

Client Participation Agreement

Client's Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Email address _____

Phone number () _____ Age _____ Birth date _____ (m/d/year)

It is OK to leave phone messages for you at this number (please initial) _____

1. What is the main issue, or goal you wish to resolve in our sessions?

2. Please list all medical challenges? Are you currently under a physician's care for any of these challenges?

3. Are you currently taking any medication? Name each medication. How do they affect you?

4. Have you ever been hypnotized? Yes / No

5. Have you ever seen a counselor for treatment? Issue(s)?

6. Are you receiving treatment from any of the above at this time?

7. Do you have thoughts of hurting yourself or taking your own life?

8. How did you discover me? Referred by?

9. Briefly describe your spiritual / religious beliefs. What name, if any, do you use for God?

10. Other challenges I would like to explore: (please circle all that apply)

Stress anxiety	Forgiveness	Guilt	Anger	Sensitivity to energy
Fears Phobias	Lack of Motivation	Low self Esteem		Unwanted Habits
Spiritual Growth	Problem foods	Trauma Recovery		Relationship Issues
Self Confidence	Energy Management	Chronic Pain		Job Performance
Other:				

Agreement: Like the practice of medicine, hypnotherapy, NLP, intuitive readings and spiritual counseling are not absolute sciences and their **effectiveness depends on the clients willing and active participation**. No guarantees implied as success depends on your desire for wellness, you get out as much as you put in. I act as your guide.

I, client, further understand that when recordings are purchased, that Marie Maguire retains the copyright to these recordings.

Client _____ Date _____

To successfully reach my goals I agree to . . .

1. Be an active participant in the hypnotherapy experience.
2. Complete all assigned growth-work to support and enhance my transformative process.
3. Be on time for my sessions and allow at least 24 hours notice should I need to cancel or reschedule a session.
4. **Clients who do not show up for appointments (15 minutes late, without calling, counts as a 'no-show'), and do not give 24 hour notice for cancellation or rescheduling, are charged \$85.**

Hypnotherapy is not a medical procedure, nor is it the practice of medicine. Persons with an ailment or any kind of physical complaint for that matter are to see their physician first for medical treatment, and make use of hypnosis and hypnotherapy as an adjunct to medical treatment, second. In case of medical emergency you must contact 911 or your medical provider. On-site hospital visits by the Hypnotherapist for pain management and/or accelerated healing may be arranged by calling to schedule an appointment. Outcall fees apply.

Because hypnotherapy is a series of self-help skills and its effectiveness depends on the client's willingness to reach goals and active participation in doing assigned 'homework', no guarantee can be made regarding results of their use.

Client _____ Date _____

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest time possible. I will teach you how to continue your transformative journey.

Marie Maguire, MA, CMS, CHT

Limits of Confidentiality

Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies are the following.

The hypnotherapist must report:

1. Knowledge of child abuse or neglect.
2. Knowledge of senior citizen abuse or neglect.
3. Knowledge of a felony that has been, or is being committed.
4. A client poses a threat of imminent danger to another person.
5. A client poses a serious risk of suicide and is an imminent danger to self.
6. A Judge, by issuance of a court order, may obtain information.

In other situations, signed authorization for release of information is required.

Client _____ Date _____

Hypnotherapist _____ Date _____

Marie Maguire, MA, CMS, CHT

Disclosure Statement Required by WAC 246-810-031

Marie Maguire, MA, CMS, CHt - Phone: 425.466.1476
Business Office: 16148 Stone Ave N., Shoreline, WA 98133
Lynnwood Office: 5108 196th St SW, Suite 315, Lynnwood WA 98036

Washington State Credential Number: HP 60268977

Education, Training and Experience: Masters in Christian (spiritual) counseling psychology from Christian Bible College and Seminary, Certified Medical Support, Clinical Hypnotherapist and NLP education from Hypnotherapy Academy of America – The premier provider of advanced, intensive, hands on medical support and hypnotherapy training that draws students from around the world. I have years of experience serving in the social services and nonprofit governance fields. My own healing journey has been the greatest teacher and resource for helping others through hypnotherapy. I am also a legally ordained minister with the ability to carry out duties pertaining to faith.

Methods and techniques employed in practice: Various Trance Induction Methods, Tuning Consciousness, Suggestion Therapy, Core Transformation, Medical Support Therapy, Completing the Past Regression Method, Inner Wisdom Integration, Trauma Reversal, Parts Therapy, Neuro-linguistic Programming, Natal and Past Life Regression, Cosmic Consciousness, Spiritual Direction, Guided Relaxation and Self –Hypnosis Training

List of resources: A list of recommended community wellness resources is available upon request.

Duration of therapy expected: Three to ten sessions are usually enough to reach a clients stated goals. As success is experienced the client may form new goals thus adding to the duration of the therapeutic process.

Cost of sessions: \$185 per session. Outcall fee may apply: \$25 or more. Session length varies from 60-180 minutes depending on process. Reduced fees are available based on affordability. Packaged pricing is available which greatly reduces cost of services.

Billing practices: Payment is due at time of service; blocks of sessions may be purchased for a discounted rate. Your satisfaction is very important to me. If you are dissatisfied with your hypnotherapy sessions you may receive a partial refund at your request.

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Limits of confidentiality: see page 3 of this packet

Therapy oversight: Marie Maguire consults with other experts in the field, participates in continuing education and is held to an exceptionally high standard of ethics by the National Guild of Hypnotists.

Disclosure as defined in WAC 246-810-010: The certified hypnotherapist is not credentialed to diagnose mental disorders or to conduct psychotherapy as defined in this law. Hypnotherapists practicing for a fee must be credentialed with the department of health for the protection of the public health and safety. Credentialing of said individual with the department of health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act, chapter 18.19 RCW, is to provide protection for public health and safety, and empower the citizens of the State of Washington by providing a complaint process against those hypnotherapists who would commit acts of unprofessional conduct. Clients have the right to choose hypnotherapists who best suit their needs and purposes. A copy of the RCW 18.130.180 is available upon request or may be accessed on the web by Googling the title.

Complaints not satisfactorily resolved by **discussing it first with Marie Maguire** may be taken up with:

Washington State Department of Health

Health Systems Quality Assurance
310 Israel Rd, P.O. Box 47860
Tumwater, WA 98501-7860

By signing this form the client agrees that the required disclosure statement has been provided and that the client has read and understands the information.

Client _____ Date _____