Therapy Information/Agreement - The House of Contemporary Wisdom

We: The House of Contemporary Wisdom

Us: The House of Contemporary Wisdom

I/my/myself: The House of Contemporary Wisdom

You/your: Patient

Our: The House of Contemporary Wisdom and the Patient as a group

1. We are bound by the Codes of Ethics and Practice of my association: Australian Hypnotherapists' Association (AHA).
2. Subject to us being satisfied that your problem is one that can be alleviated by Hypnosis, NLP, EFT, CBT (*or other modalities you may use),* I agree to offer you the number of sessions required that you feel are necessary and we will discuss this as we proceed.
3. The normal duration of each session is one hour (60 mins), although we reserve the right to amend that time for therapeutic reasons. If you are late for a session, we will see you for the duration of the booked session.
4. 24 hours' notice to cancel or postpone your therapy session is required.
5. Confidentiality will be maintained within the codes of ethics and legal requirements. Confidentiality may be breached if we consider there is a risk you may harm yourself or others. In such exceptional circumstances, it may be necessary to seek help outside the therapeutic relationship.
6. Our therapeutic relationship will always remain professional.
7. We will only conduct sessions for which I am trained and qualified.
8. Notes will be taken during each session, which will be kept in accordance with my Association requirements. These notes will be securely stored.
9. Please note: any threats or acts of violence will invalidate this agreement and therapy will cease.
10. Sessions will not take place if you arrive under the influence of alcohol or nonprescribed medication.
11. You will be notified of any holidays to be taken by myself well in advance.
12. If I become unwell or unavailable to conduct your session, I will notify you. Please notify any change in contact details.

Therapist & Client consent

SIGNED THERAPIST…..…..…….. DATE……

Client Details:-

Full name ……..…… DOB …….

Address……..……..

Telephone …… Email …….

SIGNED CLIENT ……..…..…… DATE……..…….