



Intentional Living Solutions, LLC

## **Client Bill of Rights Disclosure**

**Contact Information:** My name is Diana Ikola. I can be contacted by phone at 971.570.2674, or email at [diana@intentionallivingsolutions.com](mailto:diana@intentionallivingsolutions.com)

**Education and Training:** I received intensive training in hypnotherapy by Bruce Terrill, CI CHT, at the Northwest Hypnosis Institute in Portland Oregon. I am a Board-Certified Member of the National Guild of Hypnotists.

I am also a Certified Psych-K Basic and Advanced Facilitator, and an expert in the use of Emotional Freedom Technique (EFT/ Tapping), which are outside the scope of hypnotherapy certification.

THE STATE OF Oregon HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. A hypnotherapist/hypnotist may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinate transfer of services to another practitioner. A client has a right to refuse hypnosis services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client may assert any right without retaliation. Sessions will vary in duration depending on client needs, at the sole discretion of the provider.

**Recourse:** I am a BOARD-CERTIFIED MEMBER of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you ever have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek resolution.

**Fees:** Intentional Living Solutions' fee structure is based the specific type of service provided. Fees are due before or at the time service is provided. I accept all major credit cards, debit cards and cash.

Clients must give 24 hours' notice for cancellation. Less than 24-hour notice may result in being invoiced for the entire session. This helps to ensure that appointments are kept and encourages commitment to the process.



**Confidentiality:** All information provided by the client will be strictly confidential. Client information will not be released to anyone without a written authorization from you, except if I believe a life is at risk, or as provided for by law. You have a right to be allowed access to my written record about you.

**Insurance:** Since the State of Oregon does not require that hypnotists and/or hypnotherapists be licensed insurance carriers tend not to reimburse for these services. To be sure, ask your insurance carrier about its policy. Regardless, direct insurance billing is not available; therefore, this is the responsibility of the client.

**Audio and Video Recording:** Sessions are not recorded in order to maintain strict confidentiality.

**My approach:** I practice from a position as Coach, and I am focused strictly on meeting the needs of my clients. I believe each person has a unique need, and way of learning; therefore, I use a variety of modalities, including hypnosis, to help people change behaviors, overcome difficulties and transform their lives. I believe everyone has the ability to become the very best version of themselves. I believe all goals are attainable. I believe that revisiting painful memories is not always required in order to resolve the past. I believe that change can happen in an instant.

My Clients are expected to follow through on positive methods of reinforcement to maximize their state of well-being. This approach encourages and empowers them to become active participants in their own healing.

ILS does not represent services as any form of medical, behavioral or mental health care, and despite research to the contrary, by law may make no health benefit claims for my services.

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*Client endorsement: I understand that good and lasting results may require multiple sessions, and that I may be required to practice Self-Hypnosis and/or complete additional homework for reinforcement between sessions. I accept responsibility for actively cooperating with, and participating in, my program. Intentional Living, LLC/ Diana Ikola shall not be held accountable for the results I attain. I understand that my program may be terminated if deemed appropriate, and that I may be referred elsewhere for proper treatment.*

*I have read this Client Bill of Rights Disclosure, and understand that all my information will be kept strictly confidential*

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_