# **Time 2 Transform Me**

# **Eniko Bihari - Certified Hypnotherapist**

# **CLIENT TERMS AND CONDITIONS**

Please read these terms and conditions which apply to the provision of my professional services. By making an appointment with me, you are agreeing to the following terms and conditions. If you are unable or unwilling to agree to these terms and conditions, then you should not book an appointment or continue with your course of therapy.

## FREE INITIAL WELCOME CALL

You will be offered a free 20 minute online welcome call. No therapy will be provided during this conversation.

The purpose of this initial call is to get acquainted with each other in general, to talk about the problem/issue you would like resolve, and about the outcome you would like to have with the help of the treatment. Based on the information presented during the conversation, I will give you an estimate of the number of sessions required to work on your presenting issue. These estimates are only rough guidelines and are subject to change.

### **BOOKING & PAYMENT**

The cost of each therapy session is \$300 USD, which includes......

A non-refundable deposit of \$100 USD is payable at the time of booking your first session.

The balance of the session should be paid prior to the start of the first session. No refunds will be issued if you cancel within 48 hours of the session appointment.

For additional sessions full payment is required 48 hours before the start of the session.

Payment can be made through bank transfer, Venmo, Zell or Revolut.

# **CANCELLATION, RESCHEDULING & REFUNDS**

#### **Cancellation & rescheduling**

If you need to cancel or re-schedule a session, please provide as much notice as possible. Notification must be made via email or phone call at least 48 hours prior to the start of the session.

# **Refunds**

No refunds will be issued for cancellations within 48 hours of any session.

The session cost is for my time and professional expertise and are not a guarantee of a successful outcome. Therefore, no refunds will be given for any completed sessions.

Where a discount package or therapy program has been booked and paid for in advance, if you choose to discontinue your therapy process before attending all the sessions, a pro rata refund will be issued after deduction of the full standard session cost for any sessions you have attended. Any such package will be documented in a separate agreement.

#### **Session Cost**

All treatment cost will be disclosed to you prior to booking. The session costs are subject to review and may increase from time to time. You will always receive confirmation of the treatment cost before booking.

## **Payment Methods**

Payment may be made online via Venmo, Zell, Revolut or by direct bank transfer.

Other methods are acceptable upon mutual agreement.

### **CONTACT BETWEEN SESSIONS**

Any contact between sessions will be by telephone or email during office hours only (Eastern Standard Time) Mon-Fri 08:00-17:00). Any messages received outside of these hours will be dealt with during office hours only.

### MEDICAL OR PSYCHOLOGICAL CONDITIONS

I may ask questions about your medical history to establish any contra-indications to treatment. This will also help to assess whether your health is affecting (or being affected by) the therapeutic goals you wish to achieve. Please update me of any medical changes during your course of therapy, or if you are returning to therapy after a period of absence.

If you are receiving care or treatment from any medical, healthcare or therapy practitioner, e.g. GP, Psychologist, Psychiatrist or Counsellor, you may be asked to seek their permission before any therapy sessions can commence.

Please note that I will be unable to offer my professional services if you suffer from epilepsy or any form of psychosis.

#### **AGE RESTRICTIONS**

You must be at least 18 years old to participate in online sessions. Clients under the age of 18 years old must be accompanied by a parent or guardian and will be seen in-person.

## **ATTENDING YOUR SESSIONS**

Please ensure that you are available at your session start time. If you are running late, please let me know as soon as possible. I will do my best to make a full session available, however, as the ability to do this will depend on bookings after your session, this cannot be guaranteed.

# **HYPNOTHERAPY RECORDINGS**

Hypnotherapy recordings should not be listened to whilst driving, operating machinery or undertaking any other activity where concentration is required. Any recording provided is for your personal use only and must not be shared, lent, copied, or sold under any circumstances.

### **OUTCOME OF SESSIONS**

While RTT has a high success rate, results may vary from person to person. Often a single session is sufficient to achieve results, some clients, however, may need more sessions to achieve the desired outcome.

The agreement to work on the issues presented by you in no way implies or guarantees the resolution of your presenting issue(s). No outcome can or will be guaranteed. However, I will always endeavour to use my best efforts and skills to work towards your goals and intended outcomes.

#### STANDARDS OF BEHAVIOUR

During any therapy sessions, I will treat you with respect and not abuse the trust you place in me. I will always use best practice in our mutual interest. In return, you undertake not to harm yourself, or any other person, including me, or any property belonging to either me or any other person.

You agree not to attend sessions under the influence of alcohol or recreational drugs, except those medications which have been prescribed by your doctor. If you do attend any sessions under the influence of alcohol or recreational drugs, or demonstrate violent or abusive behaviour, I will cancel the session and may refuse to see you for any further sessions without refunding any payment already made.

If you are under medical care for ANY condition, DO NOT make any adjustments to any prescribed medication without the approval of your doctor. If in any doubt, you should contact your physician.

## CONFIDENTIALITY

All contact, including sessions, telephone conversations and emails, will be conducted in confidence and may be recorded. All recordings, conversations and notes will remain confidential, except in the following circumstances:

- **1.** Where you give permission for confidentiality to be broken.
- 2. Where I am compelled by a court of law.
- 3. Where the information is of a nature that confidentiality cannot be maintained, for example:
- The possibility of harm to yourself or others exists.
- · In cases of fraud or crime
- When minors (under 18 years old) are involved
- **4.** Where a referring GP or other healthcare professional requires a report. A copy of the report will be available on request.

