

Disclosure Statement (please type in your name and date below and email to Dr. Helle)

It is my pleasure to welcome you as a new client. The following information is provided to answer frequently asked questions and to provide you details about Hypnotherapy and sub-conscious healing practices. Please review this document in its entirety and sign in the space provided. If you have any questions or concerns, please discuss them with me.

Type of counseling provided:

I provide hypnotherapy services to adults in individual, couples, and group formats. My practice includes facilitating clients with such issues as self-esteem, relationships, co-dependency, stress, study habits, fear phobias, woman's issues, senior age related issues and addictive behavior.

Methods or Techniques Used:

My approach to sub-conscious healing and hypnotherapy is interactive and client-oriented. My philosophy is one of empowerment, based on the belief that the client possesses the power for change and holds his or her solutions within. My role is to facilitate the client in discovering, understanding and utilizing these inner resources in order to bring about effective, long-term results.

Education, Training, and Experience:

I am a Sub-Conscience Healer Hypnotherapist and have been in the Transformation field in Spokane since 1983. I am the owner of Inlitenment.com and Truly Conceivable.com websites. I have developed a line of motivational CD's and am the author of "A Spiritual Path to Achieving Your Goals". After receiving my Bachelor of Science degree, I received a Ph.D in Hypnosis from A.I.H. in Santa Anna, CA and I was certified in Healing Touch in 1996 from the Colorado Center for Healing Touch, that was approved by the Colorado Nursing Assoc. at the time. I have since continually studied with many trainers and masters and have mastered the art of helping people move beyond their limitations by healing the subconscious. I work with both corporate and lay people, knowing that everyone comes from spirit.

Course of Treatment:

I use a variety of problem solving and process modalities, visualization, N.L.P. (neuro-linguistic programming), cognitive therapies, and art that are all intended to empower and heal clients to connect with their subconscious and listen to their inner wisdom. For over 25 years, I have used my education and expertise to help clients find their inner strengths and wisdom, develop their talents, let go of their fears. Listen to their inner voice, and overcome physical and emotional blocks, develop creativity, and create abundance in their lives. I use education and skill building, art music and trace work to facilitate clients in this empowerment. The number of appointments and course of therapy varies according to the individual needs and goals of each client.

Billing information (fees and payment):

My fee is \$100 / hour for a private session. Please check for a discount for multiple hours. Payment is required before the session. All returned checks are subject to a \$25 fee.

Missed Appointments:

Your appointment time is held exclusively for you. Unless canceled 24 hours in advance, my policy is to charge for missed appointments at a rate of a normal office visit. I have a 24-hour voice mail answering service for your convenience. Emergency cancellations (less than 24 hours) are handled on an individual basis.

Telephone Consultations:

There is no charge for brief calls. Calls lasting longer than 10 minutes will be pro-rated at the same rate as a private session.

Washington State Law:

Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act is to provide protection for public health and safety, and to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

You as an individual, have the responsibility to choose a provider and treatment modality that best suits your needs and purposes, and the right to refuse treatment.

The confidentiality (RCW 18.19.180) and unprofessional conduct (RCW 18.130.180) with the name, address, and contact telephone number within the Department of Health is included in Counseling or Hypnotherapy Clients, a brochure published by the State of Washington Department of Health, a copy of which you have received with your copy of this disclosure statement.

I have read this disclosure statement and understand its content. I acknowledge receiving a copy of this statement and a copy of Counseling or Hypnotherapy Clients, published by the State of Washington Dept. of Health.

Client signature _____ **Date** _____

Therapist signature _____ **Date** _____