

Client Bill of Rights

I. Credentials

I am a Licensed Clinical Social Worker in the State of New York. I received my Master of Social Work degree from Fordham University and then successfully passed the New York State Licensure Exam. My first hypnotherapy certification was completed through the Wellness Institute. I have continued my education with advanced hypno-analytic training, which resulted in a second certification in hypnotherapy from the Minnesota Institute of Hypnosis and Hypnotherapy for treating chronic illnesses, fears, and anxiety as well as regression therapy. In addition, I am trained in Cognitive Behavioral Therapy (CBT) and a certified tinnitus specialist.

I am also an advanced practitioner and mentor/supervisor in BWRT©, BrainWorking Recursive Technique with the British BrainWorking Research Society as well as an advanced practitioner in Broadband for the Brain and WSN with The Essex Institute in London, England.

II. Therapeutic Approach/Relationship

I use psychotherapy, hypnotherapy, BWRT©, Broadband for the Brain, and/or WSN to name the primary approaches, to help people with current issues of concern. Once we agree on the most effective approach(es) together, we then desensitize those problems, gain insight, and help make cognitive changes.

Our first session is dedicated to understanding what brought you to therapy, goal(s) for working together, a full intake and, if it will be part of therapy, perhaps the opportunity to experience one of the specific techniques. Often, the initial session will also involve learning the science behind the technique or therapy most suited to your situation. Subsequent sessions are approximately 45 - 90 minutes in length, depending on the therapy we determine to be the most viable. If hypnotherapy is a part of intervention then we normally we will talk first and then spend the rest of the session utilizing hypnosis, hypnotherapy, regression therapy, Ego State therapy, and/or teaching you various techniques.

I reserve the right to terminate the therapeutic relationship at any time with or without notice. The client reserves the right to terminate therapy at any time with a minimum of 5 days notice.

III. Sexual Harassment/Abuse

You will be free from sexual abuse and sexual harassment.

IV. Confidentiality

All transactions and information that take place in this office are confidential, only dispersed with your written consent or court order from a judge. In the case of treating some one under the age of 18, it is my policy to maintain confidentiality. A safe environment where an individual can feel free to discuss any issue of concern without fear addresses the core of what therapy is all about. I will, however, encourage an open line of communication, which may involve anything from meeting together as a group to encouraging your child to talk to you in my absence.

I am a mandated reporter, which means that I am obligated, by law, to report suspected abuse or neglect of any child under the age of 18, dependent adult, and/or elder with reasonable cause. I am also obligated, by law, to report any situation where I have reasonable cause to believe you are an imminent risk to yourself or other(s).

V. Fees

\$275 Consultation/1st Session; \$255 per extended session (approximately 90 minutes); \$175 per basic session (approximately 50 minutes), \$150 Sports Hypnosis/Enhancement

Copay plus Medicare (initial here) _____

\$4500 3-Day Intensive

Payment is due at each session unless otherwise specified and initialed by therapist.

Cancellation Policy:

We all have experiences where we have to change plans. You may cancel your unwanted appointments at least 24 hours in advance via phone or email with no obligation. Otherwise you will be responsible for the scheduled sessions that you do not attend. This means that your credit/debit card on file will be charged for the full amount of the missed session.

I will waive this fee in the event of serious or contagious illness, emergency, or inclement weather. I reserve the right to waive the cancellation fee in the event that I am able to schedule another appointment, which is easy to do when notified in advance. However, I am rarely able to fill a cancelled session unless I know at least 24 hours in advance.

If you accumulate 3 or more cancellations requiring the cancellation fee, I reserve the right to terminate the therapeutic relationship immediately.

The cancellation fee will be charged to the credit/debit card on file.

Acknowledgement of Receipt of Notice of Privacy Practices and Client Bill of Rights

I acknowledge that I have been provided a copy of the Client Bill of Rights for The Private Practice of Jennifer S. Battaglino, which includes the notice of privacy practices.

List any modifications to bill of rights here and initial by therapist: _____ (initialed here)

DATE

Signature of Client or Personal Representative (if client is less than 18 years old)

Clearly Print Name of Client or Personal Representative

Description of Personal Representative's Authority