



CLIENT BILL OF RIGHTS

A Clear Insight - Hypnosis

Gary Kaminski

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EDUCATION AND TRAINING:

I completed training in hypnotism and hypnotherapy in 2011 at the Knightsbridge Institute in Portland, OR, which was founded by Geoffrey Knight in 1999 and was approved by the Oregon Hypnotherapy Association and certified by the National Guild of Hypnotists (NGH).

I completed Dolores Cannon's Quantum Healing Hypnosis Technique, Level 1 on 2/27/2011, level 2 on 7/7/2011.

NOTICE:

THE STATE OF OREGON HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

Under Oregon law, a hypnotherapist may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner.

THE SERVICES I RENDER ARE HELD OUT TO THE PUBLIC AS A FORM OF MOTIVATIONAL COACHING COMBINED WITH INSTRUCTION IN SELF-HYPNOSIS. I DO NOT REPRESENT MY SERVICES AS ANY FORM OF HEALTH CARE OR PSYCHOTHERAPY, AND DESPITE RESEARCH TO THE CONTRARY, BY LAW, I MAKE NO HEALTH BENEFIT CLAIMS FOR MY SERVICES.

A client has the right to refuse hypnosis services at any time

A client has the right to be free of physical, verbal, or sexual abuse.

A client has a right to know the expected duration of treatment, and may assert any right without retaliation.

Office Location

Sage Center

10700 SW Beaverton Hillsdale Highway, Park West Plaza, Building #3, Suite #560, Beaverton OR 97005

REDRESS

Other services than my own may be available to you in your community. You may locate such providers on the internet.

SERVICES & PRICES

I offer a free ½ hour phone consultation. The following sessions are held at Sage Center in Beaverton:

Regular Pricing		
First session	1.5 hrs	\$150
Second + sessions	1.0 hrs	\$100
Three session pkg	3.5 hrs	\$300 (save \$50)
Abbreviated Past Life	2.5 hrs	\$200 (save \$50)
QHHT Session	4.0 hrs	\$300 (save \$100)

Refundable booking fee is \$18/hr. For example, if you are scheduling a 4hr QHHT session, you will be invoiced for \$72, which is applied to the total session price of \$300, leaving a balance of \$228. If you cancel an appointment more than 24 hours prior to your appointment, I will refund the booking fee.



CONFIDENTIALITY:

I will not release information about you to anyone without written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

INSURANCE:

I suggest you think of my services as something that you will pay for personally. Doing so will both protect your privacy and help you place higher value on the work you are doing. In general, the insurance companies do not like to cover hypnotic services. Do not expect them to do so.

MY APPROACH:

The most important focus in my practice is the client's best interest. I assist clients to achieve their self-help and self-improvement goals using relaxation, guided imagery, and hypnosis. Services you are receiving are not substitutes for normal medical care. You are advised to discuss services with any doctor or mental health care professional who is taking care of you now or in the future.

CLIENT'S UNDERSTANDING:

I understand that the level of success using Hypnosis depends on different variables, including my attendance of scheduled sessions, my continuing practice, my attitude, motivation and cooperation. I understand that personal results will vary, and that human behavior cannot be ethically warranted. **I understand that if I choose to receive the password-protected session recording by way of a web filesaver download, there is a chance, however small, that a hacker could find the file in the short time it is on the filesaver. See the client instructions for additional details and an alternative option.**

Client Name (print):

Client Signature:

Date:
