

Code of conduct, care and consent.

- ❖ As a member of the Complementary & Natural Healthcare Council, I agree to abide by the CNHC Code of Conduct, Ethics and Performance. This ensures that: -
- ❖ You will be treated with care, courtesy, consideration, and respect at all times.
- ❖ Hypnotherapy is a collaborative process; therefore, it is not possible to guarantee the outcome of any course of treatment. The Practitioner will explain fully all the procedures involved in the consultation. This will include matters such as the content, length, and anticipated number of consultations, with subsequent revisions being agreed to in advance of any change.
- ❖ Hypnotherapy does not take the place of conventional medical treatment. If you are concerned about a serious or urgent condition, please consult your GP. If appropriate you may be advised to consult your GP or the Practitioner may contact your GP directly should they deem it necessary. If you are receiving treatment for a medical condition from your GP or hospital, it is recommended should you consider it appropriate, to inform all parties concerned that you are receiving hypnotherapy.
- ❖ The Practitioner abides by the rules of Data protection Law and has been CRB checked.
- ❖ All information disclosed during consultations will remain confidential. The Practitioner will keep clear and comprehensive records of all consultations including dates and advice given. These records will be kept in safe custody for seven years from the date of the last consultation. You have the right to access these records if you wish.
- ❖ No personal data or contact details will be shared with any 3rd party.
- ❖ If there are any disclosures during the consultation which may put other people at risk, then the Practitioner has a duty of care to disclose this information to the appropriate authority.
- ❖ Clients between the age of 14 and 16 are required to have a parent or guardian's written permission to be seen on their own, all clients under the age of 14 must be accompanied by parent/guardian or friend over the age of 18.
- ❖ The Practitioner reserves the right to refuse or postpone treatment if she feels physically unsafe, disrespected, or abused.

❖ Illness and Covid

I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I confirm that:

* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

You do not need to wear a Facemask

Sherree Russell - BSc Clinical Hypnosis

- ❖ Your first session is payable in full when booking and can be paid via bank transfer to
- ❖ Monzo Business account – Sherree Russell – account number 50544605 – sort code 04-00-04

Please note that 48 hours notice is required for cancellation of an appointment otherwise the full session fee will be charged.

- ❖ Further sessions are payable at the beginning of your session.
Payment can be made by cash, or cheque made payable to Sherree Russell.
PayPal and card payment via website.

I have read the above and I am willing to proceed with the consultation (I am over the age of 18)

I am the parent/guardian of the client who is under 18 (state age) and give my consent for them to
be seen withpresent / on their own (delete as appropriate)

Client name

Guardian name

Signature

Date