

# Progressive Counseling & Hypnosis Intake Form

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Issue/Concern

What is your major complaint? \_\_\_\_\_  
Start Date: \_\_\_\_\_ Have you previously suffered from this complaint? \_\_\_\_\_  
Previous therapist(s) seen for complaint: \_\_\_\_\_  
Previous treatment for complaint: \_\_\_\_\_  
Aggravating Factors: \_\_\_\_\_  
Relieving Factors: \_\_\_\_\_

## Current Symptoms (Check All That Apply)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Anxiety          | <input type="checkbox"/> Appetite Issues  | <input type="checkbox"/> Avoidance       | <input type="checkbox"/> Crying Spells  |
| <input type="checkbox"/> Depression       | <input type="checkbox"/> Excessive Energy | <input type="checkbox"/> Fatigue         | <input type="checkbox"/> Guilt          |
| <input type="checkbox"/> Hallucinations   | <input type="checkbox"/> Impulsivity      | <input type="checkbox"/> Irritability    | <input type="checkbox"/> Libido Changes |
| <input type="checkbox"/> Loss of Interest | <input type="checkbox"/> Panic Attacks    | <input type="checkbox"/> Racing Thoughts | <input type="checkbox"/> Risky Activity |
| <input type="checkbox"/> Sleep Changes    | <input type="checkbox"/> Suspiciousness   | <input type="checkbox"/>                 | <input type="checkbox"/>                |

## Medical History

Exercise Frequency: \_\_\_\_\_ Exercise Type(s): \_\_\_\_\_  
Allergies: \_\_\_\_\_  
What medications are you currently using? \_\_\_\_\_  
Previous diagnoses/mental health treatment: \_\_\_\_\_  
Previously treated by: \_\_\_\_\_  
Previous medications: \_\_\_\_\_  
Dates treated: \_\_\_\_\_  
Previous medical conditions: \_\_\_\_\_  
Previous surgeries: \_\_\_\_\_  
Are you pregnant? \_\_\_\_\_  
Are you nursing? \_\_\_\_\_

## Family History

Were you adopted? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_  
How is your relationship with your mother? \_\_\_\_\_  
How is your relationship with your father? \_\_\_\_\_  
Siblings and their ages: \_\_\_\_\_  
Are your parents married? \_\_\_\_\_  
Did your parents divorce? \_\_\_\_\_ If yes, how old were you? \_\_\_\_\_  
Did your parents remarry? \_\_\_\_\_ If yes, how old were you? \_\_\_\_\_  
Who raised you? \_\_\_\_\_ Where did you grown up? \_\_\_\_\_  
Family member medical conditions: \_\_\_\_\_  
Family member mental conditions: \_\_\_\_\_  
Treated with medication? \_\_\_\_\_  
Medications: \_\_\_\_\_

## Early Development

Where did you grow up? \_\_\_\_\_

How often did you move and where? \_\_\_\_\_

How old were you when you left home? \_\_\_\_\_

Have any immediate family members died? \_\_\_\_\_ Who? \_\_\_\_\_

Have any committed suicide? \_\_\_\_\_ Who? \_\_\_\_\_

Describe any neglect you suffered, and by whom: \_\_\_\_\_

Trauma suffered and by whom: \_\_\_\_\_

Abuse suffered and by whom: \_\_\_\_\_

Highest education level completed: \_\_\_\_\_

Date completed and location: \_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Dates of service: \_\_\_\_\_ Highest rank achieved: \_\_\_\_\_

**Present Situation**

Work:  Full-Time  Part-Time  Student  Unemployed  Disabled  Retired

Are you married? \_\_\_\_\_ If yes, date of marriage: \_\_\_\_\_

Are you divorced? \_\_\_\_\_ If yes, date of divorce: \_\_\_\_\_

Prior marriages? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Happy with job? \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Partner's Job: \_\_\_\_\_

