**CLIENT BILL OF RIGHTS**

**Contact information:** My name is Bill Barnhill. I can be contacted through my office phone at (940) 390-4219 or by email [alphahypnosisdenton@gmail.com](mailto:alphahypnosisdenton@gmail.com) or you can visit ShambhalaWellness.com/bill-barnhill/ and find my link there. My office is located at 215-217 E. University Dr., Denton, Tx 76209. I am in the office by appointment only.

**Education & Training:** I was initially trained in hypnosis at Anne King’s Hypnosis Center of Boerne, Texas in 2001. I am a Certified Member of the International Medical & Dental Hypnotherapy Association (IMDHA) and I take annual continuing education courses to maintain my training at a high level. I have advanced certification in Emotional Freedom Technique™ (EFT)

**Notice:** “THE STATE OF TEXAS HAS NOT ADOPTED ANY EDUCATIONAL & TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Under Texas state law a hypnotist 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 my services are terminated by a client, the client has a right to coordinate a 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 IMDHA, 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 IMDHA at 410 Edgeland, Suite 800, Royal Oak, MI. 48073-2285, (248) 549-5594, 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:** Rates are good through December. 31, 2017

All Hypnosis and E.F.T.® Services are provided at a rate of $60 per hour.

Most first-time sessions are an hour and a half. ($90) Most hypnosis sessions are recorded for use at home. You may bring your own USB drive or we will provide one for $5. You can also bring a smart device with a data cable. EFT sessions are not recorded.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as 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 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:** I believe that the subconscious mind is, basically, benevolent and knows what you need in order to be happy and satisfied with life. I believe people have been prevented from following that instinct by habits of thought, feeling, and behavior learned elsewhere, and I believe those habits can be changed.

The services I render are held out to the public as a form of motivational coaching combined with instruction in self-hypnosis and/or EFT – Emotional Freedom Technique. I do not represent my services as any form of health care or psychotherapy, and despite research to the contrary, by law I may make no health benefit claims for my services.

**Client Signature: I have received, read, & understand this Client Bill of Rights.**

**I understand that I must give at least 24 hours notice of the need to reschedule or cancel an appointment. Failure to do so will result in my being charged for the appointment.**

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

**Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**