



Certified Hypnotherapy Training School

722 W. Shepard Ln., Suite 104 - Farmington, UT 84025

<http://certifiedhypnotherapytrainingschool.com/>

Be Competent - Be Effective - Be Confident

(801) 628-0693

STUDENT ENROLLMENT FORM

Name: _____

—

Phone: (H) _____ (W) _____ (Cell) _____

S.S. # _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

Date of birth: _____ Birth place: _____

Present Occupation: _____

Prior Education (A minimum of a high school diploma or GED required)

High School Attended: _____

Date of High School graduation or date of GED completion (please specify): _____

College/University: _____ Level Completed: _____

Degree awarded/major: _____

Previous hypnotherapy training (not a prerequisite): _____

Total classroom hours: _____

Have you ever been convicted of a felony or morals charges? _____ YES _____ NO

If yes, please explain on a separate sheet of paper (attach to application):

Emergency Contact Information (Required)

Name: _____ Relationship: _____

Phone: _____ Secondary Phone: _____

Please fill this form out completely and turn it into W. Dennis Parker. (801) 628-0693.

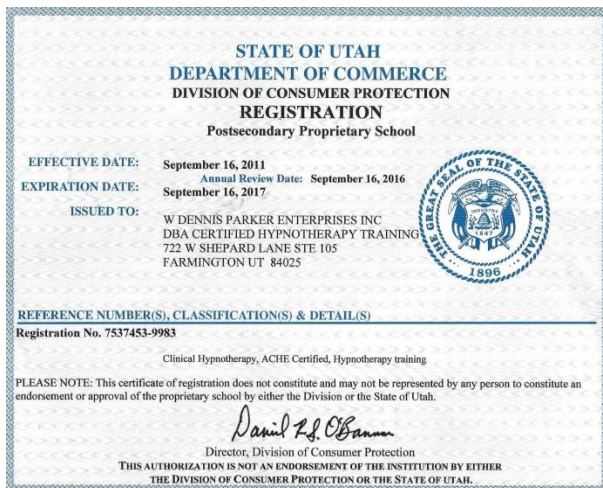
Visit the website: <http://certifiedhypnotherapytrainingschool.com/>

Email: dennis@wdennisparker.com

The School and Facilities

Certified Hypnotherapy Training School is held at: 722 West Shepard Lane - Suite 104 – Farmington, Utah – 84025. Due to the economy and the expense of travel and boarding costs, and to accommodate the many requests for the CHTS clinical courses from potential students outside of our local area. (We are known for the quality of our innovative Clinical Hypnotherapy and our proprietary “Spiritual Mind Management Hypnotherapy” (Spiritual Mind Management is now being re-branded Positive Mind Management) protocols, courses, and trainings.) You can attend classes live in Farmington, Utah, or you may attend online in our fully interactive virtual classroom setting.

Online attendees will participate in the live classes and discussion. You are able to ask questions and receive answers live in real time, just like those sitting in the actual classroom. You will feel part of the group as you get to see and hear others and they can hear and see you as well. This makes our courses the most affordable, with flexible attendance and finance options, with the best clinical hypnotherapy course trainings available. Please feel free to contact Dennis directly to answer any questions or concerns about the school or to become a student in the school: (801) 628-0693.



"Certified Hypnotherapy Training School" is a Postsecondary Proprietary School of Hypnotherapy in the State of Utah, registered and bonded with the Department of Commerce. The School trains individuals in hypnosis, self-hypnosis, and hypnotherapy to be Certified Hypnotherapists and Certified Clinical Hypnotherapists through the American Council of Hypnotist Examiners.

Regulatory Registration and Disclaimer Statements

Certified Therapy Training School is REGISTERED UNDER THE UTAH POSTSECONDARY PROPRIETARY SCHOOL ACT (Title 13, Chapter 34, and Utah Code).

Registration under the Utah Postsecondary Proprietary School Act does not mean that the State of Utah supervises, recommends, nor accredits the institution. It is the student's responsibility to determine whether credits, degrees, or certificates from the institution will transfer to other institutions or meet employers training requirements. This may be done by calling the prospective school or employer. The institution is not accredited by a regional or national accrediting agency Recognized by the United States Department of Education. Hypnotherapy is a Certifying Occupation/Profession, not a licensed one, because we are considered to be non-medical. We do not diagnose, prescribe, treat, or cure, therefore being licensed is not necessary.

Certified Hypnotherapy Training School offers certifications through the, “American Council Hypnotist Examiners”.