What is your sexual orientation? \_\_\_\_\_ Are you sexually active? \_\_\_\_\_

How is your relationship with your partner? \_\_\_\_\_

Do you have children? \_\_\_\_\_ Dates of Birth: \_\_\_\_\_

How is your relationship with your child(ren)? \_\_\_\_\_

List anyone else who lives with you: \_\_\_\_\_

Are you a member of a religion/spiritual group? \_\_\_\_\_

What is your level of involvement? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ When and why? \_\_\_\_\_

**Have You Ever Tried the Following (Check All That Apply)**

Alcohol  Tobacco  Marijuana  Hallucinogens (LSD)

Heroin  Methamphetamines  Cocaine  Stimulants (Pills)

Ecstasy  Methadone  Tranquilizers  Pain Killers

If yes to any, list frequency/dates of use: \_\_\_\_\_

Have you ever been treated for drug/alcohol abuse? \_\_\_\_\_ If yes, when? \_\_\_\_\_

For which substances? \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_ If yes, how many per day? \_\_\_\_\_

Do you drink caffeinated beverages? \_\_\_\_\_ If yes, how many per day? \_\_\_\_\_

Have you ever abused prescription drugs? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

**Hypnosis Assessment**

Have you ever tried hypnosis before? If yes, for what reason?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have done hypnosis, do you feel that you were hypnotized? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the experience like for you?

\_\_\_\_\_

What are you hoping to achieve with hypnosis?
What else have you tried to address this issue?
Do you have a good support system to help with this issue?
Do you consider yourself to be more spiritually or scientifically based? Please describe.
Are you open to the hypnosis process and believe it will work?
Have you read the FAQ section on my website about hypnosis? Y or N
Any questions about hypnosis that you would like addressed at your first session?
What do you find relaxing?
What do you do for fun?
Do you have any fears or phobias? If so, what are they?
Are you comfortable riding in elevators? Y or N.
Any foods that you have allergies to or dislike?
Read the following paragraph and indicate the scenes and images you like best: “Imagine or pretend that you are looking down at your feet and notice that you are walking along a dirt trail. You see little tufts of grass, flowers, and rocks along a winding path through a thick green forest. You can smell

the musty smell of the earth and the fragrant flowers. Now, imagine it is a warm and sunny day. You can feel the warmth of the gentle rays of the sun shining down on your face. You can also feel the smooth rocks under your feet and you notice a cool breeze blowing gently, lightly caressing your skin, wisping through your hair. You know a little babbling brook is off in the distance. Now listen to the birds singing a cheerful melody while they are building their nests high in the tall rustling trees. You can now sense that you are coming up to a rushing waterfall just around the bend. Now turn the corner...what do you see?

What did you see around the corner?

What resonated with you most?

- I see the water cascading over the ledge.
- I feel the mist from the waterfall on my skin
- I hear the water rushing over the ledge
- I smell the musty scent of the forest

Choose the best answer that describes you:

- I am mostly creative
- I am mostly analytical

Choose the best answer that describes you:

- I am mostly social
- I am mostly an introvert

What is your dominant hand?

- Right
- Left
- Both

#### **Additional Information**

How/where did you hear about me?

If you were referred, who referred you?

Would you like to receive my newsletter with helpful tips and class updates? Y/N

\*I do not send frequent emails and I do not sell email addresses.\*

**Anything else you feel I should know?**

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Signature

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Date



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Phone: 410.707.5786 Fax: 410.992.7073  
[jmolinari@progressivecounselingandhypnosis.com](mailto:jmolinari@progressivecounselingandhypnosis.com)  
[www.jennifermolinari.com](http://www.jennifermolinari.com)

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## **Office Policies & Agreement for Hypnosis Services**

Welcome to my practice! Your first visit to a hypnotherapist is very important and you may have many questions. This letter is to introduce myself and to give you more information about me and my practice. Please read it carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

The State of Maryland does not currently have any educational or training standards for the practice of hypnosis. Although I have received training and have “credentials” as a hypnotherapist, these credentials are for informational purposes and are not recognized by the State of Maryland.

Under Maryland Law, a hypnotherapist is not allowed to provide medical diagnoses or recommend the discontinuation of medically prescribed treatments. As a mental health therapist, I am allowed to make psychological diagnoses. However, my counseling practice is separate from my hypnosis practice. If there is a need for psychological services, a referral will be made to an outside provider.

