

# A NEW YOU CENTER FOR HYPNOSIS LLC

## Client Bill of Rights

**Contact Information:** My name is Edward J. Lane. I can be contacted through my business office:  
A New You Center for Hypnosis LLC at The RW Building, 3 Webb Place, Suite 4, Dover, NH 03820 603-749-6463

**Education and Training:** I was trained at The Thomas Institute of Hypnosis in Manchester, NH. I am a Board Certified Member of the National Guild of Hypnotists and I do a significant amount of annual continuing education to maintain my training at the highest level.

**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. Under New Hampshire law a hypnotherapist may not provide a medical diagnosis or 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 that services are terminated by the client, the client has a right to a 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 treatment, 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 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 in the telephone book.

**Fees:** Fees change from time to time. Please ask for the most recent schedule. You will be given 10 days notice of any change in fees. Payment is expected at time of service and insurance is **NOT** accepted for my services.

**Cancellation Policy:** If a client cancels a scheduled appointment with less than **24 hours notice, ALL APPLICABLE FEES ARE DUE AND PAYABLE.** If you have purchased a pre-paid "Special Package", 1 session will be deducted.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except a 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:** Our first session will include a thorough discussion and assessment of your situation. We will then decide how best hypnosis and/or EFT might be effective, formulate our "plan" and begin to implement the "plan" through hypnosis and/or EFT. Subsequent sessions will begin with a review of the "plan" and your experience since the first session. We will make any modifications necessary and proceed with hypnosis and/or EFT. Subsequent sessions generally last about 45 minutes.

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

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

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

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