

Client Information and Participation Agreement

Jeanie Lee, NLP.P., C.Ht.

Jeanie Lee provides the following services: Clinical Hypnotherapy, Hypno-Beginning Instruction, Self-Hypnosis Training, and Neuro-Linguistic Programming

American Council of Hypnotist Examiners Certification Number: # 109-054

This information will be used to aid in serving you as the client. Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Client's Name _____

Address _____ **Apt** _____

City _____ **State** _____ **Zip Code** _____

E-mail Address _____

Phone number you prefer to be reached at _(_____)_____

Is it ok to leave phone messages for you at this number? _____

Birth Date _____

Marital Status _____

1. What is the main issue you wish to resolve with hypnotherapy/NLP?
2. Any medical conditions or challenges:
3. Are you currently under a physician's care for any of the above conditions?
 - a) If so, name of physician:
4. When was your last visit with your physician?
5. Was anything about this visit notable? If so, explain briefly:
6. Are you currently taking any medication(s)?
 - a) If so, what are the names of the medications, and how do they affect you?
7. Have you spoken to your physician about hypnotherapy/NLP as an adjunct to your treatment?
8. Have you ever been hypnotized?
 - a) If so, briefly explain your experience:

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9. Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist, or psychotherapist?
- a) If so, give a brief history of your mental health treatment and the results of your treatment:
10. Are you receiving any mental health treatment now?
- a) If so, name of mental health professional:
- b) Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment?
11. Do you have thoughts of hurting yourself or taking your own life?
12. Do you take any prescribed psychotropic medications?
- a) If so, what are the names of the medications, and how do they affect you?
13. Were you referred to me?
- a) If so, by whom?
14. Briefly describe your spiritual/religious beliefs:

Other issues or areas I would like to resolve:

- | | |
|--|---|
| <input type="checkbox"/> Stress / Anxiety | <input type="checkbox"/> Exercise / Diet |
| <input type="checkbox"/> Guilty or Angry Feelings | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Fears, Phobia, or Trauma Recovery | <input type="checkbox"/> Job Performance / Career |
| <input type="checkbox"/> Low Self Esteem or Shyness | <input type="checkbox"/> Unwanted Habits |
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Body Shape | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Spiritual Growth | <input type="checkbox"/> Self Confidence |
| <input type="checkbox"/> Financial Prosperity | <input type="checkbox"/> Chronic Pain (already assessed by a physician) |
| <input type="checkbox"/> Test Taking / Accelerated Learning / Memory Improvement | |
| <input type="checkbox"/> Accelerated Healing (already assessed by a Physician) | |

Other: _____

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Agreement: Like the practice of medicine, Hypnotherapy, Self-Hypnosis, Regression, and NLP are not absolute sciences. I personally know of no case where an individual has been harmed by the use of these methods. I do know of thousands of cases where people of all walks of life have benefited greatly from the use of these methods. **As a general practice, it is necessary for everyone taking part in private sessions, classes, workshops, and seminars with Jeanie Lee, to sign this disclaimer.**

I am of legal age, and in consideration of any acceptance as a participant in this private Hypnotherapy or NLP Session, Seminar, Workshop, Class, or Training, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Jeanie Lee and any of her employees, her employer, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation. I further understand that recordings **may** be made at any of these events, and that Jeanie Lee and her organization retain the copyright to all of these recordings.

Signature _____ **Date** _____

If under eighteen years of age:

Legal Guardian: _____ **Date** _____

Confidentiality of Information:

Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies, are the following:

1. Knowledge of child abuse or neglect
2. Knowledge of senior citizen abuse or neglect
3. A client poses serious risk of suicide and is an imminent danger to self.
4. A client poses a threat of imminent danger to another person.
5. A Judge, by issuance of a court order, may obtain information.
6. Report to law enforcement authorities knowledge of any felony that has been or is being committed, that has not already been reported.

In other situations, signed authorization for release of information is required.

Client _____ Date _____

Hypnotherapist _____ Date _____

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In order to be more successful in reaching your goals, I agree to:

1. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
2. Recognize that my thoughts, feelings, images, and actions have a direct effect on the quality of my life.
3. Acknowledge that my well-being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
4. Accept that blaming others or myself is totally futile.
5. Take responsibility for my experience of life because I create my life to the best of my ability in the moment, with what I know right now.
6. I agree to be on time for my sessions and allow at least 24 hours of advance notice should I need to cancel or reschedule a session. (310) 490-4866

Client / Co-Therapist _____ **Date** _____

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest possible time.

Clinical Hypnotherapist _____ **Date** _____

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If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Jeanie Lee or her organization, it is your right to refuse any aspect of her services and to seek the service of another NLP practitioner and clinical hypnotherapist at any time. Ms. Lee's fees are \$500 per hour. Sessions are from 60 minutes to 180 minutes in length. In no way are Ms. Lee's services to be interpreted as providing medical or psychiatric services.

