**Julia M. Hoffman, MA, NLP**

**Transpersonal Healer ~ Spiritual, Intuitive, Energy Healing Practitioner**

**Austin, TX 78704**

**512.318.3382 (cell) www.juliamhoffman.com**

**Disclosure Statement and Confidentiality Agreement**

**Qualifications**: I am a Certified Neuro Linguistic Programming (NLP) Practitioner through AUNLP™. I have my Master of Arts Degree in Counseling Psychology from Sofia University (formerly Institute of Transpersonal Psychology). Sofia University is located in Palo Alto, California and it embodies a transformative education focusing on whole person psychology through means of body, mind, emotions, creative expression, spirituality, and service. During my practicum at Oak Hill Counseling Center, I worked mainly with Play and SandTray Therapy modalities with children, adolescents, and adults. I am currently working on licensure in the state of Texas, becoming a certified hypnotherapist through ASCH (American Society of Clinical Hypnosis) and AUNLP™.

**Nature of Sessions**: My passion for helping others includes transpersonal healing aspects of psychology where I find that our human psyche experience is comprised of body, mind, spirit, and soul, which is driven by our heart. Whether working with children, adults, families, or couples I agree with Carl Rogers that “it is the relationship that heals.” The majority of my philosophy is based on Carl Rogers’ person-centered therapy and Jungian psychology. I believe the client knows his/her own truth and has the innate ability to heal. I hold a loving, nonjudgmental, and empathic space for my clients to explore their world. In our time together we may explore mindfulness, meditation, creative expression, crystal energy healing work, hypnotherapy, intuitive readings, dream work, dance, poetry, music, and traditional talk approaches. I allow Spirit to work through me and channel information and energy from the Divine for the highest good of all involved. It is my goal to help you remember your Divine essence, which is LOVE. I believe we are all are on our own unique journey and I hope to illuminate that path for my clients towards a loving, meaningful life and promote healthy well-being.

**Hypnotherapy:**

Nature of Memory ~ Memory is imperfect, whether or not hypnosis is used. Our memories may be influenced through reading, TV, movies, or conversations. Research has shown that there is no guarantee that information remembered through hypnosis (or through ordinary recall) is factually accurate. Therefore, should you remember something under hypnosis it should contribute information to your current conscious awareness and may be weighed and evaluated therein. Independent corroboration would be necessary to verify the accuracy of the recalled memories. Memory and hypnosis researchers agree generally that it is inappropriate to confront someone in or out of court based solely on information retrieved under hypnosis.

Potential Legal Issue ~ In many jurisdictions, courts have held that a person who has been hypnotized cannot testify in court about anything remembered during or after hypnosis. Whether this court ruling would apply to a therapy session has not yet been definitively decided. If you consent to hypnosis there is a possibility that anything you remember once hypnosis begins will not be admissible in a court of law. The only way to protect your potential right to testify is to forego the use of hypnosis. If you anticipate memories retrieved by hypnosis might have legal consequences, please inform Julia M. Hoffman immediately.

Statement of Choices ~ Julia M. Hoffman has explained to me the reasons why hypnotherapy is recommended in my therapy. She has explained the nature of hypnotherapy and hypnosis, the myths about it, and that sometimes exploratory hypnotherapy may create emotional distress. My questions about hypnosis have been answered.

Release from Liability ~ The potential legal problem has been explained to me by Julia M. Hoffman. I understand that due to some legal rulings, there may be limitations placed on my ability to rely on my recollections after hypnosis for the purposes of litigation. For example, anything I remember once hypnosis begins may not be admissible in a court of law. If I have any concerns about the legal consequences of hypnosis I will consult with my own attorney prior to the use of hypnosis. I further agree to release and hold harmless Julia. M. Hoffman from any claims or liabilities arising from the use of or inability to use my recollections, the therapist's notes, audio or video tapes of therapy sessions, or any other limitations on my or the therapist's testimony in a courtroom or forensic setting. In consenting to hypnosis, I hereby agree that I do not have a cause of action against Julia M. Hoffman based on her professional and competent use of hypnosis with me.

