Kim Sweetland
HYPNOTHERAPY

CONSENT FORM

Adult Solution Focused Hypnotherapy

About the therapy

I understand that I am choosing to undertake Solution Focused Hypnotherapy with Kim Sweetland of Kim Sweetland Hypnotherapy.

I understand that Kim is a qualified, registered and insured Solution Focused Hypnotherapist and will work with me within the scope of her professional training and practice. I understand Kim is not a counsellor.

I understand that Solution Focused Hypnotherapy is a collaborative process. I will have opportunities throughout therapy to ask questions, discuss how I am finding the process and raise anything I am unsure or concerned about.

I understand that everyone responds to therapy differently. While Kim will use her professional experience and training to support me towards my goals, the length of therapy and its outcome cannot be guaranteed.

Working together

I understand that my participation is an important part of the therapeutic process. I agree to engage with sessions and, where appropriate, with any activities, recordings or resources agreed between sessions.

My progress and the frequency of my appointments can be reviewed throughout therapy. Either Kim or I may suggest spacing sessions further apart or bringing therapy to an end when this feels appropriate.

I agree to contribute to a respectful therapeutic relationship and understand that Kim will offer the same respect to me.

Appointments and cancellations

I agree to attend appointments regularly and arrive on time.

If I need to cancel or rearrange an appointment, I will provide at least 24 hours' notice by email or text message. I understand that appointments cancelled with less than 24 hours' notice may be charged at the full session fee, in accordance with the Terms & Conditions.

If I arrive within 10 minutes of my scheduled appointment time, the session may still go ahead but will finish at the originally scheduled time.

If I arrive more than 10 minutes late, there will not be sufficient time to safely and effectively facilitate the session, and it will therefore be cancelled. I understand that the full session fee may still be payable.

If Kim Sweetland Hypnotherapy needs to cancel an appointment, any payment already made for that session will be refunded in full or transferred to a future appointment, according to my preference.

I understand there is no public parking directly outside the clinic and that I am responsible for my own arrangements regarding this and any fines incurred by not adhering to parking restrictions.

Safety and professional boundaries

I understand that Kim Sweetland Hypnotherapy is not an emergency or crisis service. If I require urgent mental health or medical support or believe that I or another person is in immediate danger, I understand that I should seek

appropriate urgent or emergency support rather than contacting Kim or waiting for my next hypnotherapy appointment.

I agree not to attend a session while under the influence of alcohol or recreational drugs, or otherwise significantly impaired by a substance. If Kim believes that I cannot participate safely or appropriately in the session, the appointment may be ended or cancelled, and the full session fee may be payable.

If I am currently receiving support or treatment from another healthcare or mental health professional, I will let Kim know. I will be encouraged to discuss whether hypnotherapy is suitable for me at this time with the professionals involved in my care before embarking on any hypnotherapy sessions with Kim.

I understand that Solution Focused Hypnotherapy does not replace appropriate medical or mental health assessment, diagnosis or treatment.

Confidentiality and records

I understand that information I share during therapy will normally remain confidential.

There are limited circumstances in which Kim may need to share relevant information without my consent. These include situations where there is a serious concern about my safety or the safety of another person, a safeguarding concern, or where disclosure is required by law. Wherever reasonably possible and appropriate, Kim will discuss this with me before information is shared.

I understand that appropriate records relating to my therapy will be kept securely for the retention period stated in the Privacy Policy and in accordance with applicable data-protection requirements and professional or insurance obligations.

I understand that I have rights in relation to my personal information, including the right to request access to the personal data held about me and to request correction of inaccurate personal information. I may also request erasure of my personal information in circumstances where the right to erasure applies. Further information about how my personal data is collected, used, stored and protected is contained within the Kim Sweetland Hypnotherapy Privacy Policy.

Terms, Privacy and Consent

I confirm that I have read and accept the full **Terms & Conditions**:

Terms & Conditions | Kim Sweetland Hypnotherapy

I confirm that I have read and understood the **Privacy Policy**:

Privacy Policy | Kim Sweetland Hypnotherapy

I understand that I can ask questions about any aspect of my therapy at any time.

By signing below, I confirm that I have read and understood the information above and consent to receiving Solution Focused Hypnotherapy from Kim Sweetland of Kim Sweetland Hypnotherapy.

Full name:

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Address:

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Client signature:

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Date:

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