

**Ella Begelfor, M.A, Hypnotherapist**

Client Name \_\_\_\_\_ Birthday \_\_/\_\_/\_\_\_\_

Spouse Name \_\_\_\_\_ Birthday \_\_/\_\_/\_\_\_\_

**If Client is a Minor**, Parent's Name \_\_\_\_\_

Signature for authorization of treatment \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Status: \_\_ Single \_\_ Married \_\_ Divorced \_\_ Living with \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

In Case of emergency please contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Referral Source: \_\_\_\_\_

All information will be treated as confidential except: a) report of child, dependent adult or elder abuse, b) report of intent to harm self or other, c) legal subpoena only if issued by a judge directly requiring waiver of the privilege of confidentiality d) professional supervision e) collection of payment. All other releases must have your permission and authorization signature.

Sessions are fifty minutes at scheduled time. Rescheduling must be done 24 hours in advance, or you will be charged for the missed session. If you are late, therapist will stay 20 minutes before assuming you are not coming. If due to an emergency and without prior notice therapist is not at the session, there will be no charge for that session.

Session fee is \$180, to be paid at the end of each session in cash, credit card or by check.

For third party payment, client authorizes the release of information and the payment directly to Ella Begelfor.

In case of emergency please call 911.

**Therapeutic Touch**

On occasion, and only with your permission, Ella Begelfor will use therapeutic touch during therapy sessions. The touch may involve remaining sitting on your chair or couch and experiencing the grounding touch of her hand on your shoulder, feet, neck, hand, head or back. It is understood that therapeutic touch and the client-therapist relationship is always non-sexual.

Thank you for reading this carefully. If there are questions about the policy, please voice them at the beginning of the first session so that our therapeutic relationship can support the changes you want to make in you life.

I have read and understood these policies: \_\_\_\_\_ Date \_\_\_\_\_

(Client's or Parent's signature if Minor) \_\_\_\_\_ Signature