They are: Certified Hypnotherapist, and Certified Clinical Hypnotherapist.

These certifications are recognized in the Dictionary of Occupational Titles published by the United States Department of Labor. Title # 079.157.010 – Hypnotherapist - Definition: Hypnotherapist induces hypnotic state in client to increase motivation or alter behavior pattern through hypnosis. Consults with client to determine the nature of problem. Prepares client to enter hypnotic state by explaining how hypnosis works and what client will experience. Tests subjects to determine degrees of physical and emotional suggestibility. Induces hypnotic techniques of hypnosis based on interpretation of test results and analysis of clients problem. May train client in self hypnosis conditioning.”

Requirements for A.C.H.E Certification Registration

Pricing for A.C.H.E. Certification Course Trainings, as a Certified Hypnotherapist and Certified Clinical

Hypnotherapist. There are two fees, one for the A.C.H.E. certification certificate, and one for the certifying courses. Please see the course fees under: School Course Fees on the website: <http://certifiedhypnotherapytrainingschool.com/>

A.C.H.E. Certified Hypnotherapist or Clinical Hypnotherapist Certificate Registration Fees are for two years.

The A.C.H.E. registration form and the fees of \$175.00 for the Certified Hypnotherapist and an additional \$25.00 for the Clinical Certificate, are given to Craig Bickmore, President of the Rocky Mountain Hypnotist Examining Council, to complete your paperwork and forward everything to A.C.H.E. in CA. and to have your certificates sent to you.

Hypnotherapists earn an average of \$50.00 – \$100.00 per hour or more, in our area. In approximately 3 weeks of doing hypnotherapy with clients at \$50.00 - \$80.00 per hour, you will earn income for all your school course training expenses, and have ongoing income potential, full or part time, for the rest of your working career.

Create your own job and be your own boss, as you assist others in learning personal problem solving skills, overcoming self-limiting beliefs, eliminating inappropriate habits, and conquering maladaptive behaviors. You will become competent, effective, and confident, appreciated by your clients for your abilities, to assist them in their personal improvements.

"Certified Hypnotherapy Training School" Course Fees

Please view the school catalogue or the website for the course schedules, fees, and subjects covered in each segment from 101 – 601, at: <http://www.certifiedhypnotherapytrainingschool.com/> or visit with Dennis Parker (801-628-0693) about our flexible attendance schedules and finance options.

The 101 through 401 – (200 hours) of trainings required to become an A.C.H.E. Certified Hypnotherapist can be accomplished through a combination of attendance methods: One – you can choose to complete up to 75 of these training hours through individual and online study classes. Two – you can choose to complete another 125 of these hours through online live virtual classroom attendance. Three – you can also choose to attend all the classroom training times live in Farmington, Utah at the school. You will participate in live demonstrations, student breakout practice sessions with observed supervision and coaching, and to take your final oral, written, and practical exam either online with visual oversight, or at the School in Farmington, Utah.

The additional 100 hours (501 – 601) of clinical hypnotherapy training required to become an A.C.H.E. Certified Clinical Hypnotherapist can be accomplished through: One – you can choose to complete up to 25 of these training hours through individual and online study classes. Two – you can choose to complete another 75 of these hours through online live fully interactive virtual classroom attendance. Three – you can also choose to attend all the classroom training times live in Farmington, Utah at the school. You are to personally participate in live demonstrations, student breakout practice sessions.

American Council of Hypnotist Examiners - Code of Ethics

The American Council of Hypnotist Examiners (“ACHE”) provides standards and guidance for the practice of hypnotherapy, and regulates the conduct of its members in their practice. All registrants are required to comply with the ACHE Code of Ethics by signing the declaration below:

As a Hypnotherapist holding a Certification from the American Council of Hypnotist Examiners, I commit myself to conduct my professional relationships in accordance with the Code of Ethics and subscribe to the following statements:

