

New Client Consent Form		
Full Name:		
Preferred name to be addressed by:		
Gender:		
Address:		
Telephone no:		
Permission to leave voicemail messages:	<input type="radio"/> Yes <input type="radio"/> No	
Email address:		
Emergency contact details:		
Age:	Or over 18 ?	
Marital status:		
Children/ages:		
Occupation:		
GP details, Name, Address and phone number:		
Medication past and present:		
Relevant Medical history:		
Are you under a physician for any medical conditions?	<input type="radio"/> Yes, if so who	<input type="radio"/> No
Do you suffer with or have you ever suffered with:	<input type="radio"/> Asthma <input type="radio"/> Epilepsy <input type="radio"/> Allergies <input type="radio"/> Stress	<input type="radio"/> Insomnia <input type="radio"/> Weight issues <input type="radio"/> Sleeping too much/too little

	<ul style="list-style-type: none"> ○ Depression ○ Anxiety ○ Smoking ○ Drugs/alcoholism addiction ○ Low self esteem ○ Goal setting 	<ul style="list-style-type: none"> ○ Relationship issues ○ Phobic reactions ○ Sports performance ○ Unwanted habits
About yourself and reasons for seeking hypnotherapy		
Hobbies or interests:		
Fears or phobias:		
Have you had hypnotherapy before:		
What are your goals for seeking hypnotherapy treatment?		
Where did you hear about my services?		

Client consent form

Contact details

My contact number is 07732298850.

Email: mindovermatterhypnotherapy@yahoo.com

I can be contacted by telephone between the hours of 9am to 5pm – Monday to Friday. I can be contacted by email at any time, however, if I am with a client during these times, I may not be able to answer calls or emails straightaway, in this case I will respond as soon as I am able to. My office is a safe, private and relaxing place, located in Benfleet, Essex which is easily accessible by train, bus and car.

Qualifications

Qualified Hypnotherapist
Prince's Trust Level 3 Diploma in Hypnotherapy and Introduction to Counselling Skills
(RQF)

Fees

A 20-minute initial consultation is free. You will be required to complete the consent form and read the terms and conditions of treatment and all relevant forms prior to the initial consultation.

My fees are £60 per hour.

Smoking cessation package 2 hours: £199

I will do my best to work with you to resolve your issue, however I do not offer any guarantees, due to the complex nature of hypnotherapy and because it would be unethical for me to do so. I therefore also do not offer refunds for treatments carried out.

Cancellation policy:

Your appointment is reserved exclusively for you and I therefore ask that you arrive promptly to your treatment. If you are running later than 20 minutes then I will not be able to see you and you will have to rearrange your treatment time. If you fail to turn up then full payment is required and you will not be refunded for your treatment. If you need to change or cancel your appointment, please give me at least 48 hours' notice in order that I can offer the time slot to another client.

Confidentiality and Data Protection ('GDPR')

When we work together, I collect personal information from you to help me provide safe and effective therapy. In handling this information, I am bound by two sets of rules, the General Data Protection Regulations (GDPR) and my professional body's code of ethics. This page will explain how these affect the way I work.

If you have questions about any of this, please discuss them with me before booking a session, or at a session you have already booked.

- In most cases, the information about you that I collect comes from you, via an email, phone call, online form or during our face-to-face sessions.
 - If you are under 18, I may get some information from your parents or school.
 - If you are referred by someone else (e.g., an employer) I may get some information from them.
- I use your personal data in the following ways
 - to deliver therapy
 - to reply to you if you contact me with questions about my services
 - to contact you between therapy sessions if necessary
 - to allow me to collect payment from you, and maintain my records and accounts
- You have no legal requirement to share any information with me, but if you choose not to then I will not be able to work with you.
- The categories of data/information I collect include: your name and contact details, your medical history, your family situation and support network, the nature of your employment, your hobbies and interests, your lifestyle, and details of the problem you'd like me to help with. These details are necessary to provide you with safe and effective therapy.
- Sharing information:
 - Otherwise, I am the only person who has access to your information unless
 - there is a legal requirement for me to share the information (e.g. a court order or warrant is issued)
 - you ask me in writing to share your information with someone else

- the Duty of Care Provision from my Code of Ethics applies – see the notes about this further down
- I am working with you as part of a care team, or you have been referred to me by someone else (e.g. an employer), in which case pre-arranged levels of information will be shared with these relevant parties
- I keep the information you give me for seven years, which is the length of time required by my professional body and my insurance company. After this time, it is shredded and disposed of securely.
- You have rights over the information I hold about you. These are
 - Portability – you can ask me to send your information to someone else
 - Rectification – if you think my records are wrong you can ask me to change them
 - Erasure – in some circumstances you can ask me to remove your details from my records (this is sometimes called ‘the right to be forgotten’)
 - Fair profiling – you can ask that any processes I automate are done by a person instead of a computer. I don’t automate any information processing, although I do use online forms to collect information. If you prefer not to complete these, the information can be collected face to face at our first session.
 - Right of access – you can have a copy of the information I hold at any time, by requesting it in writing. If you do this it will be provided within 30 days and free of charge.
 - Restricting processing – in some circumstances you can request that I stop processing your information
 - Objection – you can object to the way I process information (e.g. if it is used to send you direct marketing you don’t want to receive) and you can ask me to stop using it in that way
 - Information – you have the right to understand how I collect and process your information (hence this privacy notice)
- You can withdraw your permission for me to use your information at any time, this means ending your therapy.
- You have a right to complain to the Information Commissioners Office, if you have any problem with the way I store or use your data, or if you do not think your rights are being respected.

My Professional Body

The National Hypnotherapy Society ask me to keep the information you give me private and confidential unless one of the following applies:

- there is a legal requirement for me to share information (as above)
- there is good cause to believe that if I do not disclose information you or others would be exposed to a serious risk of harm

These exceptions to the confidentiality rule come under a provision called the 'Duty of Care'.

Code of Ethics

Under the National Hypnotherapy Society membership, I am bound by the Code of Ethics and to have a duty of care to my clients. The fundamental principles of the Code of Ethics can be found at <https://nationalhypnotherapysociety.org/about-us/code-of-ethics>

Complaints:

If you are unhappy with any aspect of my work or have any concerns, I would appreciate you contacting me in the first instance so I am able to rectify this, however, if you are still unhappy then you are free to contact the National Hypnotherapy Society. It is your right to refuse any aspect of my work and seek services of another hypnotherapist at any time.

I, _____ hereby declare that I have read, agree and understand the clauses in this client consent form. I also acknowledge receipt of a copy of this client consent form.

Signed.....

Dated.....