**My Responsibilities to You:**

*Confidentiality:*

With the exception of specific legal circumstances described below, you have the absolute right to the confidentiality of your sessions. I cannot and will not disclose to anyone what we discuss in session, or that you are even seeing me, without your written permission.

*Legal situations:*

The following are legal exceptions to your right to confidentiality. Whenever possible, I would inform you if I have to put one of these into effect.

 1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

 2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services and Adult Protective Services.

 3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

 4. If your record is subpoenaed in a court of law, I will do what I can to protect confidentiality within the limits of abiding by the law.

***Use of Insurance:*** I currently do not accept insurance. I do offer a sliding scale for those that demonstrate financial hardship.

**Your Responsibilities as a Client:** Please be responsible for coming to your session on-time and at the time we have scheduled. Sessions are typically 50 minutes unless previously determined to be a different length. If you are late, we will end on time and not run over into the next person's session.

If you are in need of emergency help at a time when I am not available, it is your responsibility to call 911 or some other emergency service (such as 472-HELP, a 24-hour helpline). You may also go to the Psychiatric Emergency Services located at 56 East Avenue at Holly/River Streets (near IH-35 and the Colorado River). They provide in-person services from licensed professionals 24 hours a day, seven days a week, on a walk-in basis.

**Your Rights as a Client:** You are entitled to information about my techniques I use (if it can be determined), as well as my fee structure. Please feel free to ask if you would like to receive this information or if you have any additional questions.

 1. You are entitled to seek a second opinion from a practitioner or terminate sessions at any time.

 2. In a professional relationship (such as ours), sexual intimacy between myself and client is never appropriate and should be reported to the Complaints Management section of the Texas Department of State Health Services at 1-800-942-5540.

 3. Confidentiality (please see above confidentiality section)

**Cancellation Policy:** Please allow 48 hours notice if you decide to cancel a session so that I have time to schedule others in your place. Although I will take into consideration personal emergencies and extenuating circumstances, fees will still be charged for any session missed without 48 hours notice.

I also reserve the right to terminate sessions if cancellations or no-shows become excessive and are unable to be dealt with in the relationship. I will discuss this with you prior to canceling services. Please be mindful of your time and mine.

**Email:** Email may be used for scheduling and informational purposes but not for emergencies. Please call 911 or another emergency service, such as 472-HELP, if you need immediate assistance.

Although all considerable measures have been taken to ensure confidentiality of emails sent and received, please be aware of the risks taken when sharing personal or confidential information via email.

**Payment:**

\_\_\_\_\_\_ I agree to pay $75 per 50 minute session/$85 for Couples/$100 for Family

\_\_\_\_\_\_ I agree to pay $100 per 80 minute session/$110 for Couples/$125 for Family

\_\_\_\_\_\_ Other, I agree to pay $\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_ minute session

**Court:** If I request my records to be copied for myself or for legal matters, I agree to pay .25 per page. If there are other costs associated with this service, (i.e. notary, postage), I agree to pay for that cost as well. This request must be made in writing via paper or electronically.

If I request that Julia M. Hoffman participate in my legal matters, I agree to a session fee of $100.00/hour. This will include travel time.

**Ending Sessions:** You have the right to terminate sessions at any time and you will typically be the one who decides when sessions will end, with the following exceptions:

 1. If cancellations and no shows become an issue, as described above.

 2. If I am not, in my judgment, able to help you because of the particular concern you have, or because my training and skills are, in my judgment, inappropriate, I will inform you of this and refer you to another practitioner who may meet your needs.

 3. If you are verbally or physically violent toward me or threaten or harass me, I reserve the right to immediately discontinue your sessions. If I terminate your sessions I will offer you referrals to other sources of care, yet cannot guarantee that they will accept you as a client.

*Disclaimer: Sessions are not the practice of medicine, therapy, psychology or psychiatry, and not in any way intended to be a replacement for diagnosis or treatment of any diagnoses. Persons with mental disabilities or mental illnesses should seek psychiatric care. Sessions service and teach skills for self-improvement and self-exploration; therefore their effectiveness depends on the client and no guarantee can be made regarding the results of their use.*

I have read the preceding information and understand my rights and responsibilities as a client. My signature below acknowledges this understanding and indicates that I accept the conditions of sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature, if client is under the age of 18 Date