- 1. I regard as my primary obligation the welfare of my client, whether individual or group.**
- 2. I will comply with the requirements of the law in the jurisdiction where I practice, including requirements with regard to dealings with clients in relation to race, religion, age, and gender status.**
- 3. I will offer services only within my scope of practice and boundaries of competence and the recognized knowledge and competences of the profession of hypnotherapy.**
- 4. I will not claim to diagnose, prescribe treatment for, or treat any mental or physical illness unless I possess qualifications additional to hypnotherapy certification, which legally entitle me to do so in the jurisdiction where I practice.**
- 5. I will not use any licensed or restricted title to which I am not legally entitled in the jurisdiction where I practice.**
- 6. I will advise a client whose requirements are outside my boundaries of competence to seek an appropriate alternative service.**
- 7. I will advise any client presenting symptoms of physical illness, including pain, to seek the advice of a medical practitioner if this has not already been obtained.**
- 8. I will not guarantee cures for any condition or make misleading claims or statements as to the outcome of the services I offer.**
- 9. I will make clear to the client, prior to the provision of services, the terms, conditions and charges for my services.**
- 10. I will maintain confidentiality of information obtained during the course of providing my services, within the legal limits of reporting requirements in the jurisdiction where I practice. I will disclose any such limits of confidentiality to my clients prior to providing services. I will ensure that the client’s anonymity and privacy is safeguarded in the publication of any clinical material.**
- 11. I will obtain the written consent of a parent or guardian before providing services to a minor.**
- 12. I will not engage in intimate social contact with a client until a period of at least two years from the final session with that client.**
- 13. I will undertake continuing professional development and education in accordance with the requirements of ACHE as updated from time to time.**
- 14. I accept responsibility to help protect the community against unethical practice by any individuals engaged in providing hypnotherapy services e.g. by reporting professional misconduct to the proper bodies or authorities.**

- 15. I treat with respect the findings, views and actions of professional colleagues and use appropriate channels to express my opinions on these matters.**
- 16. I will conduct myself in a manner consistent with upholding the good reputation of the profession of hypnotherapy.**
- 17. I will distinguish clearly in public between my statements and actions as an individual and as a representative of an organization.**

I understand that the maintenance of high ethical standards by ACHE is an important support to the professional standing of all Hypnotherapists. I agree to conduct my practice and all professional interactions in strict accordance with ACHE rules and regulations promulgated now or in the future. By accepting my Certification, I consent to the authority and jurisdiction of ACHE to promulgate such rules and regulations, as it may from time to time deem necessary and to take such action, including legal, as it deems necessary to enforce them.

If I am charged with an alleged ethics violation, I understand that an investigation may be conducted upon receipt of a written complaint signed and dated by the person alleging the wrong committed and be subject to the ACHE Complaints and Disciplinary Procedures Policy. I understand that my Certification could be suspended for a specific period of time or revoked if the complaint is upheld. In any case, I agree to hold ACHE harmless for any actions it may take to guard against unethical practices or to enforce the rules and regulations.

Signature: _____ Date _____

Name (please print clearly): _____

PLEASE SIGN AND RETURN WITH YOUR APPLICATION

Standards of Grading – Graduation Requirements

Sixty five percent (65%) of the pass/fail grade will be based on demonstrating Hypnotherapy techniques satisfactorily to a member of the local board of the Hypnotist Examining Council of Utah. This will be an oral examination as well skill performance evaluation and general knowledge. The examination techniques will include, but not be limited to: inductions, deepening's, testing for suggestibility types, proper communication modes, trance maintenance, age regression and gestalt procedures, pre-talk and theory of the mind explanations, and post hypnotic suggestions and awakening techniques as a minimum performance standard. 20% of the passing grade will be based upon the final written examination, of which 90% is a passing grade. The next 15% will be based on class participation and professionalism.

Student Admission and Enrollment Requirements: Students may have background checks done on behalf of the school to determine eligibility for enrollment. A Background Check consent form will be part of the Enrollment Agreement. We reserve the right to refuse service and enrollment to anyone, at any time, and for any reason, based upon the findings of a background investigation. The student must be in possession of a high school diploma, or General Education Development (GED) certificate, and being beyond the age of compulsory high school attendance, as prescribed by Utah law. (See rule 152 -- 34 – 4 (3) of the Utah administrative code.)

Granting of prior certification training hours: We will grant training credit hours, for hours of training received from another A.C.H.E. Approved Certifying School. Please bring us a letter or certificate of the hours from the schools to verify hours being credited. Prior credit hours from other nationally recognized certifying organizations and schools may also be granted upon approval from our local board and A.C.H.E. Headquarters are in CA. Verification of these hours will also be required.

Standards of progress required of students: An overall on time attendance rate of 95% is required. It is preferred that students shall attend all courses in a sequential order, as each courses information and experiential learning builds sequentially. If there is a need to miss a day of class, hours can be made up by attending intern therapy sessions, and or assist in working with group therapy sessions. Missed portions of the training may also be made up through listening to audiotapes and the demonstration of competency of the missed materials.

Should medical problems arise or personal problems prevent a student from continuing with classes, they will be required to take a leave of absence, until they are able to return with full attention and abilities. Students will be required to present documentation that substantiates the withdrawal necessity.

