

**Margot Gedert
Clinical Hypnotherapist
Embodied Self-Inquiry Guide**

PO Box 1065, Chama, NM 87520
575-209-0659
www.margotlynngedert.com

New Client Intake Form (CO)

Please complete this form and email to openheartsession@gmail.com before being seen. Thank you.

Date

Name

Home Phone

Work Phone

Cell:

Email address

Website URL

Street Address

City

Mailing address if different:

State

Zip Code.

Date of Birth

Age

Gender

Emergency Contact and phone:

Occupation

Marital status: M_____ S_____ D_____ Sep_____ W_____

Children: (How many/ages)? Male(s):

Females(s):

Hobbies and interests:

How did you hear about this service?

If referred, by whom, and what did they say?

Do you have any questions about embodied self-inquiry or hypnotherapy?

What was your initial motivation to seek a session with me (please select the answer option that is most relevant)

- ◆ A pursuit of awakening and enlightenment/ truth/ inner freedom
- ◆ Looking for the deeper meaning of life/ not satisfied with my life
- ◆ Cope with mental, emotional, and/or physical suffering, for example, depression, anxiety, chronic pain/health issues etc.
- ◆ Other (please specify) _____

TERMS & CONDITIONS

Margot Gedert has advised me of the scope of hypnotherapy and embodied self-inquiry as a helpful therapeutic technique for a variety of conditions, and I give my full consent to receiving hypnotherapy sessions by Margot Gedert in today's session and in any future sessions.

I understand that results may vary and that the above-named practitioner may not guarantee results.

I understand that the practitioner is a facilitator of hypnotherapy and embodied self-inquiry and is not practicing any other profession that requires a license in New Mexico or Colorado.

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my hands to assist me in relaxation. I give the practitioner permission and consent to do so to help me establish a beneficial state of relaxation.

I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability.

I understand that no one can be hypnotized, or do anything under hypnosis that is against their will. Hypnosis is a collaborative effort between subject and hypnotherapist.

I have accurately provided background information as requested by Margot Gedert.

I understand that confidentiality regarding my sessions will be honored between Margot Gedert and me. This same confidentiality is respected when working with minors. I understand that complete explanation of HIPAA privacy practices are available at my request.

I understand that, depending on the state of my mental health, further psychological treatment may be needed and will be suggested to me and documented by Margot Gedert if she determines my situation to be outside the scope of hypnotherapy and embodied self-inquiry.

I agree to pay Margot Gedert for all services on the day of or before each session unless other arrangements have been made in writing.

My signature below attests to the fact that I consent to the use of embodied self-inquiry and

hypnotherapy in my treatment with Margot Gedert.

CONSENT: I agree to all of the above terms and also understand that the guide/hypnotherapist does not treat, prescribe or diagnose any condition. With this understanding, I hereby grant permission to Margot Gedert to use her self inquiry and hypnosis techniques with me.

Patient Signature: _____

Parent/Guardian Signature: (if under the age of 19) _____

Date: _____

*If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.

Disclosure Statement

Margot Gedert, PO Box 1065, Chama, NM 87520, 575-209-0659, (referred to as Practitioner) is an Unregistered Psychotherapist in the State of Colorado. Registration number, NLC.0109529.

The Practitioner is a Certified Hypnotherapist with the American Council of Hypnotist Examiners, certificate # HT 119-010. Certification expires December 31, 2020. Certificate requirements can be found at www.hypnotistexaminers.org

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations of the State of Colorado. The Board can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

In all sessions, sexual intimacy is never appropriate and should be reported to the Colorado Department of Regulatory Agencies, 1560 Broadway, Suite 1350, Denver, CO 80202 [303-894-7800](tel:303-894-7800).

CONFIDENTIALITY

Complete notice of Privacy Practices is available upon your request.

Matters regarding your sessions will be kept confidential except in the following circumstances: You grant me specific permission to release information to a specific individual or agency; child abuse; you are an imminent danger to self or others; or in the case of the subpoena of records. Any information shared is kept confidential. From time to time I also consult with other colleagues, but in this circumstance clients are not identified by name. Your signature below constitutes you giving permission for such consultations.

FEES AND PAYMENTS

The typical charge for a private session is \$90 -\$70.00 sliding scale per 1-hour session. Fill in here and initial: _____. Payment is due before each session or upon the conclusion of each session. Insurance is not accepted.

CANCELLATIONS Since I have reserved our appointment time for you, it is my policy to charge \$35 for cancellations received less than 24-hour notice unless we can reschedule the appointment within the same week. Insurance companies generally do not reimburse for failed appointments.

REPORTS AND PHONE CALLS There is no charge for email correspondence and brief calls. Calls lasting longer than 15 minutes may be charged and billed to the client on a prorated basis for \$1.00 per minute. Reports requested by insurance companies or physicians will not be released without your permission.

I agree to all the terms listed above:

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

Definitions:

- An Unregistered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. - A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience. - A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. - A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. - A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam. - A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work. - A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.

- A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. - A Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy. - A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling. - A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.