

Intuitive Trance-Formations™

NEW CLIENT BILL OF RIGHTS

ORIGINAL

Contact Information: Leticia Montiel can be contacted at: leticiadch@gmail.com, 877-862-9612 or 2621 Green River Rd. Ste. 105-313 Corona, Ca 92882-7454

Education and Training: I, Leticia Montiel, DCH have acquired the following education, training, experience, and qualifications to perform the services offered to my Clients:

A Doctorate Degree in Clinical Hypnotherapy, 1991; a Certification as a Trainer in Neuro Linguistic Programming; a Certification as a Medical Hypnotherapy Specialist; a Certification as a Spiritual Counselor; a Doctor of Divinity Certification; an Ordination as a Minister, a Certification as an EFT practitioner; a Certification as a Shamanic practitioner; a Certification as a Reiki Practitioner.

Based in California the American Institute of Hypnotherapy (AIH) (School no. 3004761) was a State approved educational establishment under the jurisdiction of the Bureau for Private Postsecondary Vocational Education (BPPVE). Degree granting authority at that time came from the Office of the Superintendent of Public Instruction under the provisions of Section 94310.3 of the Education Code of the State of California.

Under California law, AIH was licensed to teach bachelor degree programs and to offer a Doctorate in Clinical Hypnotherapy (DCH). Although originally offered as a PhD program, state regulators mandated that this award in clinical hypnotherapy be re-titled as a Doctor of Clinical Hypnotherapy (DCH) and modeled on a PsyD type program in which more emphasis is placed on clinical practice than on research.

State 'approval to operate' meant that the BPPVE had determined that at the time the institution was reviewed, it met standards established by the bureau for integrity, financial stability and educational quality.

My education includes the following credentials:

1991 DCH Doctor of Clinical Hypnotherapy; American Institute of Hypnotherapy

1991 CH Certified Member; American Board of Hypnotherapy

1994 RH Registered Hypnotherapist; International Association of Clinical Hypnotherapy

1996/2011 CNLPT Certified Neuro Linguistic Trainer; Transform Destiny

1996 CSC Certified Spiritual Counselor; American Board of Hypnotherapy

1999 RM Reiki Master; Transform Destiny

2011 EFT Certified Practitioner (Emotional Freedom Technique). Aka (Meridian Tapping)

2011 Life Coach; Transform Destiny

2012 CSP Certified Shamanic Practitioner PMT THOTH (The Heart of the Healer)

Notice: AS THE STATE OF CALIFORNIA HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. The Services to be provided do not include the practice of medicine, as I am a Certified Hypnotherapist, not a licensed physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. These services are non-diagnostic, and are complementary to the healing arts services that are licensed by the state. . I do not represent my services as any form of medical, behavioral or mental health care, and I make no health benefit claims for my services. The California State Legislature has determined that state licensing may not be conferred upon an occupational group for purposes of status or prestige. The primary purpose of licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. Accordingly, Hypnotherapists are not issued licenses by any State Governmental Agency to engage in their professional services.

If a client desires a diagnosis or any other type of treatment from a different practitioner, the client has the right to transfer of services to another practitioner. A client has the 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.

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Services: The Hypnotherapist's work is a client-centered services utilizing induction of hypnosis and its methods and principles used to help clients their ability to utilize self- hypnosis, discover their inner creative abilities to develop positive thinking and feeling and to transform undesirable habits and behavior patterns. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals. Client may be taught the use of self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Hypnotherapist.

Hypnosis is not a state of sleep, but a natural state of mind that can produce extraordinary levels of relaxation of mind, body and emotions. The principles and theories upon which hypnotherapy is based are accessing and utilizing the power of one's inner resources. Hypnosis can transcend the critical, analytical level of mind, and facilitate the acceptance of suggestions, directions and instructions desired by the Client. The therapeutic use of Hypnosis can also elicit information and insights from the inner mind. The Hypnotherapist utilizes interviews; discussion and hypnotic methods dealing with underlying issues whenever appropriate, with the goal to achieve effective and lasting results.

Redress: I am a certified member of the International Association of Clinical Hypnotherapy, and practice in accordance with its Code of Ethics and Standards.

If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the International Association of Clinical Hypnotherapy at 1151 Dove Street # 160 Newport Beach, CA 92660, (949) 250-9194, to seek redress.

Definition for:

Fees: Cancellation Policy: Confidentiality: Insurance: Financial Terms Release of Information:
Therapeutic Process: Consent for Treatment are set in the INTAKE FORM SECTIONS.

I, the undersigned Client acknowledge that I have received, read and understand and have been given a copy of the foregoing information about The Client Bill of Rights and Client Consent and Release.

Signed: _____ Date: _____

Name: _____ Therapist: _____

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Name: _____ Therapist: _____