

POLICIES AND INFORMATION Individual Coaching and Hypnotherapy



PLEASE READ THE FOLLOWING INFORMATION CAREFULLY ON BOTH SIDES OF THIS AGREEMENT — THEN ADD YOUR SIGNATURE TO THE BACK OF THE FORM.

You have been given two copies of this form. **One copy is to be signed, dated, and returned to the Coach/Hypnotherapist.** The other one is for you to keep as a reference. If you have any questions or concerns, please discuss them with Judie Keys, C.C.H.

Arrival time. As a courtesy, please plan to arrive **within 15 minutes before** your session is scheduled to begin. **If you are running late, please CALL Judie Keys, C.C.H. This must be done by 15 MINUTES past your appointment time.** If proper notification is not made, your appointment will be handled as a missed session. You will then be responsible for paying your complete fee.

Fees. My fee is \$315 for an hour and a half session.

Payment. Please make your check out **IN ADVANCE** payable to **Judie Keys, C.C.H.** Fees are to be paid in cash, check or charge at the beginning of each session. There is a \$20 service charge for all returned checks. When prearranged with the Hypnotherapist/coach, a check may be held for a limited time before it is deposited. If a cash receipt or paid statement is required, this will be given to you at your next session on request.

Sessions and appointments. Sessions last 90 minutes. Appointments are generally scheduled weekly unless other arrangements are made in advance. Your agreed upon time is held for you from one week or cycle to the next. If you neglect to keep your scheduled time without giving 24 hour notice, then all your future appointments will automatically be canceled. If you don't schedule an appointment at the end of your appointment, then you are no longer considered a client and lose client privileges such as support.

Rescheduling. If you are unable to keep your appointment, please call Judie Keys, C.C.H., as soon as possible, to **RESCHEDULE and/or confirm your attendance for the following scheduled session.** There is **NO CHARGE** with a minimum **24-HOUR notice.** If you give **LESS THAN 24 HOURS notice, you will be liable** for payment of the missed session.

Tip. If you are uncertain about being able to keep your appointment, reschedule or cancel it 24-hours in advance. Then, if you can come in after all, call the therapist about getting your original time back. Another alternative is to invite someone you know who has expressed an interest in getting hypnotherapy/counseling, to consider taking your time slot. (This must be cleared, however, with the therapist.) Also, if you give less than 24-hours notice, and your time is assigned to another person, there will be no charge to you.

Phone Calls. I welcome phone calls and messages 10AM to 7PM seven days a week. I do not answer phone calls or messages before the designated time. I will get back to you as soon as I am able.

Phone hypnosis/coaching. Requests from you for coaching or hypnosis by phone is an option. This request will, however, depend on the availability of the hypnotherapist/coach. If this occurs, the session will be billed at your regular rate or portion thereof.

(Please turn the page over and complete the other side.)



JUDIE KEYS, C.C.H. Hypnotherapy • Energy Worker • Life and Business Coach

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Temporary leave of absence. Occasionally, due to extenuating circumstances, it may become necessary for a client to interrupt his or her coaching. If this should happen, it is advisable, if possible, to schedule a temporary closure session. Then, a return to hypnotherapy/coaching with the person of your choice may be more productive.

Terminating hypnotherapy/coaching. Completion of hypnotherapy/coaching usually occurs when you feel comfortably resolved with all your concerns. It also takes place when you can in a positive direction. And when you are clearly becoming more self-aware, self-accepting, and self-confident, you are probably ready to graduate.

This final stage is usually recognized by the coach and the client concurrently. A phase-out plan is then agreed on together, or a final session is arranged for a progress review, and closure to the process. An open door policy remains in effect from then on. This allows you to reschedule one, or more sessions, based on your personal needs at any time in the future.

Referrals. If you wish to add, or transfer to another person as part of your healing program, please inform Judie Keys, C.C.H. promptly. Every effort will be made to help you in this transition, and to make appropriate referrals available.

Clients rights. You are entitled to receive information about Judie Keys', C.C.H. methods of coaching, the techniques she uses, and the duration of your coaching (if she can determine it). Please feel free to ask any pertinent questions. In a professional relationship such as between you and Judie Keys, C.C.H., sexual intimacy is never appropriate between hypnotherapist/coach and client. If it should occur, it should be reported.

Confidentiality. All communication between you and Judie Keys, C.C.H., is treated both as privileged and confidential. However, she is not a licensed psychologist, and she does not practice under a licensed psychologist. Therefore, information provided by and to a client is not legally confidential; she can be forced to disclose relevant information without your consent. Circumstances that must be reported are those where there is clear and imminent danger to yourself, others, or to society. Then hypnotherapy/coaching information is limited to only what is essential and pertinent.

Consent for treatment. Your signature at the bottom of the page authorizes **Judie Keys, C.C.H.** to provide you with coaching, and to facilitate clinical hypnotherapy as an option.

In signing this form, I certify that I have read, understand, and agree to all the terms and conditions herein. I acknowledge that personal results may vary. I also understand there are no expressed or implied guarantees or warranties on the degree of results. I hold harmless Judie Keys, C. C. H. of any liability for my actions and emotions. I recognize and accept sole responsibility for my own behavior and feelings.

Comments _____
_____ Initials _____
Authorized _____
Signature _____ Date _____
Printed Name _____