Students will be observed and coached through each of the 50 hour training segments. Should it be deemed that the student is not of sufficient character, or ability, or capability to do such therapy, they will be advised of such, just as soon as such evaluation results are made apparent. They may be dismissed from the school from any further training.

Student conduct: The student agrees by the nature of the training and possible disclosures being make in the class,, due to doing therapy examples with each other or people from outside the class, to keep all such information personal and confidential. By enrolling you agree to never discuss the names the individuals in the class, or any individuals therapeutic circumstances and issues whether in or out of the class.

I understand and agree to the A.C.H.E. Code of Ethics (above) and understand and agree to comply with each of the ethics policies. I agree that the Code of Ethics will be strictly adhered to and should I violate them, especially a breach in professional conduct in confidentiality I will be immediately and permanently dismissed from the class and any further training. Initials:_____

Students will arrive timely, conduct themselves professionally, and dress appropriately as a Hypnotherapist. Students may be dismissed for violations of the Code of Ethics, rules or regulations of the school, as published in school documents. The director may temporarily suspend a student whose conduct is disruptive or unacceptable to the Instructor and the rest of the class. After appropriate counseling, should the student adjust behaviors to comply with the requirements of the class, a probationary period may be imposed, until proven appropriate conduct is accomplished. If during a probationary period a student requires further disciplinary counseling they may be immediacy and permanently dismissed. The Director will decide in each incidence, and case.

Student Placement: There is no formal placement service offered through this school, and the school does not guarantee wage or salary levels. The school will make efforts to maintain employment and graduation rates. However, we do post current certified Hypnotherapists on the school website with their information, as recommended sources for hypnotherapy in their local. Most hypnotherapists develop private practices in behavioral modification, such as weight loss, stop smoking, and overcoming other habits, and self-limiting beliefs. They work in wellness centers or other health related businesses. There are several areas of expertise to be developed such as: Birthing with Hypnosis, Stress Management and Relaxation, Sports Enhancement, working with athletes, and so forth. As in most fields Hypnotherapists gravitate to develop specialties that they become known as a subject matter expert, and they build their clientele base around those specialties.

Student Loans - Payment Plans are Available. Please visit with the School Administrator or Dennis to discuss options that will work for you. Get started on your new career now! Phone: (801) 628-0693. We do accept major credit cards, and with exceptional personal credit ratings may offer some financial terms up to an agreed-upon amount of the entire balance being paid within 12 or 18 equal monthly installments. We prefer to have the entire balance paid within six months, and offer an interest-free incentive if paid completely during that period.

Surety Bond - the school has posted an appropriate surety bond with the State of Utah, Department of Commerce, Division of Consumer Protection, for the protection of the students receiving their agreed-upon trainings.

Refund Policies: One – I understand there is a three day cooling off period, commencing with the day an enrollment agreement with the applicant is signed or an initial deposit or payment toward tuition and fees of the school is made, until midnight of the third business day following such date or from the date that the student first visits the school, whichever is later, during which time the contract may be rescinded and all monies paid refunded. Evidence of personal appearance at the school or deposit of a written statement of withdrawal for delivery by mail or other means shall be deemed as meeting the terms of the cooling-off period.

Two – I understand a student who desires a refund after the three day cooling off period, which has received course materials, will be refunded the full amount of the course and materials upon returning the course materials in brand-new condition, and on a prorated basis of the time spent in class versus the length of the class. People who have received the recordings of the live classes as well as have had opportunity to attend the live classes either in person in Farmington, Utah or online for at least two full live training series after their registration have received the benefits of enrollment and there are no further refunds, even if they do not fulfill their studies, test out, and certify. In other words, we will provide two series of the trainings and consider some prorated refund if not completed, but not after two complete opportunities of attendance.

Three – I agree that should a student withdraw or be dismissed, a prorated refund for the hours of training not yet received, which have been prepaid, will be calculated and returned to the student within one week of the date of receipt of a written notice of withdrawal or dismissal notice from the school to the student, if requested as stated above within the first two course series after registration.

I have read, understand, and agree to the terms specified above. I agree to adhere to the policies and procedures of the school and conduct myself at all times according to the Code of Ethics.

I, the undersigned, have read, understand and agree to abide by all the provisions set forth in the foregoing enrollment agreement.

