



*Essential Balance*  
Holistic Wellness Center

## **Client Bill of Rights with Appointment Cancellation Policy**

**Contact Information:** My name is M. Hayden Sutherland, CHt, LMT (MA58010). I can be contacted through my office at Essential Balance Holistic Wellness Center, LLC at 11007 N. 56<sup>th</sup> St. (Ste. N), Temple Terrace, FL 33617. The phone number is (813) 928-9850.

**Education and Training:** I was trained and certified in clinical, medical and transpersonal hypnosis at the Florida Institute of Hypnotherapy in Tampa, Florida. I am a Certified Member of the American Council of Hypnotist Examiners and I complete annual continuing education courses to maintain my training at a high level. I am a Nationally Certified and Florida Licensed Massage Therapist and a Master of the Usui System of Reiki Energy Healing. I specialize in Chinese and Japanese energy meridian modalities and the integration of Body, Energy and Hypnosis modalities into comprehensive health and wellness practice.

**Notice:** Hypnotism is a profession regulated solely by professional associations. Its practitioners are not licensed by state governments. I am not a physician nor a licensed medical health care provider and may not provide a medical diagnosis nor 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 a coordinated transfer to another practitioner. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

**Redress:** I am a certified member of the American Council of Hypnotist Examiners and practice in accordance with its Code of Ethics. If you have any complaints about my services or behavior, which I cannot resolve for you personally, you may contact the **American Council of Hypnotist Examiners at 700 S. Central Avenue, Glendale, CA 91204**. Complaints must be in writing setting forth the basis of the claim.

**Hourly rate:** The charges for my services are \$100 **per hour**. Individual sessions may run from 1 to 2 hours. Fees are due at the time services are rendered in the form of cash, check or credit card. A 14-day notice will be given before any change in rates. Hours paid in advance in the form of package deals are good for 6 months from their time of purchase. After 6 months of absence from therapy, these hours are forfeited. Packages are non-refundable. 6 hours paid in advance grants a 5% discount. 10 hours paid in advance grants a 10% discount. 20 hours paid in advance grants a 15% discount and must be redeemed in full within 9 months.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you. As my client you have the right to review complete and current information concerning any aspect of the professional/client relationship. As a healthcare/wellness professional I am bound by Federal HIPPA standards regarding client confidentiality. All information in your file, including your credit card information, will be kept in a locked file cabinet within my secured office.

**Insurance:** Most insurance companies do not cover hypnotic services. I caution you not to expect them to do so. If you would like to attempt to seek reimbursement from your insurance company, I would be happy to provide to you a receipt with an explanation of my hypnosis services for submission to your insurance provider.

**Cancellation Policy:** In order to minimize disruptions to our schedule, we require 24 hours advance notice to cancel or reschedule any appointment. The 24 hour notice may be submitted by email, text, voicemail or by speaking directly to the therapist with whom you have the scheduled appointment.

**Cancellation fees:** If a scheduled appointment is not cancelled or rescheduled 24 hours in advance, the client will be responsible to pay for the full price of the scheduled appointment (minimum of 1 hour).

Cancellation fees are in effect to ensure that our therapists are compensated for their time. Please keep in mind that if inadequate notice is given it is extremely difficult to fill vacant spots. This not only negatively impacts our therapists, but also affects our clients' ability to be seen as soon as possible. Please be courteous to your therapist and other clients by respecting our policies.

**Same day appointments:** Please be aware that when booking an appointment for a session that will take place on the same day it was booked, it is considered set and if cancelled or rescheduled at any point after it is made the client is responsible for paying for the full price of the appointment (minimum 1 hour).

**Our promise to you:** If an Essential Balance therapist fails to give you 24 hours advance notice of his/her need to cancel or reschedule your appointment, your appointment is free.

**I understand that the credit card on file will be charged in accordance with the cancellation policy if an appointment that I scheduled is missed without the proper 24 hour notification.**

**Credit Card:** **Visa MC Disc AmEx**

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Exp. Date:** \_\_\_\_ / \_\_\_\_ **Security code:** \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All client information will be kept confidential and secured at all times in a locked filing cabinet.*



**American Council of Hypnotist Examiners**