Jennifer McGarry

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New Orleans Counseling & Hypnosis Center, LLC

4038 Canal Street

**Education and Training:** I was trained in hypnosis by a Certified Member of the National Guild of Hypnotists and I do annual continuing education to maintain my training at a high level. I am a Certified Consulting Hypnotist and a Certified Member of NGH.

**Notice: “THE STATE OF LOUISIANA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician nor a licensed health care provider and may not provide a medical diagnosis nor 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 coordinated transfer of services to another practitioner. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal, or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.**

**Redress:** I am a 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 redress. Other services than my own may be available to you in the community.

**Fees:** The charges for my services are:

$75 initial consultation fee

$100 per session

You will be given seven days notice of any change of fees.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

Client Signature: I have received and read this Client Bill of Rights and understand what I have read and give permission to be hypnotized.

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_