### **Qualifications**

I am a licensed and board-certified psychotherapist (Licensed Clinical Professional Counselor) and a National Certified Counselor in the State of Maryland. I am also a Certified Hypnotherapist.

## Client Bill of Rights:

Each client has the right to:

- Be treated with dignity and respect
- Receive treatment, care and services that are adequate, appropriate, and in compliance with local, state, and federal laws and regulations
- Not be physically or mentally abused
- Be free of discrimination
- Have all confidentiality laws strictly adhered to (HIPAA)
- Have all fees and services explained prior to receiving services
- Terminate services at any time
- Be referred to another provider if services are terminated
- Know the expected duration of treatment
- To refuse services at any time

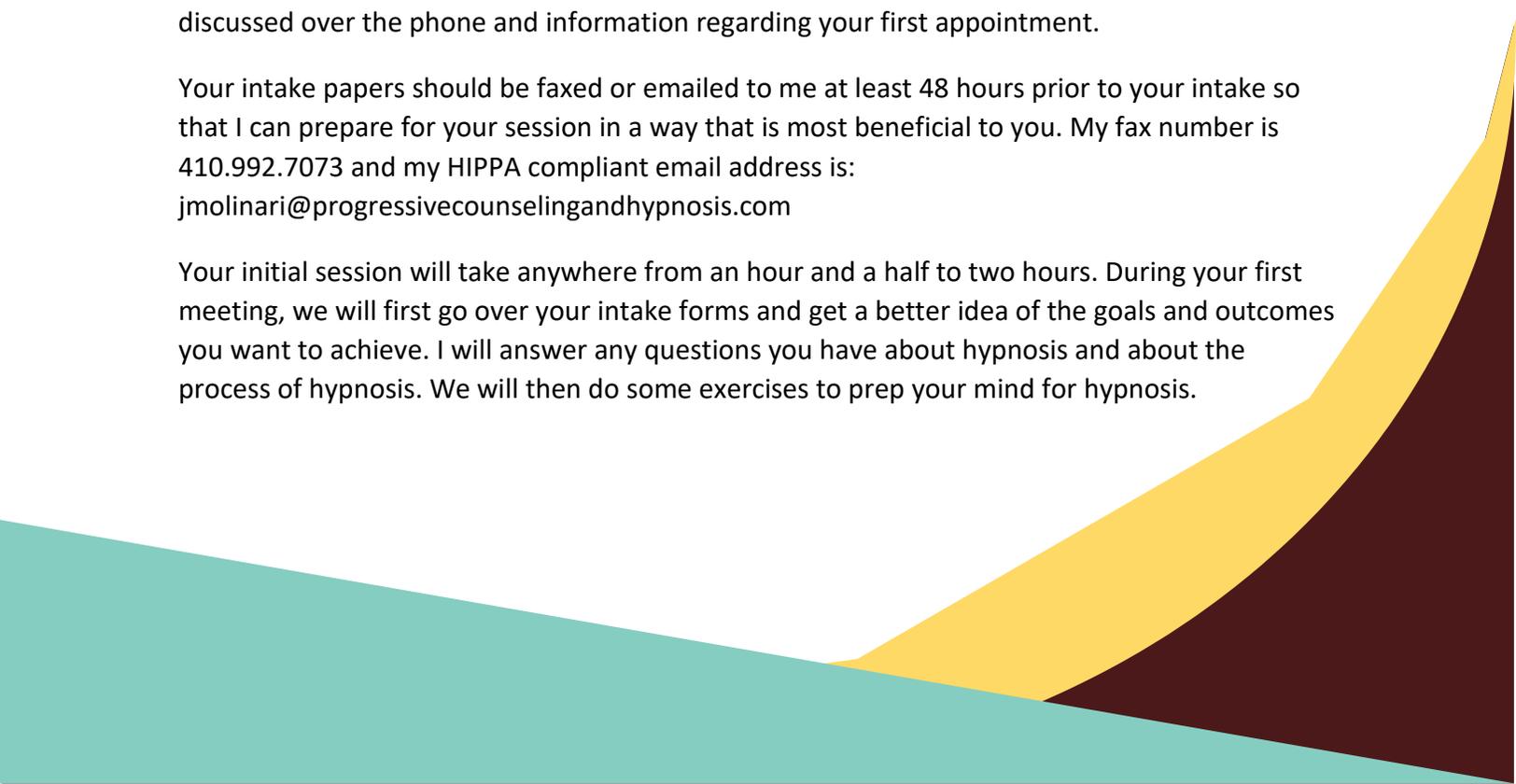
## The Hypnosis Process & My Approach

Hypnosis consists of techniques and instruction used to help clients make changes both consciously and subconsciously. The techniques include (but are not limited to) relaxation techniques, visualizations, audio and video supplements, and occasionally handouts.

Prior to your first meeting, you will receive a welcome email containing a summary of what we discussed over the phone and information regarding your first appointment.

Your intake papers should be faxed or emailed to me at least 48 hours prior to your intake so that I can prepare for your session in a way that is most beneficial to you. My fax number is 410.992.7073 and my HIPPA compliant email address is: [jmolinari@progressivecounselingandhypnosis.com](mailto:jmolinari@progressivecounselingandhypnosis.com)

Your initial session will take anywhere from an hour and a half to two hours. During your first meeting, we will first go over your intake forms and get a better idea of the goals and outcomes you want to achieve. I will answer any questions you have about hypnosis and about the process of hypnosis. We will then do some exercises to prep your mind for hypnosis.



After the exercises, we will transition into doing the formal hypnosis session which generally takes 60 minutes. I will have you use the bathroom before getting started and do anything you need to do so that you can be comfortable and relax during your session. At the end of your session, we will briefly process how your session went.

Hypnosis is a solution focused treatment and is generally a short-term treatment. There is nothing magical about hypnosis. Most issues are cleared up within 3 to 6 sessions. In some cases, you may need more sessions (weight loss, smoking cessation or other longer standing issues.)

