

Hypnotherapy and Virtual Reality Therapy

Purpose of This Agreement

This agreement specifies the terms of the therapeutic relationship between Jakub Tencl, Ph.D. MHS Accred (hereafter referred to as Practitioner or the practitioner) of Westend Medical Practice, London, NW1 6SN, and (Hereafter referred to as Client or the client) of (Address).

About Me

I am Jakub Tencl, Ph.D. MHS Accred and was trained in Advanced Hypnotherapy at Hypnosis Motivational Institute (HMI, Nationally Accredited College) and at American Alliance of Hypnotists (AAH). I am accredited member of The National Hypnotherapy Society, a professional organization for practising hypnotherapists in the UK.

The National Hypnotherapy Society holds the first and only current hypnotherapy register to be accredited by the Professional Standards Authority under its Accredited Registers programme. An Accredited Register is the result of the programme set up by the Department of Health, and administered by the Professional Standards Authority who are an independent body, accountable to Parliament.

Voluntary Consent to Participate

The Client voluntarily consents to participate in the therapy services provided by Practitioner. Methods used in this program may include hypnosis, virtual reality therapy, coaching, guided imagery, relaxation training, visualization, Neuro-Linguistic Programming, exercise guidance, nutritional guidance, the involvement of mindfulness and cognitive behavioural therapy. All such processes are hereafter referred to as "services." The Client agrees to be an active participant in the program and shares responsibility for the process and results. The Client understands and agrees that the practitioner's services will address only the mutually agreed upon and specified concerns. The Client agrees to inform the therapist of changes in his / her circumstances or medical status that may adversely affect his / her ability to participate fully in the program.

The Practitioner agrees to render ethical, competent services to the Client, to the best of his / her abilities and within the limits of his / her professional knowledge and training. However, the Client understands that the Practitioner's services are not based on exact science and that the results can vary among individuals. The Client understands and agrees that there are NO GUARANTEES as to the results or outcomes. The Client remains ultimately responsible for his / her own decisions, actions, choices, and emotions, during and after participation in the program.

The Client understands and acknowledges that the services to be rendered may consist of a variety of processes and may incorporate questions, visualizations, pretending, writing or drawing, role-playing, breathing instructions, eye-movement instructions, take-home assignments, and physical movement. Procedures will be explained to the Client in advance and will be conducted only with the Client's consent. The Client has the right to ask questions about any process and to discuss any concerns before, during, or following these processes. The Client has the right to accept or reject instructions, advice, interpretations, or suggestions made by the Practitioner at any time. The Client understands that the noncompliance with program instructions may reduce the probability of success.

Limits of Hypnotherapy/Clinical Hypnosis

The Client understands and acknowledges the following: clinical hypnotherapy, like any other form of psychotherapy or counselling, is not an exact science. Hypnotherapy/ clinical hypnosis is not a panacea or a magical cure for any ailment or problem. A hypnotherapy is that of no unusual powers or abilities and merely attempts to communicate so as to facilitate the client's ability to think a focused manner. The Practitioner makes no claims or guarantees as to the success of clinical hypnotherapy methods, whether the Client will experience trance or the degree of the trance that the Client will experience. There are a number of methods for conducting clinical hypnotherapy, and some methods may be more effective than others with any particular individual. Hypnotherapy can be relaxing, and some clients may fall into a deep relaxation during the process. The Practitioner will, nevertheless, continue the hypnotherapy session, on the assumption that the Client will continue to hear and respond to suggestions and instructions when the need arises.

The Client acknowledges that he/she may or may not remember everything the Practitioner says during the hypnotherapy process.

Virtual Reality Therapy

Clients receiving virtual reality therapy navigate through digitally created environments that are tailored to treat a specific condition. It is an alternative form of exposure therapy, in which clients interact with harmless virtual representations of traumatic stimuli in order to reduce non-beneficial responses such as anxiety, depression. The system monitors the physical response using biofeedback; As a result of continuous feedback, individual scenes can be customized. Virtual Reality Therapy (VRT) may also be combined with hypnosis. In case that client's condition, based on an initial consultation is not appropriate for VRT, may be referred out to another professional care.

Biofeedback

Biofeedback is a complementary and alternative medicine technique which enables an individual to learn to change some physiological activities for the purpose of improving health. The biofeedback device with sensors use mild electrical impulses that measure skin temperature known as Electro Dermal Response (EDR), which teaches the individual to make subtle bodily changes, such as relaxing certain muscles, to achieve desired results. Biofeedback is often used as a relaxation technique. Biofeedback monitoring is a complement, not a substitute, for medical or psychological treatment, and any ongoing treatment should not be discontinued without advice of your treating physician.

Use of Audio Recordings

As a service to the Client, the Practitioner will once in a while make audio recordings of some program sessions, for the Client's possession and use, to reinforce hypnotic approaches to the Client's state the outcomes. Since such recordings include instruction for relaxation, the Client agrees not to play the recordings in a moving vehicle or when operating potentially dangerous equipment. The Client also agrees not to play or listen to the recordings when providing direct supervision to a small child or incapacitated adult. The Client agrees that he/she will not reproduce these audio recordings or use them for commercial purposes or financial gain. Audio recordings produced by Dr. Jakub Tencl, MHS (Acc) are for the Client's personal use. If the Client allows others to listen to audio recordings produced, Dr. Jakub Tencl, MHS (Acc) is in no way responsible for outcomes or results, since Dr. Jakub Tencl, MHS (Acc) has not entered into a service contract with any other user or listeners.

