



Wings Hypnosis



5149 CENTRAL AVE · ST PETERSBURG, FL 33710 · WINGSHYPNOSIS.COM · 727-835-6566

Welcome To Wings Hypnosis!

Congratulations on taking the big step towards becoming “the next best version of yourself.” We’re delighted that you’ve chosen us to be a part of your journey, and we look forward to being a part of your successful flight!

Our team at Wings Hypnosis is committed to getting you to where you want to be in the shortest time possible. You’ll notice how much better you feel when you leave our office after your first visit because you’re no longer stuck. You’re taking ACTION. The important thing to remember, is that you didn’t get to your present day YOU overnight, so be patient with yourself. Major changes in thought patterns and lifestyle can take time, and your Wings Hypnosis team is with you all the way!

If you have any questions about your experience at Wings Hypnosis, don’t hesitate to give me a call at 727-835-6566. In the meantime, “it’s time to fly!”

Sincerely,

Traci Kanaan, owner



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CLIENT AGREEMENT AND DISCLOSURE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____ (W) _____

Email: _____ Age: _____

How did you find out about WingsHypnosis? _____

The reason for your visit _____

Have you ever been in therapy before? yes no

Have you ever been hypnotized before? yes no

Are you currently taking any medications? yes no

If Yes, please state for what reasons _____

List your preferred communication method: text email phone

As I enter into this relationship, I agree to the following (please initial):

___ I am participating in hypnosis by my own choice because I want to be here.

___ I understand that I am not a patient, but a co-operator in my hypnosis experience.

___ I understand my progress involves how I care for myself physically, mentally, emotionally, and spiritually.

___ I understand that transformation is a process and that it can take time.

___ I understand my sessions may be recorded/video-taped, for insurance and liability reasons.

** By signing this form I acknowledge that I will give 24-hours notice in case I need to cancel or reschedule my appointment. If I can't do that, I realize there is \$50 rescheduling fee.

Signed: _____ Date _____

As your hypnotherapist, I commit to you that I will utilize all of my skills to help you to reach your goals in the shortest time possible. You have my assurance of my full integrity, professionalism, confidentiality, and respect. Thank you!



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Please complete this form as best as you can. The focus of our sessions is to help you get from where you are too where you want to be. The following information will help guide our process.

Please List Seven Benefits of Making the Change You Want:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

What is your 1 month goal regarding this issue? _____

What is your 1 year goal regarding this issue? _____

What is your 5 year goal regarding this issue? _____

Please fill in the blanks:

When I get better, I stand to lose _____

If I wasn't _____, I'd be much happier.

Name: _____ Date: _____



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___ I am of legal age and understand I am entering into a cooperative relationship of my own free will.

___ I accept that I am a willing participant in this cooperative relationship that will employ hypnotic techniques, regression, NLP and any other appropriate modality by Traci Kanaan / Wings Hypnosis, LLC.

___ I, being of legal age or with a parental signature if under 18 years of age, my heirs, executors, administrators and assignees, do hereby release and discharge Traci Kanaan / Wings Hypnosis LLC staff, employees, management and owners from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my cooperative participation.

___ I understand that recordings may be made during my sessions for my personal ongoing use, and with my pre-approval and knowledge and Wings Hypnosis, LLC retains the copyright of these recordings.

___ Any concerns or questions can be addressed with the International Association of Interpersonal Hypnoterapist as the governing and credentialing body.

I have received and read this Client Agreement and Disclosure Form and understand what I have read:

Client Name (print): _____

Client Signature: _____ Date: _____

Parental Signature if under 18: _____



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Education and Training: I was trained in hypnotism at the Florida Institute of Hypnotherapy, Tampa, FL a Florida Department of Education state licensed school. I am a Certified Member of the International Association of Interpersonal Hypnotherapists (IAIH), and I do annual continuing education to maintain my training at a high level.

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 governments. I am not a physician nor a licensed health care provider and may 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 client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer to another practitioner. A client has a right to refuse hypnotism 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 sessions, and may assert any right without retaliation.

Redress: I am a certified member of the IAIH, and 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 IAIH at 2901 W Busch Blvd, Tampa, FL 33618 (complaints must be in writing setting forth the basis of the claim). Other services than my own may be available to you in the community. You may locate such qualified providers through the IAIH. As my client you have the right to refuse any aspect of services, to completely terminate services at any time, or to choose another practitioner.

Fees: The charges for my services varies. Sessions run 1.5-2 hours. Fees are due at the time of each session in the form of cash, check, credit card, or other agreed upon form of payment. You will be given a 14-day notice of any change in fees. I have a 24-hour cancellation policy; clients are charged \$50 to reschedule their appointment if they do not call to cancel or reschedule in accordance with this 24-hour notice. Hours paid in advance in the form of package deals are good for 6 months from their time of purchase. After 6 months of absence from hypnotherapy, these hours are forfeited. Packages are non-refundable.

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.

Insurance: 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. In general, most insurance companies do not cover hypnotic services, and I caution you not to expect them to do so.

