

Hypnotherapist's Biography

My name is Barbara Jo Hawkins. I can be contacted by telephone at 253-227-9731.

Training: I was originally trained in hypnosis/NLP at Creative change, Inc., by Carolyn Deal in Greensboro, North Carolina. I am a certified member of The National Guild Hypnotists, The American Board of Hypnotists, The National Association of Transpersonal Hypnotherapy, and formerly The Kentucky Association of Hypnotherapists. I do annual continuing education to maintain my training at a high level.

Note: the state of Washington has not adopted any educational and training standards for the practice of hypnotism. This statement of credentials is for informational purposes only. A hypnotherapist does 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 he/she may seek such services at any time. It is up to the client to choose his/her treatment modality and the choose the individual providers for any modality. In the event my services are terminated by a client, the 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 has a right to know the expected duration of treatment, may discontinue at any time, and may assert any right without retaliation.

Note: Under Washington law **RCW 18.19.060**: registration of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

As a certified member of The National Guild of Hypnotists, I 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.

Fees: There is no minimum number of visits required for any desired outcome. As a rule when a client intends to STOP smoking or alcohol or drugs, or reduce weight, I request a new client to consider a three-visit commitment which may be extended if desired. Explanation of this policy will be provided at your first visit so that you may make an informed decision. Payment method is cash at time of service unless otherwise arranged in advance. I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. My hourly fee is \$85. There is a one-hour fee minimum per session unless otherwise arranged. You will be given seven (7) days notice of any change in fees. If you must cancel or re-schedule an appointment, more than 24 hours notice is necessary. If you have not contacted me 24 hours or more prior to our scheduled appointment, you will be charged a \$20 fee. This fee may be applied toward your next appointment. I do not file insurance forms.

MY APPROACH: According to the National Association of Transpersonal Hypnotherapists (of which I am a member), Transpersonal Hypnotherapy is *an orientation toward Hypnotherapy that is shared by an increasing number of holistically-oriented practitioners who are ready to take the concept of holism to the next logical step: Where holism takes body, mind, emotions and spirit into consideration, transpersonalism goes beyond the individual to consider the deep connections between human beings and our capacity to transcend the limitations of a three-dimensional consciousness. In Transpersonal Hypnotherapy, there is an emphasis on the innate spiritual resources within each individual, along with the assumption that the guidance of Higher Power will prevail within the therapeutic relationship, synchronistically bringing those insights and experiences that lead to the client's highest good.*

I have received and read this Client Bill of Rights and understand what I have read.

Name:

Date

Signature

Confidentiality: I will not release any information to anyone without a written authorization from you, except as outlined in the provided Disclosure Statement.