



THERAPY AGREEMENT

Inner Balance Hypnotherapy

Between:

Name:

Address:

Phone:

Email:

(you / the client)

and

Gianna De Salvo (I/my)

on Date: _____

This Agreement sets out the terms and conditions relating to our work together.

1. We agree to work together to address the issues presented by you, however, because of the individual nature of the treatment, no guarantee of a cure can be given.
2. The cost of each session will be £70 per fifty minute session or £150 for a two hour smoking cessation session.
3. Contact between our sessions will be limited to telephone or email.
4. Cancellation with less than 24 hours notice will result in you being liable for half of the cost of the missed session as well as any room rental fees if applicable.
5. Any anti-social behaviour by you will result in the immediate cessation of treatment.
6. Your welfare is my primary concern and will only take second place if not to do so would seriously jeopardise other members of the public or my welfare.
7. I will ensure that your confidentiality will be maintained in all but the most exceptional circumstances and all information collected during the sessions will be protected at all times. Information will only be disclosed under a Court Order (civil, criminal or coroner's Court) or where not to disclose would cause danger or serious harm to others. Information may also be shared with an NHS medical practitioner or other Health Professional, but only with your agreement.
8. There may be slight risks associated with psychological services. During the process of treatment, there may be reason to review some unpleasant memories or to experience some uncomfortable emotions. It is acknowledged that making personal changes in behaviour, thinking and emotions through hypnotherapy sometimes requires learning by trial and error and some confusion or setbacks in the process may occur. You (the Client) acknowledge and agree to accept these potential risks.
9. You should seek the advice of a qualified medical practitioner before commencing any treatment or if you have any questions related to your mental or physical health, physical fitness, or medical conditions. Also, it is not recommended that you stop or alter any treatment you are currently receiving without prior consent of your doctor or mental health advisor.
10. I am a member of the National Council for Hypnotherapy (NCH) and am obliged to comply with the Bye Laws and Codes of Ethics and to always put you first. The Council also provide a complaint and disciplinary procedure and a copy of this is available at any time. The NCH can be contacted at: NCH Ltd, PO Box 89, YORK, YO43 4WL. Tel. 0845 544 0788
11. I have an obligation under my membership of the NCH to continue my professional learning and development and therefore I may share case histories with my Supervisors and peer-support groups. All information will be anonymous and this will not be a breach of professional confidentiality.

Name
Client

Name **Gianna De Salvo**
Therapist

Signed

Signed

Date:

Date: