using gentle, supportive, yet profoundly effective techniques, I am able to guide you to affect the changes you wish to make.

**I have received and read this Client Bill of Rights and understand what I have read.**

Client Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_