

# Judy Richardson Online Hypnotherapy Client Information

**Declaration: By Signing the below form, you agree to the following:**

- 1) I confirm I have a confidential space for sessions where I won't be overheard or observed in any way.
- 2) I agree not to record and/or duplicate any material from our session including audio/visual and any intellectual property.
- 3) I understand there are no guarantees with Hypnotherapy and that all agreed sessions will be payable and non refundable.
- 4) I agree to a 48 hour cancellation policy if less than 48 hours notice is given the full fee may be payable, except in an emergency.
- 5) I collect data about you so that I can work safely and professionally in accordance with GDPR. My professional liability insurer advises I keep this for 7 years, after which it will be destroyed.
- 6) If I believe you will cause serious physical harm to yourself or another person, or are at risk of abuse or neglect, then I will not be able to retain confidentiality and will need to inform my supervisor, your Doctor and/the relevant safeguarding body.
- 7) You understand that I'm a member of the NCH (National Council of Hypnotherapy) and am bound by its code of ethics.
- 8) You agree to participate in Hypnotherapy sessions via Zoom and understand that any Internet-based communication is not 100% guaranteed to be secure/confidential. My Online Hypnotherapy will make every reasonable effort to implement technical security measure to reduce the risk of a confidentiality breach.
- 9) I have read the privacy and encryption information for Zoom and agree that my hypnotherapist should not be held responsible if any outside party gains access to Zoom account information or transaction by bypassing online security measures.

**Full name** .....

**Signed** .....

**Date** .....