

**Client Bill of Rights**  
**DISCLOSURE STATEMENT**

Pursuant to California Law SB 577, Section 2053.5

I am not a licensed physician or therapist. The treatment I offer is alternative and complementary to healing arts services licensed by the State. These services are not licensed by the state.

**CONTACT INFORMATION:** My name is Maurine Killough. I can be contacted through my studio at 816 E 4<sup>th</sup> Avenue, San Mateo, CA 94401 or by telephone at (650) 766-9402.

**EDUCATION AND TRAINING:** I was trained and certified in hypnotism through the National Guild of Hypnotists and the Wellness Institute. I am a certified guided imagery practitioner from the Academy for Guided Imagery. I am a Certified Member of the National Guild of Hypnotists and I do annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. I have an accredited B.S. degree from San Francisco State in Business. **Notice: AS THE STATE OF CALIFORNIA HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, ASIDE FROM SB 577, 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 of services 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 National Guild of Hypnotists, 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 National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers on the internet.

**FEES:** The charge for my services are \$155/session. Refund for any unused appointments expires one year from the date of your first visit. You will be given 30 days notice of any change in fees. You may pay by cash, check, Zelle, Venmo or PayPal. Client agrees to reimburse Maurine Killough for any bank or credit card fees or charges for returned check fees. I do not accept insurance. **Please cancel within 24 hours to change your appointment time without incurring the full session fee. If you arrive late for your session we may not have enough time for a full session but you will still be charged the same session fee so please be on time.**

**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 records about you.

**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, insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

**MY APPROACH:** The nature of the services I provide are heart-felt hypnosis, guided imagery and counseling based on my training through the National Guild of Hypnotists, Wellness Institute, the Academy of Guided Imagery, B.S. degree in Business from San Francisco State, life experience and background in group and one-on-one meditation.

I have received and read this Client Bill of Rights and understand what I have read.

Print Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_