Name Signed: _____ Name Printed: _____

Date: _____

Signed by the School Administrator or Director: _____

Name Printed: _____ Date: _____

I understand and agree that as a student I will be practicing self-hypnosis and hypnotherapy on myself, with the instructors, and with and by other students in the class, as I will also be learning and practicing hypnotherapy with them in practice sessions. Therefore, I also agree to the entire client intake conditions of Spiritual Mind Management Hypnotherapy and Dennis Parkers Client intake form here below, and make these conditions part of this school agreement. Please fill out completely and sign and initial as requested. Please review any questions or concerns with Dennis at: (801 628-0693 – or email: dennis@wdennisparker.com)



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APPLICATION FOR SERVICES

CLIENT - PERSONAL INFORMATION

First Name	M.I.	Last Name		Today's Date
Street Address				
City	State		Zip	Birth date
Home phone (ok to leave msg? Y - N)	Cell phone (ok to leave msg? Y - N)	Age	E-mail	Sex: M F

Spouse/Parent Information if under 18

First name	M.I.	Last name		Marriage date
Street Address			City	State Zip
Home phone	Birth date	Relationship to you		

PROVIDE INFORMATION HERE YOU WISH TO VOLUNTEER TO ASSIST US IN UNDERSTANDING YOU, AND WHAT YOU HOPE TO ACCOMPLISH BY UTILIZING BEHAVIOAL MODIFICATION CLINICAL HYPNOTHERAPY AND MIND MANAGEMENT

HOW DID YOU LEARN OF OUR SERVICES? NEWSPAPER _____ INTERNET WEBSITE _____ RADIO _____

REFERRAL FROM: CHURCH LEADER _____ DOCTOR _____ PHYCOLOGIST _____ OTHER _____

WE GIVE INCENTIVES TO REFERRING INDIVIDUALS. PERSON WHO REFERRED YOU _____

Signature	Signature of Parent or Guardian
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W. DENNIS PARKER CHT - STATEMENTS OF DISCLOSURE AND UNDERSTANDING

Dennis is a Certified Clinical Hypnotherapist registered with the American Council of Hypnotist Examiners since 1991, (CHT 191-219). He is a Board Certified Hypnotherapy Examiner, Instructor, and Approved School Operator. He is a noted motivational/inspirational Public Speaker, Sales Trainer, and Hypnotherapist. He does various Seminars and Workshop Trainings on a variety of subjects, through his "*Spiritual Mind Management Hypnotherapy*", *courses for professional athletes and coaches, corporate sales events, and convention seminars/workshops.*



Dennis owns and operates "[Certified Hypnotherapy Training School](#)" as a Postsecondary Proprietary School of Hypnotherapy in the State of Utah, registered and bonded with the Department of Commerce. The School trains individuals in hypnosis, self-hypnosis, and hypnotherapy to be Certified Hypnotherapists and Certified Clinical Hypnotherapists through the [American Council of Hypnotist Examiners](#).

He assists people to discover, recognize, and overcome self-limiting beliefs and self-defeating behaviors, eliminate inappropriate habits, and conquer maladaptive behaviors, and teaches clients personal problem solving skills through self-hypnosis trance access to the subconscious, creating conscious and subconscious predominant thought alignment overcoming, Double Mindedness", which is keeping them from personal achievement. His approach to life is that we all have unlimited potential to grow and develop our abilities and learning skills. He teaches people how to be free of fear, anger, guilt, and other negative emotions.

Dennis utilizes what he teaches in all areas of his trainings and instruction in daily real world applications. His seminars and workshops are enhanced by his years of experience of working with people in their personal lives, and developing their career performance. Assisting people to achieve their goals and being part of the success of others is a key motivator for him.

Confidentiality:

Confidentiality will be strictly maintained except for the following circumstances: (1) with your permission and a signed release of information to a particular person or agency. (2) By law, any report of physical, sexual abuse, or neglect of a minor, or abuse of spouse or an elderly person. (3) If I have reason to assume that you may harm yourself or another person. I use a cell phone so that I am accessible, which cannot be considered 100% secure. Initials _____

Payment for Services:

Payments are to be made immediately following each session. Insurance carriers in the State of Utah do not as a practice cover these therapy sessions. I understand I am personally responsible for payments. Initials _____
To get the most from each session, it is recommended you arrive 10 minutes early to complete a preparation forms. Fees schedules are at: <http://www.certifiedhypnotherapytrainingschool.com/FeesandForms.en.html>

Cancellation of appointments:

On occasion, a situation may arise which prevents you from keeping your scheduled appointment. Please notify me 24 hours in advance of your appointment if you cannot keep it. Except in emergency situations, you will be expected to pay for any sessions that you miss without this advanced notice. If you cannot provide 24 hours advance notice, you have purchased the time as it was reserved for you, and will be billed accordingly. Initials _____

