

# Hypnotherapy Session Contract Form

## Practitioner's details:

Name: Jade Williamson  
Phone: 0477 650 000  
Email: [jade@gchypnotherapy.com.au](mailto:jade@gchypnotherapy.com.au)  
Web: [www.gchypnotherapy.com.au](http://www.gchypnotherapy.com.au)  
Address: The Sanctuary Cove Country Club  
Treatment Room 3  
1 Gleneagles Drive  
Sanctuary Cove QLD 4212

*Please ensure that you take time to read this contract carefully before signing.*

Name of Hypnotherapist: **Jade Williamson**

Name of Client: \_\_\_\_\_

## **Hypnotherapist Agreement**

I hereby agree to provide hypnotherapy session/s to (Client) in order to help with \_\_\_\_\_  
(problem/issue).

I agree to treat all Clients in an ethical manner and use my training and experience in the best way possible in order to help them to overcome their issues.

It is recommended that the number of sessions should not exceed \_\_\_\_\_ unless by mutual consent.

All information given by Client will be treated as highly confidential by the Hypnotherapist and written notes will be destroyed within 52 weeks after treatment is concluded.

I am a member of the American Board of Hypnotherapy and agree to provide their contact details in the event that the Client sees reason to bring about any complaint against me.

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### **Client Agreement**

I agree to pay the quoted fees upon attendance to the Hypnotherapist.

24 hours' notice should be given in the event of cancellation by Client. If sessions are cancelled within this time a 25% charge will be incurred unless the Hypnotherapist agrees that the reasons are unforeseen and supporting evidence is shown.

I agree to attend all sessions with the exception of the above-mentioned paragraph. By not attending without giving suitable notice to the Hypnotherapist I agree to pay the full session fee.

In the event that I decide to cancel all future agreed sessions I will notify the Hypnotherapist one week in advance.

I agree that there is no guarantee that my problem will be 'cured' as treatment is dependent on the Client's commitment to the treatment and each client's response to treatment can vary from time to time.

Signatures:

Client \_\_\_\_\_ (Date) \_\_\_\_\_

Hypnotherapist \_\_\_\_\_ (Date) \_\_\_\_\_

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