

James Schwartz, BCH
Rocky Mountain Hypnotherapy Center, LLC
7112 W. Jefferson Ave., Suite 105
Lakewood, CO 80235
(303) 987-1604

Client Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Home: _____ Cell: _____

Email: _____

I authorize you to leave a voice message at the following number: _____.

Occupation: _____

Place of Employment: _____

Marital Status: _____ M _____ S _____ D _____ W

Date of birth: _____ Number of children _____

Referred by: _____

Name and phone number of who to contact in an emergency: _____

What do you hope to accomplish with hypnotherapy? _____

Describe the history of this problem. _____

Please list any accidents, traumas, illnesses, medical problems or major issues:

Please check any of the following that apply (this information is confidential):

<input type="checkbox"/> diabetes	<input type="checkbox"/> eating disorders	<input type="checkbox"/> seizures
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> emotional disorders	<input type="checkbox"/> insomnia
<input type="checkbox"/> anxiety attacks	<input type="checkbox"/> heart disease	<input type="checkbox"/> depression

Was there abuse in your childhood/history? If so, was it ☐ physical
☐ emotional ☐ verbal ☐ sexual

Indicate your use and frequency of the following:

Tobacco _____

Caffeine _____

Alcohol _____

Recreational drugs _____

Exercise _____

Have you ever been treated for an emotional issue? (Explain) _____

If so, are you currently receiving treatment? _____

Are you using any prescription medications? _____

Cost of session(s): _____

Therapist signature _____

I hereby accept responsibility for all charges related to the services rendered by James Schwartz, BCH. I acknowledge that James Schwartz and the Rocky Mountain Hypnotherapy Center, LLC, is in no way related or affiliated with the services of Julie Roth and Roth Acupuncture, Ltd., Acupuncturist Sherri Giamarvo or any other services or businesses operated in the same location at 445 Union Blvd. Ste. 302.

Signed: _____ Date: _____

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Disclosure Statement

Training Education and Background

I am a Board Certified Hypnotherapist and an NLP practitioner. I am certified through the National Guild of Hypnotists and registered with the Department of Regulatory Agencies. I am also a member of the Colorado Association of Psychotherapists. I am certified in Transpersonal Hypnotherapy, Complementary Medical Hypnosis, NeuroLinguistic Programming and HypnoBirthing. I have a bachelor's degree in English and a bachelor's degree in music. In the state of California, I received Secondary and Clear Teaching Credentials. I have ten years of teaching experience and served as a master teacher training student teachers for nine of those years.

Your Rights As A Client

The practice of both licensed and/or registered persons in the field of psychotherapy is regulated by the State of Colorado. Any questions, concerns or complaints may be directed to: State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, (303) 894-7766.

You are entitled to receive information about methods of therapy, techniques used, duration of therapy, if known, and fee structure. You are also to be informed of therapist's degrees, credentials and licenses. You may seek a second opinion from another therapist or terminate at any time.

You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported to the Grievance Board.

You should understand that information provided by you during therapy is confidential except in certain circumstances as outlined below.

Confidentiality and Privacy Practices

Matters regarding your therapy will be kept confidential except in the following circumstances: you sign a release of information giving permission to release information to a specific individual or agency; child abuse or neglect; client is in imminent danger to self or others; subpoena of records; or in cases when required information is needed by insurance companies. I may consult with a supervisor or colleagues about cases, but in these instances, clients would not be identified by name. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as a client.

Other than the exceptions mentioned above, your personal information is not distributed to any third parties. Safeguards in my office include establishment of the policies contained in this document and the storage of personal information/files in locking file cabinets. I may contact you by email as a check-in to see how you are progressing. The only other email contact would be if there is a special offer such as a temporary rate reduction for services. Emails and/or addresses are never sold

or distributed to third parties and are not used for spam. You can choose to be excluded from any email offers or contact by initialing here _____.

Fees and Payments

My standard charge for hypnotherapy is \$150.00 per 60 minute session, but lower priced packages are often available. Payment is due at the conclusion of each session. Non-payment automatically waives your right to confidentiality. All fees and expenses allowable under Colorado law will be added to the amount you owe in cases of non-payment.

Cancellations

Since I have reserved our appointment time for you, it is my policy to charge for cancellations received with less than 24 hours notice. Failure to show up for a scheduled appointment or failure to call to cancel 24 hours prior to your appointment will result in a charge of fees as specified above. Cancellations should be done by phone and not by email.

Reports and Phone Calls

There is no charge for brief phone calls. Calls lasting longer than 10 minutes will generally be charged to the client on a pro-rated basis. Reports requested by insurance companies, physicians etc. will not be released without your permission. Charges for reports will be pro-rated based on a rate of \$95.00 per hour and billed to the requesting party.

My Availability and Answering Service

I am generally available to receive your calls during most normal business hours. If I am in session or out of the office, you may need to leave a message. I pick up messages regularly. If you have a major emergency, you should immediately call 911 or seek help at a hospital or mental health center.

I am not a medical doctor and hypnosis should not be considered a substitute for traditional medical therapy or traditional psychotherapy. The content of these hypnosis sessions is in no way intended to be represented as medical advice nor as a substitution for medical practices. You should always seek the advice of a medical doctor regarding any health-related issues and understand that hypnosis should not be considered a replacement for conventional medical care or conventional psychotherapeutic care.

I have read the preceding information and understand my rights as a client.

Client Signature

Date

Parent or Guardian Signature (if applicable)

Date

Therapist signature

Date