



### Client Bill of Rights

**Contact Information:** My name is Normand F. Lambert, C.H. I can be contacted through my office at: 264 Exchange St., Suite #3, Chicopee, MA 01013, or by telephone at (413) 348-1576.

**Education and Training:** I was trained in hypnotism at "Hypnosis Works" in Shutesbury, Massachusetts. I am a Certified Member of the National Guild of Hypnotists, and I do annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts.

**Notice:** AS THE STATE OF MASSACHUSETTS HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and state governments do not license its practitioners. I am neither a physician nor a licensed health care provider and may not provide a medical diagnosis nor 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 a client terminates my services, the client has a right to coordinate transfer of services to another practitioner. A client has a right to refuse hypnotism 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 sessions, and may assert any right without retaliation.

**Redress:** I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you 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 telephone book.

**Fees:** I charge a fee of \$75.00 for the initial session, and \$60.00 for each follow up session for hypnotic services. Returned check fee is \$25.00. We reserve the right to charge for cancelled sessions without two working days notice of cancelation.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

**Insurance:** I suggest you think of my services as something that you will pay for personally. This will protect your privacy, and will also help you to place more value on the work you are doing. In general, insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

**My Approach:** Simply put, hypnosis is the "Magic Pencil" used to erase the unwanted, negative imprints in the subconscious mind, and replace them with the desired, positive imprints to improve the quality of everyday living.

Client Signature: I have received and read this Client Bill of Rights and understand what I have read.

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