It is difficult to predict the exact number of sessions you will need to resolve your issue. In your initial phone consult, an ethical assessment was conducted and a plan was formulated. This plan may need to be adjusted depending on your needs. For some issues you will benefit from just a couple of sessions and for other issues you may need more sessions. It depends on the nature of the issue and the severity of the issue. If you do not complete the recommended number of sessions, then there is a chance that the hypnosis will not be as effective.

I will be asking you in between sessions to be aware of changes you experience and to be aware thoughts, feelings, and behaviors you are experiencing. If you notice something in particular that you want to address at your next session, then you are welcome to send me a confidential email or call me at least 48 hours before your next appointment. At the beginning of each session, we will process how things went after your last session to gauge progress.

Once you complete all of your sessions, you will be asked to complete a questionnaire about your experience. I will also ask for your permission to check in with you a month or so after your last session via e-mail to see how you are doing.

It would be greatly appreciated if you could write a brief testimonial for my website following a positive hypnosis experience. For testimonials, no identifying information will be listed.

## Confidentiality

For documentation and legal purposes, I keep confidential notes documenting each session. I am the only one who has access to my client's records and all client records and transactions are kept confidential.

Records can only be released to a third party if there is written consent. There are at times limits to confidentiality. Please read the section below that explains the limits to confidentiality.

Please note that text messages and e-mail messages are considered part of your medical chart by law. All text messages and e-mail messages are kept and become part of your medical record.

## Confidentiality of Patient Records:

As a hypnosis client, all information disclosed in our sessions, and in your written records is confidential. I will not reveal identifying information to any outside third party unless:

*You consent in writing:* You will have the opportunity to sign a Release of Information form allowing information to be released to a third party (psychiatrist, doctor, family member, or friend.) If you decide that you want your entire file released to third party, then there is a charge of \$2 per page.

*The disclosure is allowed by court order:* Disclosure may be required in legal proceedings. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your records.

*If you have not paid your bill for services for a long time,* your name, payment record and last known address may be sent to a collection agency or small claims court.

*If out of necessity a disclosure needs to be made to medical personnel in an emergency* or to qualified personnel for research, audit, or program evaluation.

