

Foundations / Personal Energy Mastery
DLScott CtHA, AASD, CDP
Clinical Hypnotherapist, Certified HypnoAnaesthesologist

Statement of Confidentiality

I the undersigned have read the following information, and have been given the opportunity to ask questions regarding this information. Having been given this opportunity I do agree that I understand the meaning of the following information.

The hypnotherapist / counselor cannot disclose any information that you have told them during a counseling session unless the following conditions occur:

- * The Client gives written consent or permission
- * The information concerns certain crimes or harmful acts.
- * The client is minor and the information acquired by the counselor indicates the minor was the victim or subject of a crime, then the hypnotherapist / counselor may testify at any proceeding wherein the commission of the crime is the subject of inquiry.
- * The client brings charges against the person registered or certified under the law.
- * The hypnotherapist / counselor receives a subpoena to provide the information.
- * The hypnotherapist / counselor has reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect. All therapists are required to report such incidents to authorities.

Client _____

Date _____

Witness _____

Date _____