



Body Mind Healing Journey

**Fern Feldman, NP, certified clinical hypnotherapist and
transpersonal life coach**

Hypnotherapy Client Consent Form

Hello and welcome! Fern Feldman is a Certified Clinical Hypnotherapist, trained at the Wellness Institute in Issaquah, WA in Heart-Centered Hypnotherapy, where she also received her training as a transpersonal life coach. If you would like to learn more about this program, please see <http://www.wellness-institute.org>. She is also an advanced registered nurse practitioner (ARNP), and certified member of the National Guild of Hypnotists.

What is Hypnotherapy?

In hypnotherapy, the client enters a hypnotic altered state of consciousness. However, a hypnotized person always has control and can always hear what's going on. Hypnotherapy is a powerful way to access the source of distress, like depression and anxiety, and for people to reconnect with dissociated emotions and disowned parts of themselves. It also can help the client examine their relationship to longstanding health habits, chronic pain, and other health issues. Hypnotherapy helps the client get closer to the source of their concerns by opening the doorway to their subconscious mind. In our sessions, most likely you will have an opportunity to explore how issues that arise in your current life are connected to earlier experiences you can revisit. You will then be able to examine early conclusions and decisions you made, and re-evaluate them.

What is Heart-Centered Hypnotherapy (HCH)?

Developed at the Wellness Institute, HCH is a highly effective treatment model that addresses body, mind, and spirit. Heart-Centered Hypnotherapy leads clients down their own profoundly exciting road to self-discovery.

Here is a list of some of Fern's additional professional background:

- Family Nurse Practitioner, University of Washington--1990
- Reiki—Level I, 1989 and Level II, 1994
- Rabbinic ordination from Aleph: Alliance for Jewish Renewal 2003
- Spiritual Director—certified by Yedidya program of Morei Derekh 2007

Hypnotherapists' Disclaimer of Liability

Hypnotherapy is not intended to replace your mental or health care practitioners, rather to be used along with whatever medical or other program you are following. And, although I am a nurse practitioner, the services provided in our sessions do not in any way replace receiving primary health care, health screening, or diagnosis and treatment of medical conditions.

You, and every client, have the right to refuse treatment; you are under no obligation to do anything I suggest, or to continue care here. And, you have the responsibility for choosing the provider and treatment modality which best suits your needs.

In addition, I am not credentialed to conduct psychotherapy. Our sessions in no way replace mental health services.

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I also recommend that you inform your medical provider (MD, DO, NP, or PA) or other health care or mental health provider that you are receiving hypnotherapy.

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Confidentiality

All sessions are strictly confidential, as is the fact that you are receiving services. I am bound by professional ethics and personal convictions to maintain your confidentiality. In the event that any of the following circumstances should arise, the safety of all involved parties would take precedence over confidentiality:

1. If there is reason to suspect someone has abused a child or vulnerable adult (mentally disabled or elderly), this information will be reported to the appropriate authorities (Department of Human Services).
2. If a client or other person is at serious risk of suicide and is an imminent danger to self, this information will be shared with someone who can help prevent the injury from occurring.
3. If a client intends to cause serious harm to another person, this information will be shared with someone who is in a position to prevent the harm from occurring –and with the person who is being threatened.
4. No records relating to your sessions will be released to anyone without an authorization form signed by you. The only exceptions to this would be a court order from a judge to release records to a court (a subpoena from an attorney is not sufficient to release any records without your approval), or in a medical emergency, when medical information would be shared with emergency medical personnel.
5. I may discuss your case (while maintaining your anonymity as much as possible) with a colleague for purposes of supervision. My colleagues are bound by the same ethical and legal considerations to protect your confidentiality.
6. Other than discussion of your case for supervision purposes, if any of the above circumstances arises, I will discuss the issue with you prior to breaching our confidential relationship. It is very important that you understand that I cannot discuss your case with anyone--not even family members or your lawyer –without your permission.

Fees

Fees are agreed upon ahead of time, and payment is due at the time of the session.

Insurance

I can provide documentation for you to file a claim for reimbursement for payment for my services from your health insurance provider.

Missed Sessions

Your appointment time is reserved especially for you. If you cannot keep an appointment, I would appreciate at least 24 hours’ notice, if at all possible. You will be charged the full session fee for any appointments that you did not contact me to cancel. If you miss two appointments without calling, future appointments will not be scheduled until a new agreement is made.

Acknowledgement and Consent to Receive Services:

I, _____, have read and understand the above disclosure about hypnotherapy offered by Fern Feldman, and her training and education. I understand it is my responsibility to maintain a relationship for myself with a medical provider. I have consented to use the services offered by Fern Feldman, and agree to be personally responsible for any agreed upon fees in connection with the services provided to me.

I have been offered a copy of this document, and am aware it is available online at www.bodymindhealingjourney.com.

Signed _____ Date _____