



CONSENT FORM

ADULT

I understand that I am embarking on a course of Solution Focused Hypnotherapy and Psychotherapy with Kim Sweetland of Kim Sweetland Hypnotherapy.

I commit to be part of a respectful relationship between myself and the therapist.

I will not attend any session, either online or in person, under the influence of alcohol or drugs. I understand the therapist will refuse to undertake the session if they believe I am under the influence and I may be charged the full cost for that session.

I understand I have certain responsibilities within that course of therapy, both to myself and my therapist, to maximise my opportunity for beneficial results. I undertake to participate in activities of positivity between sessions, as set out by my therapist, and I understand that by doing so I will optimise my chances for maximum benefit from each session and the therapy as a whole.

I undertake to attend sessions regularly, in a timely manner, and to give a minimum 24 hours' notice, via email or text message, if I am unable to attend. Failure to do so may result in a full charge for the session.

I understand that if I am running late, the session can still go ahead so long as I arrive within 10 minutes of the scheduled start time. In this scenario the session will be shorter and still be required to finish at the original end time. I understand that if I am more than 10 minutes late, the session will not be able to go ahead as it is not possible to fully facilitate a session in the remaining time. A full charge may be made for the session.

In instances where the therapist is forced to cancel a session, for any reason, any monies already paid for that session will be either refunded to the client in full or moved to a future date on request.

I have had the process and therapy explained to me and understand what is entailed.

I understand that the duration of therapy predicted by the therapist is an estimate only, and that I am responsible for advising when I would like my sessions to be spaced further apart or finish my course of treatment completely. I also understand, that whilst the therapist has predicted the results based on previous experience, there are no guarantees of the outcome.

I understand that the notes from my session will be held for 8 years from the point of completion of my therapy, in compliance with GDPR guidelines and for insurance purposes. A copy of these notes may be requested at any point within that time frame. I am aware that I may request for them to be amended or destroyed. Such requests must be made in writing to Kim Sweetland Hypnotherapy.

I am aware that my therapist may be required to break confidentiality if they deem that it is necessary to safeguard either myself, others, or if it would likely prevent a crime from being committed. At all other times all information will be kept confidential. In the event of an emergency where Kim Sweetland is unable to contact me to advise of a change or cancellation to my scheduled appointment, I understand that Christopher Sweetland may access my contact details for the sole purpose of

advising me of the change. I understand Christopher Sweetland is also bound by the laws of confidentiality.

I understand I have the ongoing opportunity to ask questions, and it is my responsibility to enquire if I am unsure or do not understand anything relating to my course of therapy at any time.

I understand there are parking restrictions outside the premises of Kim Sweetland Hypnotherapy and that it is my sole responsibility to advise Kim Sweetland immediately on arrival if I am planning to park within the permit holders' zone. I will provide details of my correct number plate and ensure Kim Sweetland registers my vehicle for visitors parking that will cover the duration of that session time only. I will not hold Kim Sweetland liable or responsible for any fines, damage or issues relating to my vehicle.

I understand that it is not advisable to undertake more than one therapy at any one given time. This is due to the fact you may receive conflicting information that may be confusing and hinder your progress in one, or all, of the therapies being undertaken. If I am being assisted by a Care Team, I am aware it is my responsibility to discuss with that team, prior to undertaking or continuing sessions with Kim Sweetland Hypnotherapy, whether this therapy would be beneficial to my care at that time and act on their advice.

I confirm that I have read and accept the full Terms & Conditions: [Terms & Conditions | KSHypnotherapy \(kimhypnotherapy.co.uk\)](https://kimhypnotherapy.co.uk/terms-conditions)

I confirm that I have read and accept the Privacy Policy: [Policies | KSHypnotherapy \(kimhypnotherapy.co.uk\)](https://kimhypnotherapy.co.uk/privacy-policy)

I, (Print name in block capitals)

Of, (Address)

Telephone No:.....

hereby consent to receiving Solution Focused Hypnotherapy and Psychotherapy from Kim Sweetland of Kim Sweetland Hypnotherapy and agree to the above conditions.

Signed (Client):

Date: