



# Carlos J. Bustabad

Certified Consulting Hypnotist ♦ Certified Sports Hypnotist

1890 S. 14th Street, Suite 312 ♦ Fernandina Beach, Fl 32034  
Tel: (904) 624-1544 ♦ Email: [info@carlosbustabad.com](mailto:info@carlosbustabad.com)  
EnergeticHypnosis.com

## Client Bill of Rights

**Contact Information:** My name is Carlos J. Bustabad. I can be contacted through my office at 2384 Sadler Road, Suite 7, Fernandina Beach, Florida 32034 or by telephone at (904) 624-1544. My email is: [info@carlosbustabad.com](mailto:info@carlosbustabad.com).

**Education and Training:** I was trained in hypnosis at the Florida Institute of Hypnotherapy, Tampa, Florida. A Florida Department of Education state licensed school. I am 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 hypnosis organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts.

**Notice:** AS THE STATE OF FLORIDA HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnosis is a self-regulating profession, and its practitioners are not licensed by the state governments. I am not a physician nor a licensed healthcare provider 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 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 Consulting Hypnotist and 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 in the telephone book.

**Fees:** The charge for my services are \_\_\_\_\_. Sessions may run from 1 to 3 hours. Fees are due at the time of each session in the form of cash, check, or credit card. You will be given a 14-day notice of any change in fees. I have a 24 hour cancellation policy; clients are charged for one and a half hours of time if they do not call to cancel or reschedule in accordance with this 24-hour notice. Hours paid in advance in the form of hypnosis package programs are good for 6 months from their time of purchase. After 6 months of absence from hypnosis, these hours are forfeited, Hypnosis packages are non-refundable.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as provided by law. You have the right to be allowed access to my written record 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, the insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

**My Approach:** It is my goal to help you to achieve lasting results through the use of hypnosis, meditation, and other related self-help modalities. Through the power of your own mind, I will assist you in reaching your goals in a way that you and I both agree to be in your best interest, and in a way that you and I both agree to be in your best interest, and in a way that is in compliance with state and federal laws, as well as with the standards of the organizations to which I belong. I agree to use my experience to facilitate the changes as are mutually agreed to be in your best interest. I am professionally committed to helping you achieve your goals in a timely manner.

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

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

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