- I have received a copy of the statement of disclosure. I have read and understand the information..
- I have been informed of the terms of confidentiality and agree to them as stated above.
- I agree to pay for each session at time of service.
- I have read the above information, and understand that I am encouraged to ask questions, and give input regarding the hypnotherapy process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification. Initials _____

We reserve the right to refuse hypnosis and hypnotherapy services and training to anyone. **We do not work with drug addictions, alcoholism, and diagnosed mental illness disorders.** Initials _____

I understand that if I am currently working with a medical or mental health care provider and have been diagnosed with a medical or mental health disorder, and I am taking prescription drugs for the disorder, and should I want to work on a behavioral modification issue with hypnotherapy, **I am responsible to inform my mental health care provider, and the doctor who may be prescribing any medications, and explain to them what I am considering doing with hypnotherapy for behavioral modification.** . Initials _____

We prefer that you bring us a prescription from your mental health care provider and the doctor who is prescribing your medicine prescriptions to have us work with you for behavioral modifications with hypnotherapy, so they are always informed of what you are doing. If they have any questions, please direct them to the website: www.certifiedhypnotherapytraining.com or have them contact Dennis to answer questions or address concerns: PHONE: (801) 628-0693. These procedures are standard operating practice and are accomplished on a routine basis.. Initials _____

I have _____ or have not _____ attended an individual or group hypnotherapy session and or workshop trainings with W Dennis Parker before. (Please put an x in the appropriate box.) Initials _____

I have registered to attend hypnosis, self-hypnosis, and hypnotherapy individual or group sessions of hypnotherapy and trainings with W Dennis Parker. **I STATE AND UNDERSTAND THAT I HAVE BEEN DULY ADVISED AND INFORMED THAT HYPNOTHERAPY SESSIONS DONE IN INDIVIDUALLY AND/OR GROUP SETTINGS, COULD BE A VERY INTENSE PERSONAL EXPERIENCE, AND I UNDERSTAND AND WARRANT THAT I AM PHYSICALLY, MENTALLY, AND EMOTIONALLY CAPABLE TO ATTEND THE HYPNOTHERAPY SESSIONS AND/OR SELF-HYPNOSIS TRAINING WORKSHOPS.** Initials _____

We may deem that the group hypnotherapy seminars/workshops are not the appropriate setting for you, and ask you to do individual hypnotherapy sessions. Or should we feel that what you as the client needs and requires in services is beyond our scope of service and practice, refer you to seek other assistance. Initials _____

We reserve the right to have anyone leave the group hypnotherapy settings, at our discretion for any reason. Especially should you be disruptive, non-supportive of others in the group, or in any way viewed as being detrimental to the success of the group, or the creation of a positive, environment, attitude, and healthy healing atmosphere. Initials _____

If for any reason you are asked to leave the group and you have prepaid the sessions, we will refund the portion of the first group of session participation that is not yet accomplished. **THERE IS NO REFUND FOR SECOND GROUP PARTICIPATION, AS IT IS BEING OFFERED AS ADDITIONAL ASSISTANCE - FREE.** Initials _____

Client Signature: _____

Print Name: _____

Parent or Guardian Signature: _____

Provider Signature: _____

Date		
Date		
Date		
Date		

W. Dennis Parker CHT

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

(I/We) _____

do hereby give permission to W. Dennis Parker CHT to mutually exchange all information regarding (my/our) social, emotional, educational, religious, psychological and medical histories, including assessment, backgrounds, opinions, and any other relevant data necessary to assist W. Dennis Parker CHT in providing continuity of services to (me/us) to:

Name: _____ Relationship: _____

Address: _____

Phone: _____

(I/We) agree to indemnify and hold harmless all persons and groups named above from any and all liability for claims, actions, damages or suits arising from or relating to the release or exchange of information made pursuant to this Authorization for Release of Confidential Information.

Except as authorized herein, confidential information will not be disclosed without (my/our) consent, except where the law may compel disclosure (1) to inform appropriate persons if there is reason to believe I am in danger of doing serious harm to myself or someone else, or (2) if there is reason to believe that reportable child/spousal or other abuse has occurred.

(I/We) have read the foregoing, understand its content, and agree to these conditions. (I/We) understand that this consent may be revoked at any time, except to the extent that action has been taken in reliance on it, or until (I/We) cancel it by written notice to the agency. In any event this consent expires automatically on-hundred-twenty days after date of signature.

Signature _____ Date _____

Signature _____ Date _____

Witness _____ Date _____

If under 18 years of age, signature of parent or legal guardian is required.

Signature _____ Date _____

FOR CLIENTS CONTINUING SERVICES

A New Authorization for Release of Confidential Information is required is required for clients continuing services beyond 120 days. (I/WE) hereby authorize the above named individuals to mutually exchange information as needed as a condition of (My/Our) continuity of services. (I/We) agree to the conditions stated in (my/our) original authorization above, and understand that this consent may be revoked at any time, except to the extent that action has already been taken in reliance on it, or until (I/We) cancel it by written notice. In any event this consent expires automatically ninety days after date of signature.

Signature _____ Date _____

Witness _____ Date _____

If under 18 years of age, signature of parent or legal guardian, Date: _____

W. DENNIS PARKER CHT - STATEMENTS OF DISCLOSURE

[Dennis](#) is a Certified Clinical Hypnotherapist registered with the American Council of Hypnotist Examiners since 1991, (CHT 191-219). He is a Board Certified Hypnotherapy Examiner, Instructor, and Approved School Operator. He is a noted motivational/inspirational Public Speaker, Sales Trainer, and Hypnotherapist. He does various Seminars and Workshop Trainings on a variety of subjects, through his "[Spiritual Mind Management Hypnotherapy](#)", courses for [professional athletes and coaches](#), corporate sales events, and [convention seminars/workshops](#).



Dennis owns and operates "[Certified Hypnotherapy Training School](#)" as a Postsecondary Proprietary School of Hypnotherapy in the State of Utah, registered and bonded with the Department of Commerce. The School trains individuals in hypnosis, self-hypnosis, and hypnotherapy to be Certified Hypnotherapists and Certified Clinical Hypnotherapists through the [American Council of Hypnotist Examiners](#).

He assists people to discover, recognize, and overcome self-limiting beliefs and self-defeating behaviors, eliminate inappropriate habits, and conquer maladaptive behaviors, and teaches clients personal problem solving skills through self-hypnosis trance access to the subconscious, creating conscious and subconscious predominant thought alignment overcoming, "Double Mindedness", which is keeping them from personal achievement. His approach to life is that we all have unlimited potential to grow and develop our abilities and learning skills. He teaches people how to be free of fear, anger, guilt, and other negative emotions.

Dennis utilizes what he teaches in all areas of his trainings and instruction in daily real world applications. His seminars and workshops are enhanced by his years of experience of working with people in their personal lives, and developing their career performance. Assisting people to achieve their goals and being part of the success of others is a key motivator for him.

STATEMENTS OF UNDERSTANDING

Confidentiality:

Confidentiality will be strictly maintained except for the following circumstances: (1) with your permission and a signed release of information to a particular person or agency. (2) By law, any report of physical, sexual abuse, or neglect of a minor, or abuse of spouse or an elderly person. (3) If I have reason to assume that you may harm yourself or another person. I use a cell phone so that I am accessible, which cannot be considered 100% secure. **Initials**

Payment for Services:

Payments are to be made immediately following each session. Insurance carriers in the State of Utah do not as a practice cover these therapy sessions. I understand I am personally responsible for payments. **Initials**
To get the most from each session, it is recommended you arrive 10 minutes early to complete a preparation forms. Fees for the various sessions are available from the office or at: <http://certifiedhypnotherapytraining.com/Fees.html>

Cancellation of appointments:

On occasion, a situation may arise which prevents you from keeping your scheduled appointment. Please notify me *24 hours* in advance of your appointment if you cannot keep it. Except in emergency situations, you will be expected to pay for any sessions that you miss without this advanced notice. If you cannot provide 24 hours advance notice, you have purchased the time as it was reserved for you, and will be billed accordingly. **Initials**

- I have received a copy of the statement of disclosure. I have read and understand the information..
- I have been informed of the terms of confidentiality and agree to them as stated above.

- I agree to pay for each session at time of service.
- I have read the above information, and understand that I am encouraged to ask questions, and give input regarding the hypnotherapy process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification. Initials _____

We reserve the right to refuse hypnosis and hypnotherapy services and training to anyone. **We do not work with drug addictions, alcoholism, and diagnosed mental illness disorders.** Initials _____

I understand that if I am currently working with a medical or mental health care provider and have been diagnosed with a medical or mental health disorder, and I am taking prescription drugs for the disorder, and should I want to work on a behavioral modification issue with hypnotherapy, **I am responsible to inform my mental health care provider, and the doctor who may be prescribing any medications, and explain to them what I am considering doing with hypnotherapy for behavioral modification. We prefer that you bring us a prescription from your mental health care provider and the doctor who is prescribing your medicine prescriptions to have us work with you for behavioral modifications with hypnotherapy, so they are always informed of what you are doing. If they have any questions, please direct them to the website: www.certifiedhypnotherapytraining.com or have them contact Dennis to answer questions or address concerns: PHONE: (801) 628-0693. These procedures are standard operating practice and are accomplished on a routine basis.** Initials _____

I have _____ or have not _____ attended an individual or group hypnotherapy session and or workshop trainings with W Dennis Parker before. (Please put an x in the appropriate box.) Initials _____

I have registered to attend hypnosis, self-hypnosis, and hypnotherapy individual or group sessions of hypnotherapy and trainings with W Dennis Parker. **I STATE AND UNDERSTAND THAT I HAVE BEEN DULY ADVISED AND INFORMED THAT HYPNOTHERAPY SESSIONS DONE IN INDIVIDUALLY AND/OR GROUP SETTINGS, COULD BE A VERY INTENSE PERSONAL EXPERIENCE, AND I UNDERSTAND AND WARRANT THAT I AM PHYSICALLY, MENTALLY, AND EMOTIONALLY CAPABLE TO ATTEND THE HYPNOTHERAPY SESSIONS AND/OR SELF-HYPNOSIS TRAINING WORKSHOPS.** Initials _____

We may deem that the group hypnotherapy seminars/workshops are not the appropriate setting for you, and ask you to do individual hypnotherapy sessions. Or should we feel that what you as the client needs and requires in services is beyond our scope of service and practice, refer you to seek other assistance. Initials _____

We reserve the right to have anyone leave the group hypnotherapy settings, at our discretion for any reason. Especially should you be disruptive, non-supportive of others in the group, or in any way viewed as being detrimental to the success of the group, or the creation of a positive, environment, attitude, and healthy healing atmosphere. Initials _____

If for any reason you are asked to leave the group and you have prepaid the sessions, we will refund the portion of the first group of session participation that is not yet accomplished. **THERE IS NO REFUND FOR SECOND GROUP PARTICIPATION, AS IT IS BEING OFFERED AS ADDITIONAL ASSISTANCE - FREE.** Initials _____

Client Signature: _____

Print Name: _____

Parent or Guardian Signature: _____

Provider Signature: _____

Date		
Date		
Date		
Date		

W. Dennis Parker CHT

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

(I/We) _____

do hereby give permission to W. Dennis Parker CHT to mutually exchange all information regarding (my/our) social, emotional, educational, religious, psychological and medical histories, including assessment, backgrounds, opinions, and any other relevant data necessary to assist W. Dennis Parker CHT in providing continuity of services to (me/us) to:

Name: _____ Relationship: _____

Address: _____

Phone: _____

(I/We) agree to indemnify and hold harmless all persons and groups named above from any and all liability for claims, actions, damages or suits arising from or relating to the release or exchange of information made pursuant to this Authorization for Release of Confidential Information.

Except as authorized herein, confidential information will not be disclosed without (my/our) consent, except where the law may compel disclosure (1) to inform appropriate persons if there is reason to believe I am in danger of doing serious harm to myself or someone else, or (2) if there is reason to believe that reportable child/spousal or other abuse has occurred.

(I/We) have read the foregoing, understand its content, and agree to these conditions. (I/We) understand that this consent may be revoked at any time, except to the extent that action has been taken in reliance on it, or until (I/We) cancel it by written notice to the agency. In any event this consent expires automatically on-hundred-twenty days after date of signature.

Signature _____ Date _____

Signature _____ Date _____

Witness _____ Date _____

If under 18 years of age, signature of parent or legal guardian is required.

Signature _____ Date _____

FOR CLIENTS CONTINUING SERVICES

A New Authorization for Release of Confidential Information is required is required for clients continuing services beyond 120 days. (I/WE) hereby authorize the above named individuals to mutually exchange information as needed as a condition of (My/Our) continuity of services. (I/We) agree to the conditions stated in (my/our) original authorization above, and understand that this consent may be revoked at any time, except to the extent that action has already been taken in reliance on it, or until (I/We) cancel it by written notice. In any event this consent expires automatically ninety days after date of signature.

Signature _____ Date _____

Witness _____ Date _____

If under 18 years of age, signature of parent or legal guardian, Date: _____