

Client Bill of Rights

Contact Information: My name is Donna Nowak. My client office is located at 23210 Chagrin Boulevard, Suite 211 in Beachwood, Ohio. You can best reach me by email at donna@DonnaNowak.com, or you can leave a voice mail at 216-371-9301.

Education and Training: I was trained and certified in hypnosis by the Eastern Institute of Transpersonal Hypnotherapy, trained in regression therapy by Henry Leo Bolduc, and certified by the International Board for Regression Therapy (IBRT). In 2001 I founded a local nonprofit called Mind-Body-Spirit Connection (MBSC). The organization provided education regarding complementary and alternative therapies and a holistic approach to health. In 2008, I became CEO of the *American Holistic Medical Association (AHMA)*, a national organization founded in 1978 to help transform healthcare to a more holistic model. MBSC subsequently merged into the AHMA. I am a member of the *American Association of Professional Hypnotists (AAPH)*, *Association for Research & Enlightenment (ARE)*, *International Association for Regression Research & Therapies (IARRT)*, the *National Association of Transpersonal Hypnotherapists (NATH)*, and the *National Guild of Hypnotists (NGH)*. I participate in annual continuing education in order to maintain my training.

Notice: AS THE STATE OF OHIO HAS NOT ADOPTED EDUCATIONAL OR TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession, and practitioners are not licensed by the state government. I am not a physician; therefore, I may not make a 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. A client has a right to refuse hypnosis 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 treatment and may assert any right without retaliation.

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 healthcare or psychotherapy, and in spite of research to the contrary, by law I may make no health benefit claims to clients for my services.

Redress: If you ever have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308 (603-429-9438) to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the Yellow Pages, via the Internet, on my website, or by talking with friends, colleagues, and others.

Fees: The charges for my services are \$135 for consultation/hypnosis sessions and \$150 for past-life regression sessions. I accept payment by cash or check.

Missed Sessions: Except for cases of medical, family or personal emergency, a charge will be made for the time reserved, unless 24 hours notice has been given.

Confidentiality: My records are confidential and privileged. I will not release any information without authorization from you, except as provided for by law.

Insurance: I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing. In general, insurance companies do not yet cover hypnotic services, so it's best not to expect them to do so.

My Approach: A high level of trust and understanding between the two of us will increase the likelihood of success. Transpersonal hypnotherapy incorporates the belief that there is a dimension to human nature greater than our three-dimensional consciousness, so guidance of our Higher Power and innate spiritual resources will prevail within the therapeutic relationship. I will respect your confidentiality and promise to do my best to help you identify problem areas and determine an appropriate scope of induction and treatment.

Client Signature: I have read this Client Bill of Rights and understand what I have read. A copy will be provided to me upon request.

Signature _____ Date _____