

BALANCE4LIFE

28275 Orchard Lake, Suite 109, Farmington Hills, MI 48334 | 248-561-8159
43303 Schoenherr Rd., Sterling Heights, MI 48313

CLIENT CONSENT FOR HYPNOTHERAPY

I hereby apply for and consent to sessions in hypnotherapy by Hena Husain, PhD. CHT (the Practitioner), who has explained to me the general process and various results of Hypnotherapy. I understand that these results vary from individual to individual and that no specific results can be guaranteed.

I understand that the Practitioner does not treat, prescribe for, or diagnose any illness, disease, or any other disorder, injury or condition. Nothing said or done by the Practitioner should be construed to be such. I further understand that the Practitioner is not attempting to practice medicine, psychology, osteopathy, chiropractic, physical therapy or any other profession requiring a license under the laws of the State of Michigan.

I understand that it is necessary for the Practitioner from time to time to touch my body in order to assist me in the relaxation for the physical and emotional changes to occur for which I seek. I give the Practitioner my permission and consent to do all of those things necessary in helping me establish such as state of relaxation and to help facilitate the process of change.

I acknowledge that I am free to terminate any session or all sessions at any time, and that I have agreed to participate in each session out of my own free will.

Client Signature: _____

Date: _____

Office Policy

If you are unable to meet at your scheduled appointment time, please contact our office to reschedule your appointment. This will allow our office adequate time to better serve you and other clients.



28275 Orchard Lake, Suite 109, Farmington Hills, MI 48334 | 248-561-8159
43303 Schoenherr Rd., Sterling Heights, MI 48313

CLIENT CONFIDENTIALITY STATEMENT

At **Balance4Life**, patient confidentiality is of the utmost importance to our practice therefore we comply with all HIPPA regulations and Privacy Act (1996).

Federal civil rights laws and the Health Insurance Portability and Accountability Act (HIPAA, 1996) Privacy Rule, together protect your fundamental rights of nondiscrimination and health information privacy. Civil Rights help to protect you from unfair treatment or discrimination, because of your race, color, national origin, disability, age, sex (gender), or religion. Federal laws also provide conscience protections for health care providers.

The Privacy Rule protects the privacy of your health information; it says who can look at and receives your health information, and also gives you specific rights over that information. In addition, the Patient Safety Act and Rule establish a voluntary reporting system to enhance the data available to assess and resolve patient safety and health care quality issues and provides confidentiality protections for patient safety concerns.

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.
