

LIGHT THE WAY COUNSELING HYPNOTHERAPY

Client Rights and Agreement

This is a very difficult time, and anyone who has ever asked for help knows this to be true. At LIGHT THE WAY COUNSELING HYPNOTHERAPY I want You to know that it has taken a lot of courage for You to begin the therapy process, and I respect Your desire for growth, change and healing. I believe it is important for You to realize that both Your progress and success will have much more to do with You – *Your insights, Your wisdom, Your understanding* - than You might have imagined. In fact Your decisions are what is important, my job as a skilled therapist is to assist You in looking at Your options. I do not make decisions for You. It is my great hope that when you leave my services You will be better equipped for the road of life than when You came.

My purpose and goal is to provide You with the best of therapy. I hope that the time You are investing in Your personal growth, will strengthen and equip You for the road of life ahead.

I trust that the following information will help You better to understand Your rights and obligations as a client. Please feel free to raise any questions that You may have.

A. Privacy and Confidentiality

LIGHT THE WAY COUNSELING HYPNOTHERAPY places a very high priority on the confidentiality of information shared by clients. LIGHT THE WAY COUNSELING HYPNOTHERAPY ensures the security of

all client notes, records, psychological testing and other confidential information. I believe that it is important for You to know that the only individual with access to Your files is myself and/or another individual I may employ to provide clerical tasks for LIGHT THE WAY COUNSELING HYPNOTHERAPY. Every person who is/will be involved is aware of the strict confidential nature of the information, consultation and supervision of LIGHT THE WAY COUNSELING HYPNOTHERAPY and carries this out with complete confidentiality. Persons from outside LIGHT THE WAY COUNSELING HYPNOTHERAPY are not allowed access to Your files, the information that is recorded and the fact that You are involved in therapy.

This contract of confidentiality is between You and LIGHT THE WAY COUNSELING HYPNOTHERAPY. Written permission by You or a court order is required to release Your information.

Please note these exceptions: Your right to confidentiality and privacy **is not** absolute. Circumstances under which the confidentiality of private information cannot be assured, and LIGHT THE WAY COUNSELING HYPNOTHERAPY is therefore not liable for its release, include cases where:

- 1) LIGHT THE WAY COUNSELING HYPNOTHERAPY is compelled by law to report any circumstance where there is the possibility of danger to others or Yourself,
- 2) LIGHT THE WAY COUNSELING HYPNOTHERAPY is compelled by law to report any possibility of the existence of child neglect, physical, or sexual abuse; and,
- 3) Nonpayment of fees will waive Your rights to confidentiality due to the resulting use of litigation or collection agencies to recover unpaid fees.

B. Fee Payment

You are expected to participate fully in meeting the cost of the service. You agree to participate at \$ _____ per session excluding GST (unless an alternative fee has been negotiated) Fees are agreed beforehand and payable at the beginning or conclusion of each session via cash or cheque

C. Cancellations

Should you wish to cancel a session please give 48 hours notice in order to give other clients an opportunity to fulfill your previously scheduled appointment.

D. Clients Rights

You have the right to expect confidentiality as stated above. You have the right to discontinue therapy at any time. I encourage You to discuss this with me first.

I (WE) UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS:

Clients Name: _____

Please print

Client(s) signature:

Date:

Therapist: Andrew Bexson, RCH
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