*I am a mandated reporter* and disclosure is required if there is reasonable suspicion of child, dependent, or elder abuse or neglect. I am also required to disclose information if a client presents as a danger to themselves, to others, to property, or is gravely disabled. In Maryland, I

am required to report suspected abuse even if the perpetrator is deceased, has moved to another state, or if many years have passed.

*Emergencies* if there is an emergency during our work together or after termination in which I become concerned about your personal safety (the possibility of your injuring yourself, someone else or about your receiving psychiatric care) I will do whatever I can within the limits of the law to protect you.

## *Dual Relationships*

Hypnosis never involves sexual, business, friendship, or any other dual relationship that could impair my objectivity, clinical judgement, or effectiveness. If you live and/or work in Columbia, then there is a chance that we may see each other in public or have mutual connections.

Please be aware that if you choose to acknowledge me in public that it could result in others realizing you are or have been my client (others may inquire how you know me.) If you choose, we can discuss how you would like to handle situations where we might come in contact in public.

In rare circumstances, I may become aware of a pre-existing relationship that may affect our work together. If this situation occurs, I will do my best to resolve this situation ethically, but it might entail our needing to stop working together depending on the issue. Please discuss this with me if you have any questions. If for ethical reasons I should ever feel that I need to terminate the client/patient relationship, then I would refer you to another provider.

## *Benefits & Risks of Hypnosis*

The benefits of hypnosis far outweigh any risks. Hypnosis can help with stress reduction, pain reduction/elimination, sleep, anxiety and depression relief, and the elimination of harmful habits such as smoking. Overall, hypnosis is considered a safe and effective treatment by both the American Medical Association and the American Psychological Association.

The risks of using hypnotherapy are very rare. It is not recommended that individuals who suffer from severe mental illness use hypnosis. Occasionally, if one is using hypnosis for trauma one may find that they experience increased anxiety (which would be addressed and alleviated during the session.)

## *Texts, Emails, Phone Calls, and Emergencies*

You are welcome to use texting, email, or phone calls to schedule appointments. Texts and emails are kept as part of your medical file. If you need to contact me for a non-urgent issue between sessions, please leave a phone message for me at 410.707.5786 or you can send an e-mail through my HIPAA compliant e-mail service. I subscribe to G Suite which is a HIPAA compliant email service.

I check my messages once a day and will usually get back to you within 24 to 48 hours. My response time may be longer if I am out of town, sick, have a family emergency etc. If I am out of town, I will let you know in advance.

Do not discuss detailed information about your hypnosis sessions or treatment in text messages. If you have any clinical issues to discuss, please call or send an email to the HIPAA compliant e-mail address listed above.

***If you ever have an urgent or life-threatening emergency, then please call 911 or go to your nearest emergency room. You can also call:***

## *Scheduling Appointments*

Appointments can be scheduled by phone, e-mail, or text. Initial sessions are 90 minutes to two hours long (unless other arrangements are made.) You will receive automated reminder calls and/or texts to remind you of your appointment. However, these reminders are a courtesy and there can be glitches. If you do not receive a reminder, it does not mean that your appointment has been cancelled. If you miss an appointment due to not receiving a reminder message, then you will be charged a rescheduling fee of \$100 for the missed session.

**\*Please note that the office may be locked when you arrive for your appointment. This DOES NOT mean your appointment has been cancelled. Please wait for me to arrive. In the rare event that I am ever late (sessions occasionally go over-time due to emergencies etc.) then the time will be made up at the end of your session (if there is time) or at the end of a future scheduled session at no extra charge.**

## *Frequency of Sessions*

For maximum effectiveness, sessions are generally spaced one week apart. If needed, we can adjust your session schedule to meet your needs.

## *Inclement Weather Policy*

I follow the closing procedures of the Howard County Public School System. If the schools open late then my office will open late. This could result in your appointment needing to be scheduled later in the day or needing to be rescheduled all together. If the schools close early then this too could result in the need to reschedule your appointment. If the schools are closed, then my office is closed. If an appointment needs to be cancelled due to the weather then there will not be a charge for the session.

## *Cancellations and Lateness*

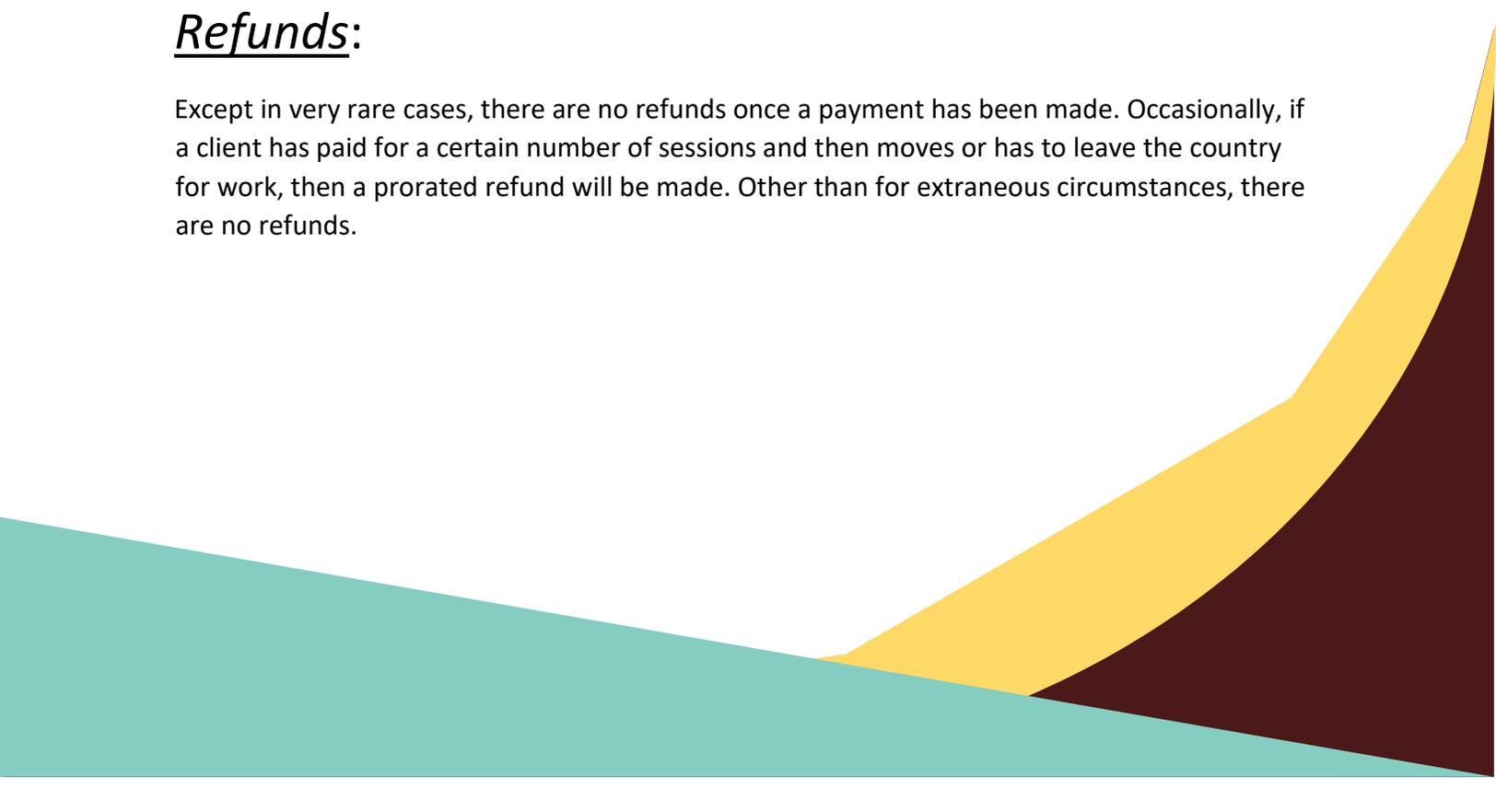
Missed and cancelled sessions pose issues for both of us. I hold your scheduled appointment time specifically for you and for you alone. I see a limited number of clients so that I can give you the focus and attention you deserve. It is extremely difficult for me to fill your session when you cancel last minute or on short notice. It also takes time for me to prepare for your session before we meet. As a result, I charge \$100.00 if a session has to be rescheduled.

