



NoVA Hypnosis and Wellness Practice Policies
1485 Chain Bridge Road, Suite 204
McLean, VA 22101
Office Phone: 571-295-7371
Email: info@novahypnosisandwellness.com
Business Hours for Scheduling: M-F, 9am-5pm

SERVICES OFFERED: I understand that I will receive services from NoVA Hypnosis and Wellness designed to help with behavior modification and general wellbeing. None of the services provided at NoVA Hypnosis and Wellness are intended to treat or cure any medical or mental health condition. Some of the services provided by NoVA Hypnosis and Wellness include, but are not limited to: Hypnotherapy, Reiki, Emotional Freedom Technique (EFT) Coaching, Life Coaching, Guided Meditation classes, HypnoBirthing® classes, and Yoga classes. I understand that depending on the service I select, I may be required to sign an informed consent specific to the service.

_____ (Please Initial)

MEDICAL HISTORY: I acknowledge and agree that a current medical history is essential for carrying out the services offered by NoVA Hypnosis and Wellness. I certify that the preceding medical and personal history statements made are true and correct. I am aware and agree that it is my responsibility to inform the service providers of NoVA Hypnosis and Wellness of my current medical and mental health conditions and to update this history as it changes for the duration of treatment by the providers at NoVA Hypnosis and Wellness.

_____ (Please Initial)

CONTACT INFORMATION: We can be contacted through our office by mail at the following address: NoVA Hypnosis and Wellness, 1485 Chain Bridge Rd, Suite 204, VA 22101, by phone at the following phone number: (571) 295-7371, by email at following address: info@novahypnosisandwellness.com, or through our website contact form on the following webpage: NoVAHypnosisandWellness.com/contact. Business hours for scheduling purposes are Monday-Friday, 9am-5pm. Office hours for services are by appointment only, are subject to change without notice, and are based on the availability of the provider. _____ (Please Initial)

HYPNOSIS: The field of hypnotherapy is not regulated by the Commonwealth of Virginia. Hypnotism is a self-regulating profession. Accordingly, hypnotherapists are not issued a license by the Commonwealth of Virginia to engage in their professional services. For your protection, some issues may require a consultation and referral from a licensed physician or mental health professional. Hypnosis is not and should not be thought of as substitute for medical examination, treatment or diagnosis. Please consult a physician or other qualified medical or mental health provider if you are aware of any mental or physical ailments. NoVA Hypnosis and Wellness staff members are not licensed physicians or mental health care providers and will not provide diagnoses nor recommend discontinuance of medically prescribed treatments at any time. _____ (Please Initial)

REDRESS: All professional hypnosis services at NoVA Hypnosis and Wellness are provided by certified members of the National Guild of Hypnotists (NGH) who practice in accordance with its Code of Ethics and Standards. If you have a complaint about our hypnosis services or behavior that we cannot resolve for you personally, you may contact NGH at PO Box 308 – Merrimack, NH 03054; PHONE– 603-429-9438, to seek redress. _____ (Please Initial).

LATE CANCELLATIONS: If a client is unable to attend a scheduled appointment, he or she is responsible for calling 571-295-7371 or emailing info@novahypnosisandwellness.com to reschedule the appointment at least 24 “business” hours in advance of the scheduled appointment time. Business hours for scheduling purposes are 9am-5pm Monday through Friday and Monday appointments must be rescheduled no later than 5pm on the preceding Friday. Appointments that are rescheduled less than 24 business hours in advance will be charged a late fee. Late fees are as follows: \$50 for 1.0 hour sessions, \$75 for 1.5 hour sessions and \$100 for 2.0 hour sessions. The fees will be charged to the credit card on file at the time of notification. The late fee covers costs associated with blocking out the time. Thank you for understanding. _____ (Please Initial)

LATE ARRIVALS: NoVA Hypnosis and Wellness kindly requests that you arrive on time to each appointment so that you may receive full benefit from your experience. Appointment times are carefully blocked out for each individual client and must start and end on time in order to avoid inconveniencing the client who follows. As a result, arriving late to an appointment will result in a shorter session length. Thank you for your understanding. _____ (Please Initial)

MISSED APPOINTMENTS: Missed appointments (i.e. “No Shows”) will be assessed the following fees: \$100 for 1.0 hour sessions, \$150 for 1.5 hour sessions, and \$200 for 2.0 hour sessions. The fees will be charged to the credit card on file half-way through the missed appointment time. These fees compensate the provider for his or her time. Thank you for understanding. _____ (Please Initial)

