

## Client Information and Participation Agreement

Jennifer Welch, CHt., MT  
Hypnotherapy of Denver LLC  
303-393-1062

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day# \_\_\_\_\_ Evening # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Please include email ONLY if you would like to receive my email newsletter:**

**Email:** \_\_\_\_\_

Medical conditions or challenges/medications: \_\_\_\_\_

Are you currently under a physician's care for above conditions? Yes No

Name of Physician: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

Was anything about the visit notable? Yes No

If yes, please explain:

Have you ever been in therapy or counseling before? Yes No

If yes, for how long? \_\_\_\_\_ Did you feel it benefited you? Yes No

Have you experienced hypnosis before? Yes No Do you meditate? Yes No

What were the religious or philosophical beliefs of your family of origin? (Optional)

What are your spiritual beliefs / or life philosophy? (Briefly)

What do you most want to change or improve during your sessions?

If you wish to focus on any of the following, please circle:

Anxiety/Stress	Stop Smoking	Exam Anxiety
Angry Feelings	Weight Issues	Financial Worries
Guilty Feelings	Unwanted Habits	Alcohol Usage
Chronic Pain	Relationship Issues	Drug Usage
Insomnia	Sexuality	Lack of Energy
Shyness	Life Purpose	Low self-esteem
Conscious Conception	Birth Preparation	Fertility Enhancement
Past-life Exploration	Spiritual Development	Post Partum Care
Other:	Lack of Motivation	Fears of:

How did you hear about Jennifer Welch, MT, CHt? \_\_\_\_\_

### Please read the following and sign:

I understand that the services provided me are for educational and self-improvement purposes and are not for the diagnosis or treatment of any mental illness or physical ailment.

Hypnotherapist agrees to provide professional services in accordance with acquired training and experience giving undivided attention during scheduled consultations to facilitate client's benefits. Hypnotherapist's work is Client-centered. Services provided utilize induction of hypnosis, and methods and principles used to help clients discover their inner creative abilities to develop positive thinking and feeling and to transform undesirable habits and behavior patterns. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals. Client may be taught the use of self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Hypnotherapist.

I am of legal age and in consideration of my acceptance as a participant in this seminar, hypnotherapy session, hypnotic age regression, or any other service by Jennifer Welch. I for myself, my heirs, executors, administrators and assignees, do hereby release and discharge Jennifer Welch and Hypnotherapy of Denver LLC and any of its employees or other participants from all claims of damages, copyright, demands or actions whatsoever in any manner arising from and growing out of my participation. I understand that if audio recordings are made during these sessions that Jennifer Welch retains the copyright of these recordings.

Signed: \_\_\_\_\_

(If applicable) Parent or legal guardian \_\_\_\_\_

Date: \_\_\_\_\_

### **Client/Therapist Agreement**

In order to be more successful reaching my goals, I know it is important for me to:

1. Acknowledge that my well-being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
2. Recognize that my thoughts, feelings, images and actions have a direct affect on my life.
3. Accept that blaming others or myself is totally futile.
4. Take responsibility for my experience of life, for I create it.
5. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
6. I agree to be on time & to allow at least 24 hours notice should I need to cancel or reschedule. I understand ALL SALES ARE FINAL, and payment of services does not guarantee results.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

### **My Commitment to You:**

I agree to use my expertise to facilitate the changes as are mutually agreed to be in your interest. I am professionally committed to mobilizing your inner resource in the shortest possible time.

Jennifer Welch, CCHt. MT-BC \_\_\_\_\_ Date: \_\_\_\_\_

### **Cancellation Policy**

I, \_\_\_\_\_, understand that my appointment time(s) are reserved for me, and that if I cancel within less than 24 hours, I will be charged a \$40 cancellation fee or instead I may choose to forfeit a session from my pre-purchased package. If in the event, I do not call at all and do not show up for my appointment, I understand that I will be charged for the full session. \_\_\_\_\_ (initial)

### **Disclosure Statement**

1. Jennifer Welch, I have a Bachelor of Music Therapy. I am nationally certified as Certified Hypnotherapist by the International Medical and Dental Hypnotherapy Association. I am also a board member of the Colorado Association of Psychotherapists. I received training in Clinical Hypnotherapy at the Colorado School of Counseling Hypnotherapy. My training included: Whole Health Hypnotherapist Training, Visualization and Suggestion Therapy, Parts Therapy, Pain Management, Past-life Regression Therapy, Gestalt Therapy for Hypnotherapy, Birthing with Hypnosis, Spirit Releasement, Cellular Release Therapy, and Hypnofertility.
2. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy.  
The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite #1370, Denver, Colorado 80202, (303) 894-7766.
3. Client Rights and Important Information:  
You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive that information.
  - i. You can seek a second opinion from another therapist or terminate therapy at any time.
  - ii. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

- iii. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist is privileged information and cannot be disclosed in any court or competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.
  - iv. There are exceptions to the general rule of confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.
  - v. If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Jennifer Welch or her organization, please feel free to contact the International Medical and Dental Hypnotherapy Association at Rural Route #2 Box 2468, Laceyville, PA 18623. It is your right to refuse any aspect of her services and to seek the services of another hypnotherapist at any time. In no way are Jennifer Welch's services to be interpreted as the providing of medical services.
4. Hypnosis is not a state of sleep, but is a natural state of mind that can produce extraordinary levels of relaxation of mind, body and emotions. The principles and theories upon which hypnotherapy is based are accessing and utilizing the power of the Client's inner resources. Hypnosis can transcend the critical, analytical level of mind, and facilitate the acceptance of suggestions, directions and instructions desired by the Client. The therapeutic use of Hypnosis can also elicit information and insights from the inner mind. The hypnotherapist utilizes interviews, discussion and hypnotic methods dealing with underlying issues whenever appropriate, with the goal to achieve effective and lasting results. Services to be provided do not include the practice of medicine, as Hypnotherapist is not a licensed physician. These services are non-diagnostic, and are complementary to the healing arts services that are licensed by the State. The primary purpose of licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. Accordingly, Hypnotherapists are not issued licenses by any State Government Agency to engage their professional services.

**Sessions last approximately 2 hours.**

**Fees and Payment:**

**\$160 per session.....pay as you go, OR**

**\$ 440 for 3 sessions, (to be used within 3 months) + 1 CD. Total value \$509.95, savings of \$69.95.**

**\$ 840 for 6 sessions (to be used within 6 months) + 2 CDs. Total value 1,019.95, savings of \$179.95**

**\$1200 for 9 sessions (to be used within 9 months) + 3 CDs. Total value \$1,529.85, savings of \$329.80**

**\$1520 for 12 sessions (to be used within 12 months) + 4 CDs. Total value \$2,039.80, savings of \$519.8**

Payment of fees does not guarantee results and is non-refundable (all sales final). Sessions last from 60-120 minutes in length. Fees and Payments are subject to change. The packages are to be used within the time frame stated above from the date of purchase.

***I HAVE READ THE PRECEDING INFORMATION AND UNDERSTAND MY RIGHTS AS A CLIENT.***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date