**CONSENT TO HYPNOTHERAPY/COUNSELLING**

DANA SALERNO

CLINICAL HYPNOTHERAPIST

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent for Dana Salerno to provide counselling / hypnotherapy services:

* I recognise that services may include assessment, identifying treatment goals, ongoing counselling to address those goals, or referral.
* I understand that any information gained in the counselling relationship will be confidential and will not be released without my consent. The bounds of confidentiality do not extend to situations of harm to self or others, indications of abuse to a child or dependent adult, or where counselling records are subpoenaed for court purposes.
* I understand that any time I can choose to discontinue accessing the services offered
* I acknowledge that if I wish to cancel an appointment, I am required to give at least 24 hours notice before the time of the appointment. If I do not cancel, and do not show, the normal fee may be charged for that appointment.
* I give / do not give permission to the Hypnotherapist/Counsellor to contact my medical professional in the event that this is deemed necessary.
* I give / do not give permission for details obtained during the counselling to be used in supervision sessions by the counsellor. The same confidentiality conditions apply to this use as previously stated in this form.
* I have received an explanation of hypnosis and understand that I will be aware of what is occurring during the session and in control of my actions, I cannot be made to do something against my will.

I understand and accept the above statements.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /