



## Client Bill of Rights

Check and Initial One:

Contact Information: My name is Bonnie Jackson. I can be contacted by voice through my office telephone at 617-266-3057; or by e-mail at [bj@MutareHypnosis.com](mailto:bj@MutareHypnosis.com) My business is Mutare Hypnosis LLC, organized in Boston under Massachusetts Law.

Education and Training: I was trained in hypnotism in Basic and Advanced courses completed with Dr Richard Harte of New York City, under the National Guild of Hypnotists. I am a Certified Member of the National Guild of Hypnotists and I do annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. My highest degree is a Master of Science which I obtained from Columbia University, College of Physicians and Surgeons, in the City of New York. I currently hold a Physical Therapy license in Massachusetts.

Check and Initial One:

Contact Information: My name is Rhonda Waters. I can be contacted by voice through my office telephone at 617-266-3057; or by e-mail at [rhw@MutareHypnosis.com](mailto:rhw@MutareHypnosis.com) My business is Mutare Hypnosis LLC, organized in Boston under Massachusetts Law.

Education and Training: I was trained in hypnotism in Basic and Advanced courses with Thomas Nicoli of Woburn, Massachusetts, under the National Guild of Hypnotists. I am a Certified Member of the National Guild of Hypnotists and I do annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. My highest degree is Doctor of Philosophy in Organizational Development which I obtained from the Union Institute and University in Cincinnati, Ohio.

AS THE STATE OF MASSACHUSETTS 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 neither a physician nor a licensed mental 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 hypnotism 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 certified member of the National Guild of Hypnotists, and practice in accordance with 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 at P.O. Box 308, Merrimack, NH 03054-0308, phone (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the telephone book.

Fees: The charge for my services are listed under group/(Star) sessions on the website. If you are paying for private or semi-private sessions starting - \_\_\_\_\_, your fee is \_\_\_\_\_ for \_\_\_\_\_ session(s). Payment will be \_\_\_\_\_ . Additional sessions will be pre-paid at the rate of \_\_\_\_\_ .  
You will be given ten (10) working days notice of any change in fees. Please be aware of any other business "Policy" on my website that may affect you that concern fees, such as a cancellation charges. I will take in-state personal checks received at least 7 business days prior to the session.

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: I suggest you think of my services as something that you will

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, and I caution you not to expect them to do so.

My Approach: My training, observation and experience have taught me that many people, despite their intelligence, desire and best intentions; fail to reach their goals and may even fall miserably short, thus incapacitating them in future efforts. That special “edge” is often found in the subconscious mind, wherein hides a goldmine of untapped resources, unknown to its owner. Our techniques assist clients to utilize these resources and to quell self-sabotaging influences to finally achieve those elusive goals. I will work in conjunction with your health care provider when referred for medical problems.

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

\_\_\_\_\_  
Print Client Name

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

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

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