

## Client Bill of Rights

**Contact Information:** My name is Cassandra Zyxfryx, owner of Cassandra's Guided Visions at Sense of Balance. I can be contacted via email at [cassandra@senseofbalancenrh.com](mailto:cassandra@senseofbalancenrh.com)

**Education and Training:** I received my Hypnotherapy training and certification while working with and certified instructor through The National Guild of Hypnotists. I am a Member of the National Guild of Hypnotists and I do annual continuing education to maintain my certification as well as to further grow and learn so I can best assist clients.

**Notice:** "The STATE OF NEW HAMPSHIRE HAS NOT ADOPTED ANY 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. 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 the 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.

**Redress:** I am a member of the National Guild of Hypnotists, and practice within its Code of Ethics and Standards. If you ever have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429.9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers through the telephone directory, internet or the NGH.

**Fees:** The charge for my services are \$115 per session. Sessions are generally 45—60 minutes. Cash, check, and credit cards are acceptable payments. Credit cards will be charged a 3% fee. There will be a 50% cancellation charge for less than 24 hr. notice. No refunds will be given but money will be applied to the next session. Smoking Cessation is usually 4 -5 sessions, and all scheduled and billed at the same time. There is a 100% charge for no-show Smoking Cessation Programs.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as provided by law. You have a right to be allowed access to my written record about you.

**Insurance:** I suggest that you think of my service as something that you pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, Insurance companies do not like to cover hypnotic services. You should check with your provider for any reimbursement you may be eligible to receive.

**My Approach:** I believe that anyone of normal intelligence and a desire to be hypnotized can successfully benefit from hypnosis. I approach each client on an individual basis as we all respond differently to opportunities. I seek information to better understand each client's particular situations and to better direct the session for greatest benefit and success. I function as a guide or facilitator in a process that is ultimately self-hypnosis. **NO ONE** will say or do anything in hypnosis that would make them violate their moral conduct or code that they would not normally do.

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

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

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