**Education and Training:** I was trained in hypnotism at the Florida Institute of Hypnotherapy in Tampa, Florida; a 500- hour State-licensed training program. I am a certified member of the International Association of Interpersonal Hypnotherapists and I do annual continuing education to maintain my training at a high level. I hold a Clinical Social Worker License in Florida and New Jersey. I completed a Master of Social Work Degree and a Bachelor of Arts Degree from Rutgers University. I completed an additional Educational Specialist in School Psychology Degree from Rider University.

**Notice:** AS THE STATE OF FLORIDA HAS NOT ADOPTED 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 government. I am not a physician and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. These services are non-diagnostic and are complementary to the healing arts services that are licensed by the state. As my client you have the right to refuse any aspect of services or to completely terminate services at any time, or to choose another practitioner. In the event my services are terminated, you have a right to coordinated transfer to another practitioner. As a client, you have a right to be free of physical, verbal, or sexual abuse, a right to know the expected duration of sessions and may assert any right without retaliation.

 ++ ++Redress: As a certified member of IAIH, I practice in accordance with its Code of Ethics. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the Institute now located at 3825 Henderson Blvd., Tampa, Florida 33629 or visit the website at www.instituteofhypnotherapy.com for more information. (Complaints must be in writing setting forth the basis of the claim.)

**Fees:** The charges for my services are $ 150.00 per session. A session may last between 1 to 2 hours. Fees are due at the time of each session in the form of cash, check or credit card. You will be given a 14-day notice of any change in 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. As my client you have the right to complete and current information concerning any aspect of the professional/client relationship.

**Please Sign**

 I am of legal age and in consideration of my acceptance as a participant in this seminar, hypnosis session, regression, training, or any other production. I for myself, my heirs, executors, administrators, and assignees, do hereby release and discharge LaVerne M. Kalafor, any of her employees or other participants from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my participation. I understand that recordings are made at these events and LaVerne M. Kalafor retains the copyright of these recordings.

I have received and read this Client Bill of Rights and Disclosure Form and understand what I have read:

 Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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