

INNER INSIGHT

Hypnotherapy for Positive Change

CLIENT INFORMATION AND CONSENT FORM

1. YOUR CONTACT INFORMATION

First name		
Last name		
Date of birth	DD/MM/YYYY	
Mobile phone number		
Alternative phone number	(Please specify work / home / other)	
Email		
Address (Street)		
Address (Town)		
Postcode		
Emergency contact name		
Emergency contact relationship		
Emergency contact phone number		

2. WHAT YOU WANT HELP WITH

Please outline the problem you want help with.

How long have you had this problem?	
Have you had a medical diagnosis for this? If so, please give details.	
<p>Have you had any help or treatment for this in this past? If you have, did this help (please say how)?</p>	
<p>Please outline what you want to achieve from your therapy sessions. After your successful treatment what exactly will be different for you?</p>	
How did you hear about me?	

3. YOUR MEDICAL INFORMATION

Name of your doctor	
Address of your doctor	

Phone number of your doctor	
Do you give me permission to contact your doctor if necessary? (If yes, please complete separate consent form)	Yes / No

Please give details of any medication conditions that I should be aware of.

Please give details of any prescribed medications you are currently taking.

Have you ever had a mental health diagnosis such as anxiety, depression, psychosis, personality disorder etc?	Yes / No
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Please look through the list below. Give anything connected to the problem you want help with an intensity rating from 1 (very low) to 10 (very severe).

Aggression	1	2	3	4	5	6	7	8	9	10
Anger	1	2	3	4	5	6	7	8	9	10
Anxiety	1	2	3	4	5	6	7	8	9	10
Avoiding situations	1	2	3	4	5	6	7	8	9	10
Depression	1	2	3	4	5	6	7	8	9	10
Disturbing memories	1	2	3	4	5	6	7	8	9	10
Fear	1	2	3	4	5	6	7	8	9	10
Flashbacks	1	2	3	4	5	6	7	8	9	10
Headaches	1	2	3	4	5	6	7	8	9	10
IBS	1	2	3	4	5	6	7	8	9	10
Lack of confidence	1	2	3	4	5	6	7	8	9	10
Low self-esteem	1	2	3	4	5	6	7	8	9	10
Negative thoughts	1	2	3	4	5	6	7	8	9	10
Nightmares	1	2	3	4	5	6	7	8	9	10
Pain	1	2	3	4	5	6	7	8	9	10
Panic attacks	1	2	3	4	5	6	7	8	9	10
Poor sleep	1	2	3	4	5	6	7	8	9	10
Self-harm	1	2	3	4	5	6	7	8	9	10

4. YOUR THERAPY AGREEMENT

I understand that hypnosis is a way of inducing a voluntary state of relaxed, attentive concentration, during which the conscious critical mind may become more relaxed and the subconscious mind more open to suggestions and release of negative ideas, only with a person's permission.

I am a willing subject and understand that I cannot be made to do anything I do not want to do and there are no absolute guarantees as to the effectiveness of the treatment.

I understand that all therapy is a collaboration between myself and the practitioner and as such I authorise the practitioner to use whatever therapeutic methods they deem appropriate whilst remaining consistent with my good care.

It is my decision to have therapy, including hypnotherapy, I take full responsibility for myself, and I relinquish the practitioner from any responsibility.

Please read and sign below:

I confirm that the information I have provided is accurate to the best of my knowledge.

I have read and agree with the Therapy Agreement, Terms & Conditions, Privacy Policy & Data Protection Rights stated above and below (please tick box to confirm):

Client signature
(parent/carer if client under 18):

Client name (print):

Date:

5. TERMS AND CONDITIONS

Session Payment

Must be made at the session either by card, cash, or direct bank transfer unless we have a different prior arrangement in place. Receipts and/or invoices are available on request.

Cancellations

I require you to give 48 hours notice to cancel your therapy session without incurring a charge. If your appointment is on a Monday, please cancel on Friday. If you provide less than 48 hours notice you may be charged either the full cost or a proportion of the cost of your session to cover costs incurred.

Non-attendance

If you fail to attend a session without cancelling or contacting me, you will need to pay for that session in full before booking any further sessions unless we have an alternative arrangement in place.

Reviews

I will review sessions regularly to ensure you feel you are getting the most out of your therapy; you are not tied into any commitment, and you can end sessions at any time. If I consider your requirement is beyond my competence, I reserve the right to terminate our contract, but this would be discussed in the session and alternative recommendations would be provided.

6. OUR PRIVACY POLICY & YOUR DATA PROTECTION RIGHTS

Confidentiality

Your therapy and personal information are kept securely. In certain circumstances, information, but not names, may be shared with a supervisor, or other relevant person acting in that capacity. It is my legal duty to breach confidentiality if I have concerns that you or anyone else is at risk. If this occurs, I will discuss it in the session along with any recommendations and document it in your notes.

As a fully accredited member of relevant professional bodies, I adhere to their ethical framework, guidelines, and code of conduct to ensure that you receive a professional and quality service.

Information I collect about you and how I use it

Upon starting therapy, I will collect basic personal information for contact and identification reasons. During our therapy meetings, an assessment of your psychological health will be completed, and notes will be taken during sessions. These may include personal and sensitive details about your life. The assessment and notes are used solely for the delivery of a therapy service to you.

Your rights

You have rights relating to the information I hold to verify the accuracy or to ask for them to be supplemented, deleted, updated, or corrected. You have the right to request a copy of the information that I hold about you. If you would like a copy of some or all of your personal information, please email or write to me via the contact details stated in this agreement. Information will be provided to you within 30 days.

We want to make sure that your information is accurate and up to date. You may ask me to correct or remove information you think is inaccurate. You have a right to request the transfer of your data to another individual or company.

You have the right to complain to the Independent Commissioner's Office (ICO) if you think there is a problem with the way in which your data is being handled (see <https://ico.org.uk/concerns/handling/>).

How long I keep your information for - data retention

Your information is kept for the time necessary to provide the therapy service requested, however outside of this I will hold your details and session notes for a period of 7 years following the end of treatment to comply with legal obligations that are placed upon me by my insurers. In the case of a child under 13 then records will be kept 7 years after they reach the age of majority (18). After this date, all data will be securely deleted.

Sharing of your data

There may be times where your information needs to be shared with 3rd parties. I will explicitly ask your consent before doing so, and the data will be sent to 3rd parties securely.

Security of your data

Information will be kept securely and confidentially in line with the data retention policy as stated above.

Lawful basis for processing your information

The lawful basis for my holding and using your information is in relation to the delivery of a contract to you as a health care professional and I operate under a strict code of confidentiality, in accordance with the relevant professional bodies of which I am a member.

A copy of this privacy notice is also available on my website at:

www.innerinsighthypnosis.com

Inner Insight Hypnotherapy

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