My Approach: It is my goal to help you to achieve lasting results through the use of hypnosis, NLP, meditation and other related self-help modalities. Through the power of your own mind, I will assist you in reaching your goals in a way that you and I both agree to be in your best interest, and in a way that is in compliance with state and federal laws, as well as with the standards of the organizations to which I belong. I agree to use my experience to facilitate the changes as are mutually agreed to be in your best interest. I am professionally committed to helping you achieve your goals in a timely manner.



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Hypnotherapy is a self-regulated profession and does not qualify for state licensing in the United States. The International Association of Interpersonal Hypnotherapists is the credentialing body for The Florida Institute of Hypnotherapy, a Florida Department of Education state licensed school offering career Diplomas in Hypnotherapy, Clinical Hypnotherapy and Transpersonal Hypnotherapy. The IAIH's Ethics Committee can suspend or revoke certification of its members. Certification is awarded to those who complete 500 hours of training and receive State Licensed Diplomas from FIH. Alternatively, certification and membership is also granted to a hypnotherapist who has attended a state licensed school or the international equivalent, received at least 300 hours of training, and who has successfully completed the IAIH Interpersonal Hypnotherapy Course and passed the IAIH practical and written exam. The IAIH has the highest standards and requirements for certification of any major hypnotherapy credentialing body currently in the United States. Hypnotherapists certified by IAIH have agreed to provide professional services in accordance with the IAIH Code of Ethics. IAIH Hypnotherapists practice within the scope of their individual credentials and engage in the profession legally and ethically. IAIH Hypnotherapists also understand and embrace the hypnosis laws that regulate our profession on international, federal, state, county and city levels. The IAIH works with state and federal legislators to raise the industry standards and protect the practice of hypnosis by qualified practitioners.

When you see the IAIH logo you have the assurance that the hypnotherapist is highly trained and certified. Clients choosing an IAIH Certified Hypnotherapist are entering into a professional relationship knowing it is a cooperative relationship designed to assist the client to reach their goals in a timely manner. The IAIH defines hypnosis as a natural, yet altered, state of mind where communication and responsiveness with the subconscious mind is present. Ultimately hypnosis transcends the critical and analytical level of mind and thought, providing a natural yet altered state wherein practitioners can help facilitate the acceptance of suggestions, directions and instructions desired by the client. Through IAIH hypnotic techniques and teachings the client's deep inner mind can access information and insights necessary to extend themselves and others the forgiveness, understanding, compassion, acceptance and ultimately love necessary to produce a compassionate philosophy and state of being.

IAIH Hypnotherapists are committed to honoring the importance of relationships in every aspect of the human experience. In cooperation with clients and with mutually agreed upon goals, IAIH Hypnotherapists utilize their advanced training to personalize an approach to uncover life defeating and limiting belief systems of their clients, identify repeating negative patterns, and use sound principles and techniques to help clients discover their inner transformative power, reframe defeating or negative thoughts into positive truthful thoughts and feelings, and achieve effective and lasting results.

It is the goal of every IAIH Hypnotherapist to help clients achieve their goals as quickly as possible and to become obsolete in the client's life in a timely manner by empowering each client with powerful techniques to achieve goals and resolve issues through self-hypnosis, hypnotic reprogramming and reframing techniques. The IAIH Interpersonal hypnotherapist will utilize dialogues, and advanced hypnotic techniques honoring the sacredness of the relationship while working to uncover underlying patterns or limiting belief systems and ultimately transforming those to align with the truth that all persons are perfect, whole and complete, and worthy of love, abundance and respect. Through this, the IAIH Interpersonal Hypnotherapist empowers the client, and together they achieve effective and long lasting results.



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Please briefly tell your story of your time at Wings Hypnosis. You may share what kind of changes and experience you've had, or you may share why you came here in the first place, and how well you're doing now.

For what issue(s) did you come to Wings Hypnosis?

Please share how successful hypnosis has been for you.

What has been unique about your hypnosis experience compared to other methods you've tried before?

Why did you choose Wings Hypnosis?

How have we succeeded in meeting your expectations?

Would you feel comfortable referring this service to others? YES NO

Should the opportunity present itself, would you use our services again? YES NO

Other Comments:

Client Name: _____ Date: _____



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Dear Health Care Provider:

I have been contacted by your patient requesting hypnosis, hypnotherapy, and/or self hypnosis services. It is my policy to be sure that the attending physician or other health care provider is aware that the patient is practicing hypnotism and will likely experience less worry and discomfort than other patients. Research suggests there may be other general health benefits as well.

Consulting Hypnotism is motivational coaching by means of hypnotism and is not considered health care. Therefore, health insurance does not normally cover hypnotism and your patient will be paying me directly for my services.

If you have any objection to your patient receiving hypnotism would you inform me? If there is anything in particular you would like to include in my work with your patient, please let me know that as well.

I am a Certified Hypnotist and Certified Clinical Hypnotherapist in good standing with the International Association of Hypnotherapists (IAIH) and my continuing education is current. I have over 1700+ hours of training, and practice in accordance with the Code of Ethics, Standards of Practice and Recommended Terminology of the National Guild of Hypnotists, and give every client a comprehensive a copy of my credentials and practice limits. Please feel free to learn more about my services and background from my web site. I would also be happy to discuss my services with you at your convenience.

Sincerely,

Traci A. Kanaan, CH, CHt, CCHt, CTHt