

**POLICIES, GENERAL INFORMATION & CONSENT**

Airó Hypnosis – 13740 Research Blvd, Building N Suite 8  
Austin, TX 78750 - www.shehypnotizes.com

**Please read and initial next to each paragraph:**

\_\_\_\_\_ **NOTICE:** The services I render are held out to the public as a form of motivational coaching and education, combined with instruction in self-hypnosis. I do not represent my services as any form of health care, psychotherapy or counseling and despite research to the contrary, by law I may make no health benefit claims for my services. Hypnosis is not meant to be a substitute for psychological or professional counseling. If you have an ongoing mental health problem, please consult a professional licensed by the State of Texas. I use hypnosis to motivate clients to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic ability, reduce stress and for other social, educational and cultural endeavors of a non-medical nature. In general, I help people to cope with the normal problems of everyday living by utilizing various techniques of hypnosis. Hypnosis reduces stress, which is a beneficial adjunct for many medical or mental health disorders. Hypnosis can be used to reduce pain, discomfort and improve certain health problems. **For anything related to pain relief or other medical or mental issues, I will need a written referral from your applicable licensed medical, dental or mental health professional. All other issues may be self-referrals.**

\_\_\_\_\_ **CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions *are confidential* and may not be revealed to anyone without your (client or parent's) written permission, except when required by law. I am required to report any known or suspected child or elder abuse or neglect, and to take action to ensure safety if a client presents danger to self or others. For educational, research or business purposes, I may collect and share information that is "de-identified" (i.e. it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you). Please see HIPAA Notice for more information.

\_\_\_\_\_ **HEALTH INSURANCE - CONFIDENTIALITY OF RECORDS:** Hypnosis is not covered by traditional insurance. You may use an HSA/FSA account as a form of payment. It is your responsibility to verify the specifics of your coverage. Your HAS/FSA provider may require confidential information from me to process claims. In this case I will notify you and obtain your consent before releasing the requested information.

\_\_\_\_\_ **PAYMENTS & FEES:** Payment by cash, check, or credit card. Make checks payable to **Airó Hypnosis**. The charges for my services are: \$120 for the initial visit and \$90 for follow-up visits; \$285 for 3-session Smoking Cessation Package/\$90 follow-up; \$180 for Past Life Regression; Group Sessions, as announced. Payment is due in full at the time of service. Fees are subject to change. The current fees will be honored for 6 months. Also see Cancellation Policy and Guarantee Policy. A \$35 fee will be assessed for all returned checks.

\_\_\_\_\_ **PRE-PAID SESSIONS:** 24-hours' notice is required for cancellation of a pre-paid session. Failure to keep your appointment or short-notice cancellation will result in the forfeiture of a prepaid visit. No refunds will be given for unused prepaid sessions. All prepaid visits will expire after twelve months.

\_\_\_\_\_ **YOUR RIGHT TO REVIEW RECORDS:** You have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when releasing information might be harmful in any way. In such case, I will provide the records to a licensed mental health professional of your choice. Considering the above exclusions, I will release information to any entity you specify only upon receiving your written authorization. My HIPAA Notice of Privacy Practices are posted on my website. You may request a copy for your records if desired.

\_\_\_\_\_ **MINOR CLIENTS:** Parents have a right to receive progress reports on their child's sessions. However, personal information shared by a child during an individual session will be kept confidential unless it involves imminent danger to the child or someone else. If applicable, I must receive a copy of the most recent divorce decree or custody order at our first session; this is to ensure proper consent, confidentiality and disclosure of information. All parent/guardian parties must be informed of treatment, and all with custody rights must consent to treatment of minor at or prior to the first session.

\_\_\_\_\_ **LITIGATION LIMITATION:** Due to the sensitive nature of information shared and addressed, I am not obligated to supply any documentation, correspondence, or presence regarding any legal proceedings. Should you or your attorney desire any documentation or service for court/legal purposes, I must receive such request in writing and by law have 15 days to give a response. I may decline the request if disclosure of the requested information may be harmful in any way to the client; no request will be acknowledged unless it is accompanied by the client or guardian's written permission. Any documentation, consultation, or testimony requests will incur a charge of \$50 per half hour. Testimony charges may include time spent traveling, preparing reports, attendance, and other case related costs

\_\_\_\_\_ **DUAL RELATIONSHIPS:** Dual relationships should be avoided whenever possible. Should we encounter each other anywhere outside of my office, I will not approach you or acknowledge you unless you initiate contact, and will not discuss issues at that time.

\_\_\_\_\_ **PHONE CALLS & E-MAIL:** If you need to contact me between sessions, you may call or e-mail me to make, cancel, or reschedule an appointment, or make brief reports about your progress. I check my phone and e-mail messages between 9:00 a.m. and 6:00 p.m., Monday - Friday (excepting holidays/vacations). Messages will be returned by the end of the next business day. Please do not use text messaging to communicate with me, the office line cannot send or receive text messages.

\_\_\_\_\_ **CANCELLATION:** Your full fee is charged for "no shows" and appointments cancelled less than 24 hours before the scheduled time. An appointment is considered cancelled when not attended at the agreed time/date, or not rescheduled 24 hours in advance and attended within the same calendar week as the original appointment. Payment is due for any missed appointment at the time of the missed appointment and will be charged to the payment type on file.

\_\_\_\_\_ **RECORDINGS:** You will be provided with an mp3 copy of your sessions via email. All clients are advised to listen to recordings daily for thirty days following sessions. Choosing not to listen to your recordings will greatly impact your success. **Under no circumstances should you listen to hypnosis recordings while driving, operating machinery, or performing tasks that require concentration.**

\_\_\_\_\_ **GUARANTEES:** No guarantees as to the effectiveness of hypnosis for your particular problem are made or implied, as it is impossible to guarantee human behavior or compliance. Hypnosis is a tool you use to help yourself; therefore, no refunds for services are given. *I do pledge my efforts to help you to the best of my ability and I sincerely want you to succeed!*

**CLIENT/GUARDIAN:** I hereby agree, voluntarily and freely, to undergo hypnosis. I further release Tara Martin, and Airo Hypnosis, its employees and agents, from any and all claims of injuries, harmful effects, and all other consequences, whether or not presently known to me, which may result from this procedure at this time and any future time that I elect to undergo hypnosis through this organization. I declare that I have read this consent and release, and that I fully understand and agree to its terms.

Client Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

I have discussed the above issues and policies with the client/parent(s). My observations of this person's behavior and responses give me no reason to believe that he/she is not fully competent to give informed and willing consent.

Tara Martin      Date \_\_\_\_\_ Signature \_\_\_\_\_