



**Agreement, Confidentiality & Informed Consent for Psychotherapy, Mental Health Counseling, &/or Hypnotherapy using Rapid Transformational Hypnotherapy (RTT)**

Client's Name \_\_\_\_\_

Client's Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Dear Client,**

**Scope of Practice & Licensing Information.**

initials

I am a New York State licensed RN (Registered Professional Nurse), as well as a New York State LMHC (Licensed Mental Health Counselor under limited permit), and a certified practitioner of RTT (Rapid Transformational Therapy). It is within my scope of practice to competently practice therapeutic nursing modalities, psychotherapeutic modalities, and CAM (complementary & alternative medicines), as well as relying on RTT - Rapid Transformational Hypnotherapy. Please note that I not a licensed physician, psychiatrist, or psychologist and that hypnosis should not be considered a replacement for the advice and/or services of a psychiatrist, psychologist, or physician. I appreciate your willingness to work with me. Here are some dimensions of our work together:

**Confidentiality.**

initials

As a Registered Profession Nurse in New York State, an LMHC-limited permit, and an RTT Practitioner, I can state the following: as a routine practice, information disclosed by you and/or your child, or family member, during therapy session(s) will be kept strictly confidential & shall not be revealed to anyone without your expressed consent and/or written permission. Aspects of various sessions may be discussed with other colleagues, or in therapeutic settings, while keeping personal information, such as your full name, strictly confidential. It is important for you to know that there are some exceptions to strict confidentiality where NYS law requires me to report. If any exception to aforementioned confidentiality should arise, I will make every effort to inform you.

Exceptions to Confidentiality:

- 1) **If a client were to threaten to harm him-/herself or another person, I am legally, ethically and morally required to take the necessary steps to protect the safety of the threatened person(s). Appropriate actions could include: informing the intended victim, arranging for medical assessment, evaluation, or hospitalization for you or your child, notifying family members, caretakers or others in your support system, or alerting law enforcement.**
- 2) **If there is disclosed or suspected abuse or neglect of a child/minor, elderly person, or disabled person, I am required by New York State law to report these events to authorities.**
- 3) **If I am to receive a legally binding court order/subpoena from a Judge for records pertaining to counseling or hypnotherapy session(s) or required to provide testimony in court, I would be mandated to comply.**

### **Potentially Incompatible with Hypnotherapy**

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The right is reserved to refuse treatment and refer care to appropriate specialist, or practitioner, when the following conditions and/or experiences are present, or identified:

- auditory/visual hallucinations
- dissociative disorders
- epilepsy with seizures
- personality disorders
- psychosis
- schizoaffective disorder
- schizophrenia – uncontrolled/untreated

### **Late Cancellations & No-Show Policy.**

initials

Cancellations made in less than 24 hours' notice, and prior to the start of the session incur a **\$50** late-cancellation fee. No-shows or cancellations made after the start of the session incur the full fee. I, Bracha Oriana Fishman, reserve the right to terminate counseling services after three no-shows or late-cancellations.

### **Request for Client Records.**

initials

Requests for client records can be made by client, or authorized party, in writing via mail or email and can be released, upon request, to authorized specialists, or practitioners.

### **Termination & Early Termination.**

initials

Client reserves the right to terminate counseling services at any time providing a verbal or written request is submitted. I, Bracha Oriana Fishman, in the event of appropriate circumstances, reserve the right to transfer services and/or care to appropriate specialist/s, or practitioner/s, with client understanding and consent. Termination of services outside of the context of early termination are to take place in advance and with client's full consent, agreement, and understanding.

**Guarantee.**

initials

I, Bracha Oriana Fishman, cannot and do not guarantee results since a client’s success depends on several factors and potentially unforeseen circumstances that are outside of control, including, but not limited to, client’s own willingness and desire to affect the changes within him-/herself.

**Audio Recording(s).**

initials

I, Bracha Oriana Fishman, request full permission to make audio recordings, with client's fully knowledge and understanding, that may include client’s voice. It is understood that if a recording (or recordings) are made during or after the session(s), I, Bracha Oriana Fishman, retain full copyright over any forms of media that may be produced and distributed.

**Deepening Techniques.**

initials

Permission is granted for Bracha Oriana Fishman to initiate direct physical contact in a respectful & ethically appropriate manner including, but not limited to, lifting client’s arm, touching client’s shoulder, or rocking client’s head during the RTT (Rapid Transformational Therapy)/hypnotherapy session(s) in order to help facilitate the deepening & healing process.

**Liability &/or Personal Injury or Property Damage.**

initials

Client ( \_\_\_\_\_ ) hereby releases Bracha Oriana Fishman and the Landlords of the office premises on 88 Terry Rd., Smithtown, N.Y. 11787 from any liability or claims that could be made concerning client’s mental and/or physical well-being or personal possessions/ belongings and release from holding Bracha Oriana Fishman or the Landlords of said premises from liability for injuries of slip-and-fall during the work that has been outlined and agreed upon (now and in the future) at and around the premises of 88 Terry Rd., Smithtown, N.Y. 11787, and by filling out this form.

**Emergencies or Crises.**

initials

I check voicemail & email messages regularly & am dedicated to responding promptly and, in most cases, within 24 hours. In the event that you are unable to reach me and find yourself in the midst of a life-endangering circumstance, or emergency, immediately call 911, or go to your nearest emergency room. In the case of suicidal thoughts, or ideations, please reach out to any of the following resources:

Call the National Suicide Prevention Lifeline @ (800) 273-TALK (8255),  
Call NYC Well @ (888) NYC-WELL (692-9355) to chat 24 hours a day, 7 days a week,  
Text “STRENGTH” to the Crisis Text Line at 741-741,  
Text “WELL” to 65173.

**Consent for Participation in RTT Hypnotherapy &/or Counseling within scope of Nursing Practice.**

initials

I, the client ( \_\_\_\_\_ ), give Bracha Oriana Fishman full permission to use hypnosis and to the Rapid Transformational Therapy knowing that by participating fully in the process and listening to the personalized recording for 21-28 days plays an important role in progress and contributes to overall success. By signing below it is agreed that client has read and understood the information contained in this form and voluntarily agrees to participate in the session and/or consents to the participation of client’s child in the session. A copy of this form can and will be provided to client upon request.

**Printed Name of Client (first & last name)**\_\_\_\_\_

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

**Date**\_\_\_\_\_

**Adult Client Signature (if counseling is for minor/child)**\_\_\_\_\_