REFUNDS: I understand that no refunds are available, partial or full, once payment is made. Rather, we offer a 100% SATISFACTION GUARANTEE. This means that while absolute results or outcomes cannot be guaranteed given that hypnosis success is a highly personal process and dependent on the individual client’s level of buy-in and participation, we can and do guarantee outstanding service and unparalleled professionalism. If, by the end of the first session, you are not 100% satisfied with your experience, please bring your concerns to our attention by calling 571-295-7371 or by emailing info@novahypnosisandwellness.com within 24 hours of the end of the first session. We will do absolutely everything in our power to ensure your 100% Satisfaction and happiness. _____ (Please Initial)

PROVIDER PROMISE: In the unlikely event that a client is kept waiting more than 15 minutes after his or her scheduled appointment start time, the client’s account will be credited a free session for the same service to use at his or her convenience. _____ (Please Initial)

PREPAID SESSIONS: All services offered at NoVA Hypnosis and Wellness are offered at a discount as a four session, prepaid program, custom tailored for each specific client’s needs and goals. Services are usually completed at regular intervals (e.g. weekly or bi-weekly) until a client feels his or her needs and goals have been met. If program sessions remain after a client feels he or she has achieved resolution of the original issue for which services were purchased, he or she is encouraged to utilize the remaining program sessions for a secondary or tertiary issue. Refunds and/or exchanges are not given for unused program sessions. Unused program sessions expire one year after the original purchase date. _____ (Please Initial)

INSURANCE: NoVA Hypnosis and Wellness does not have a direct relationship with insurance companies and we do not file insurance or any other third party claims. Upon request, clients may be provided with documentation to submit to their insurance company for possible reimbursement. Please contact your insurance provider directly for information on coverage and reimbursement. _____ (Please Initial)

CONFIDENTIALITY: NoVA Hypnosis and Wellness will not release your personal health information to anyone without a written authorization from you or as provided and required by law. As a client of NoVA Hypnosis and Wellness, you have a right to a copy of your written record or a written report of your treatment at any time. If you desire one or both of these, you will be provided with the appropriate forms to fill out at the time of your request. There is a \$25 administrative fee to process a request for a copy of your client record. If you desire a written report of your record and summary of services provided, a report will be prepared for you by the service provider and delivered to you at your convenience. Written reports are billed at \$100 per hour. _____ (Please Initial)

MINORS: Appointments for children under age 18 require written consent from the parent or guardian. Consultations with parents regarding the treatment progress of their child are available upon request. Such consultations must be scheduled in advance, are subject to the same cancellation and rescheduling policies as regular appointments (i.e. 24 hour notice, etc.) and are billed at a rate of \$100 per hour. _____ (Please Initial)

DISCLAIMER AND RELEASE: I understand and agree that the services provided to me by NoVA Hypnosis and Wellness do not in any way act as a substitute for professional medical advice, diagnosis or treatment. I understand that the staff of NoVA Hypnosis and Wellness does not diagnose illness, disease or other physical and/or mental disorders and nothing communicated in a service appointment is to be construed as such. I agree that if I have any questions or concerns regarding my physical or mental health, or that of my minor child (obtaining services from NoVA Hypnosis and Wellness), that I will seek assistance from a qualified health care provider. I understand that bodywork service appointments (including, but not limited to, Yoga, Reiki, etc.) are not a substitute for medical care, treatment or diagnosis, and that it is my responsibility to let NoVA Hypnosis and Wellness know, through my Client Intake Form, of any medical conditions I may have. I do not hold and agree not to hold NoVA Hypnosis and Wellness, its owner(s), employees, representatives or contractors responsible, in any manner whatsoever, for the results I experience from services provided to me. I realize and acknowledge that service results may vary and that, despite the best efforts put forward by the staff at NoVA Hypnosis and Wellness, no guarantees can be made regarding the resolution of my issue. _____ (Please Initial)

NoVA Hypnosis and Wellness records all client sessions, including the initial consultation. This is to ensure piece of mind and safety for all parties. The recordings are video only (no sound) and will not be used or reproduced in anyway.

I agree without reservation to the policies above and acknowledge my agreement with my signature below.

Signature

Date

Print Name