

Client Bill of Rights

Contact Information: My name is Lisa Viviano. I can be contacted by email at ch.lisaviviano@gmail.com. Call or text 267-808-1533. My website www.lisaviviano-ch.com.

Education and Training: I was trained in hypnotism at The Center of Success Hypnotherapy Training Program. I am a Certified Member of the National Guild of Hypnotists and I do annual continuing education to maintain my training at a high level. The National Guild of Hypnotists

is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts.

Notice: AS THE STATE OF Pennsylvania HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician nor a licensed health care provider and may not provide a medical diagnosis nor 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 coordinated transfer of services to another practitioner. A client has a right to refuse hypnotism 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 sessions, and may assert any right without retaliation.

Redress: I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Every member of the National Guild of Hypnotists provides this information to every client to insure ethical practice.

Fees: The charge for my services are quoted on an individual program basis. You will be given 7 days notice of any change in fees. Fees are paid 3 days in advance of sessions.

Cancellation Policy: Fees will be refunded in full if cancellation is 48 hours prior to session. Refunds of 50% for same day cancellations.

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 that 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 cover hypnotic services, some flexible spending accounts may be used to pay for these services.

Client Signature: I have received and read this Client Bill of Rights and understand what I have read.

Print Client Name: _____ Date: _____

Client Signature: _____



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