#### **LIABILITY & INDEMNITY**

Under no circumstances will Eniko Bihari be liable for any damages, including without limitation, direct, indirect, incidental, special, punitive, consequential, or other damages (including without limitation lost profits, lost revenues, or similar economic loss), whether in contract, tort, or otherwise, arising out of the advice or information provided to you during professional services provided by Eniko Bihari. In addition, you agree to defend, indemnify, and hold Eniko Bihari harmless from and against all claims, losses, liabilities, damages, and expenses (including legal fees) arising out of your participation in the professional services.

### **CONCERNS & COMPLAINTS & GOVERNING LAW**

If you have a concern or complaint regarding your therapy, please discuss this with myself in the first instance and I will endeavour to resolve the issue.

These terms and conditions and any other matters arising out of or in relation to these terms, shall be governed by and construed in accordance with the laws of California, USA. In case of a dispute or claim against me or my therapy practices, you agree to reach a resolution by ways of arbitration and/or mediation first.

### **DATA PROTECTION**

For my services, your personal data is collected, processed, used, and stored in accordance with a privacy notice based on GDPR regulation of the EU. By booking an appointment, you signify your acceptance of this privacy notice. If you do not agree to this document, please do not book an appointment. The terms of this privacy notice may change from time to time without prior notice to you, so please check my website periodically for any changes.

# STATEMENT OF UNDERSTANDING / LIABILITY WAIVER

By signing below, you agree to abide by the terms and conditions of this document, and you agree with the following statements:

I hereby release Eniko Bihari (The Hypnotherapist) from any liability or claims that could be made against her concerning my mental and/or physical well-being during the work or following the treatment that has been outlined and agreed upon by filling and signing this form.

**Scope of Practice:** I understand that Eniko Bihari is not a licensed physician, psychologist, or medical practitioner of any kind, and that the information, techniques, methods, recommendations by Eniko Bihari should not be considered a substitute for diagnosis and care by a qualified physician, for the advice and/or services of a psychologist, psychotherapist, or a medical doctor.

I confirm that I have been advised by Eniko Bihari of the scope of the therapies that she provides and give my full consent to receiving therapy sessions from her.

Participation: I understand that RTT includes hypnosis and regression techniques. During hypnosis the clients remain conscious and in complete control and will feel a strong sense of relaxation. During an RTT session the client is usually regressed back to early memories to help discover the root cause of their limiting beliefs, then the client and the therapist work together using different tools to gain understanding of where the belief/behavior originated, with a view to change it. I am aware that I/the Client, play an important role in my overall success and I am willing to fully participate in the session, implement the recommendations of the Therapist and listen to the personalized recording daily for a minimum of 21-28 days. I understand that my level of motivation is vital in the therapy process, and I agree to always participate to the best of my ability.

I give Eniko Bihari full permission to hypnotize me and to use Rapid Transformational Therapy (RTT) knowing that I do so at my own risk.

**Deepening Process (In-Person):** I hereby grant permission to Eniko Bihari to respectfully lift my arm, touch my shoulder, or rock my head during the session(s) to help facilitate the deepening process.

**Guarantee:** I understand that Eniko Bihari does not offer or imply any guarantee of success, results or the resolution of any presenting problems or issues, and the success of the session(s) depends greatly on my own ability, openness, motivation, and desire to affect change in myself.

Medical/Mental health conditions: I understand that hypnotherapy or any other therapy or information provided by Eniko Bihari either in person or via telephone, email or internet, is not a replacement or substitute for medical, psychological or psychiatric treatment. If I have any doubts or concerns about my health, I will seek advice from an appropriate qualified healthcare professional.

I declare that, if advised by Eniko Bihari prior to or following any therapy sessions, to seek medical approval, I will consult with my GP, hospital consultant and/or other healthcare professional and gain the appropriate written approval for Eniko Bihari prior to the next therapy session.

I understand that if I am epileptic or suffer from a psychotic illness, it is not generally recommended that I undergo hypnotherapy. I hereby state by signing this form that I do not currently suffer from these disorders.

**Audio recordings:** I give Eniko Bihari full permission to make audio recordings that may include my voice. I understand that if a recording (or recordings) is made during or after my session(s), Eniko Bihari retains full copyright over any forms of media that may be produced and distributed to me.

**Privacy/Confidentiality:** I also understand that, at any time Eniko Bihari may discuss aspects of my case with other colleagues keeping my full name and identity completely confidential unless I have given permission otherwise.

By signing this form, I consent that Eniko Bihari may release information to a specific individual or agency if it has been determined that a vulnerable person (child or elder) is at risk or is currently being abused; if I, as a client, am in imminent danger to myself or others; or if a subpoena of records has been requested.

I have been advised that I am free to terminate any or all sessions at any time.

I accept that if appointments are not cancelled within 48 hours' notice, the deposit will be forfeited.

I have accurately and truthfully answered any questions and provided background information during the initial consultation and the first and any subsequent therapy session(s.

### **TERMS AND CONDITIONS UPDATES**

These terms and conditions are subject to revisions without notice. Please familiarise yourself with any amendments if you have re-started therapy with me after a long period of absence.

### **SIGNATURE**

An e-signature is preferred.

I can confirm that I have read the above and understand the process of RTT and hypnotherapy and accept these terms and conditions.

Print Full Name	Date
Signature	