Use of Artificial intelligence

It is hereby agreed that the practitioner may suggest to use AI (Artificial Intelligence) as a part of therapy in appropriate cases in his sole discretion in order to achieve best results for the client. It is understood that AI would be applicable only in selected cases and would require guidance in its use. It is designed to help its users to focus on positive happenings in life between personal sessions and it is merely a tool that can be a part of the therapy. There is no additional charge for that. The client does hereby give consent to the use of AI voluntarily in case the practitioner chooses to use it in the best interest of the client.

Risk

The Client acknowledges that making personal changes in behaviour, thinking, and emotions through psychotherapy, counselling, and coaching sometimes requires adequate learning and patience and that he/she may make mistakes or experience some confusion or setbacks in the process. The Client acknowledges and accepts these risks.

Confidentiality and Privacy

The Practitioner will not release any information to anyone without a written authorization from the client, except as provided by law.

Stipulations of Program Parameters

The Client understands that the services consist solely of what method is best to use whether mindfulness, CBT or hypnosis is based on given goal whereas chosen approach is based on experiences that are most effective but can be a mix depends on client progress. Therapeutic sessions equal approximately one hour of face-to-face time with the Practitioner. The Client may also receive written material with the program. The fee for the entire program must be paid at the time of the first session and is not refundable. The Client may end participation at any time he/she chooses to do so, for feigning remaining sessions and fees.

Clinical Record Keeping and Inspection

The Practitioner's written records will only be provided to the client via written request. Photo identification will be required. Records may be faxed, mailed, emailed, or retrieved in person per the client's request.

Insurance Coverage

All fees are due prior to services rendered. The Practitioner will provide receipts which detail the services offered, but bear no responsibility for the procurement of insurance coverage or payment or reimbursement on behalf of the Client.

Fees

Individual session cost £70, however, in case of financial difficulties the price might be £55. I can provide various options how your session can be funded.

Number of sessions can be more than what is given from voucher; this depends on a goal you want to achieve. You will be given 7 days notice of any change in fees. You can pay by card, cheque or in cash in advance or after the session but no later. However, the first session has to be paid by cash. If you have had the voucher, then a number of sessions and price given in voucher is set since the beginning of the treatment then thereafter another session is for a price in this paragraph. Payment for services is paid in full on the date of each session.

Cancellation

Please be informed that cancellation policy is different in each venue, this depends on conditions given by clinic. At West End Medical practice, it is 24 hours. In Brighton and City Road Therapy, it is always on Friday before the weekend. At the Borough House, it is 7 days.

Cancellation or change of scheduled appointment is possible as mentioned in the previous paragraph for each venue. The fact that you booked the appointment does not mean it has been confirmed, you should confirm your attendance as given for each venue because every appointment must be confirmed in given period in advance.

If cancellation or change is made in time less than given period for each venue, prior to the appointment, a cancellation fee of £20 may apply, and if the payment has been paid in

advance, it cannot be refunded. When a booking is made you have only one option of choice for rescheduling to the different day and time if it's requested in the correct period in advance. Every rescheduling afterwards is taken as a new appointment and thus has to pay a new appointment fee and that is in case that appointment hasn't been paid in advance otherwise it is taken as a new appointment. If you have a voucher then you lost one session on your voucher. In case that the appointment is on Monday, cancellations or changes must be requested on Friday. Your appointment can be changed due to the circumstances; you will get a notice in no less than 24-hours in advance.

A cancellation fee of £20 has to be paid in case that the appointment is booked in Borough House, and in advance. Based on circumstances the fee may be required in case of the booking at others venues. If the cancellation is made correctly and there is no other booking, the cancellation fee is refunded otherwise the fee is non-refundable. At the appointment, the fee will be deducted from the regular price for the service, the rest will be charged.

In case that the cancellation will be made in incorrect time prior to the appointment, the cancellation fee will be automatically charged using your credit card details. In case of impossibility to make a payment of cancellation fee, you will receive the invoice to your physical address and your email.

Use of personal data

Personal details are used only for the therapeutic purpose. They are not disclosed in any way unless this is not requested in written form by the client or this is not required by law. All records are stored for 7 years. You have the right to request to remove your personal details, but two years after the therapy was terminated. Your physical address can be only used in case of impossibility to pay the cancellation fee, so you will receive an invoice.

Refunds

In case that payment for the follow-up session has been made in advance, it is still required to confirm your attendance unless you don't need to cancel the session, if yes then in given time for each venue prior to the appointment. If you will cancel your appointment afterwards, the refund cannot be provided. Refund cannot be made if your appointment has been rescheduled more than one time.

Other arrangements

No other conditions are being taken into consideration unless is not given by law. Booking using voucher is only possible at <http://voucher.ihypnosis.org.uk>

Signed Statement of Understanding and Consent

The Client's signature below indicates that he/she has read, understands, and accepts this agreement and enters into it freely. The Client has received a copy of this document.

Client Signature

Print name

Date

Jakub Tencl, Ph.D. MHS Accred

Signature

Date

07704 734 834

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting me unless won't be breaking the condition below. This authorization will remain in effect until cancelled after the therapy will be terminated.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize £20 to charge my credit card above for agreed cancellation fee in case that the appointment will be cancelled in a period of fewer than the given period for each venue (West End Medical Practice: 24 hours, Borough House: 7 days, Brighton and City Road Therapy: on Friday by 5 pm)). I understand that

my information will be saved to file for future transactions.

Customer Signature

Date