If you are running late for your appointment, please text, phone, or email me to let me know if you will be late. If I do not hear from you 15 minutes into your session, I will call you and/or text you and may assume you do not plan to attend your session. You will then be charged the \$100 rescheduling fee if you plan on rescheduling.

Finally, if you are late to your session, we will still need to end at your regular scheduled time so that I can prepare for my next appointment and be on time for them.

## *Refunds:*

Except in very rare cases, there are no refunds once a payment has been made. Occasionally, if a client has paid for a certain number of sessions and then moves or has to leave the country for work, then a prorated refund will be made. Other than for extraneous circumstances, there are no refunds.



## *Fee Schedule/Billing*

Most sessions are bought in the form of packages at a minimum of usually three sessions. If desired, you can choose to do individual sessions as needed but I recommend a minimum of three sessions. Personalized recordings are included when you choose a package of three or more sessions. If you choose individual sessions as need then you would pay extra for a personalized recording.

Personalized recordings are \$65 if they are not already included in your package. These recordings are for your use only and should not be distributed to or sold to others.

There may be periodic rate increases for sessions. When this occurs, I will make sure to notify you of the changes in rates.

## *Payment and Financial Arrangements*

Payments for sessions can be made in full before the first session resulting in a 5% discount, you can pay in full at the time of your first session, or you can opt for the two-month payment plan. If you opt to do the two-month payment plan then you must complete the payment form which authorizes me to bill your credit card. It is your responsibility to make sure that the credit card information provided is up-to-date and accurate.

Payments can be made by cash, check, or credit card. Some clients have FSA or HSA accounts and they pay for their sessions through those accounts. Checks should be made payable to Jennifer Molinari (there is a \$25 fee for bounced checks.)

## *Insurance/Out-of-Network Benefits*

It is very rare for insurance companies to reimburse for hypnosis sessions. I recommend calling your insurance company first to see if your insurance provider covers hypnosis. I am happy to provide you with a receipt if you want to try to submit for reimbursement.

## *Tax Deductions*

Fees that you pay for hypnosis services may be considered a medical expense if you itemize deductions on your tax return. You may be able to claim services for weight loss and/or smoking cessation as well as other medical issues. You can't claim hypnosis expenses on your tax return if you choose to pay with an FSA or HSA account.

## *Billing Late Fee Charges*

Full payment is expected before or at the time of service unless there has been a different payment agreement arranged. If you are doing the two month payment plan, then your first payment is due before or at the time of service and your second payment is due the 1<sup>st</sup> of next month (regardless of the day of your last appointment.) If you are unable to pay at your session for any reason or if I am unable to bill your credit card (including an expired credit card on file) then a grace period with no late fee will be allowed if payment (or a new payment method) is received by 6:00 pm the next business day. After 6pm the next business day, there will be a \$20 charge for late payments made within the same week and a \$30 charge for payments made in the next business week. There will be a charge of \$30 for each week thereafter until payment is made. After 30 days, your account will be sent to collections.

## ***Acknowledgement and Consent Regarding Notice of Privacy Practices:***

A Notice of Privacy Practice is provided to each client and is available upon request. The Notice of Privacy Practices provides information about how I may use and disclose your protected health information (PHI.) The Notice of Privacy Practices states that I have the right to change my terms. If this should happen, client's will be provided with a written copy of the new Privacy Policy Notice.

You have the right to revoke this consent, in writing, except where I have already made disclosures in reliance to your prior consent. You have the right to request restrictions on how your PHI may be used or disclosed for treatment, payment, and health care operations. I am not required to agree to your restrictions, but I do, then it is a bound agreement with you.

By signing the form provided to you, you consent to the use and disclosure of your PHI for treatment, payment, and healthcare operations as described in the Notice of Privacy Practices. You specifically consent to me communicating with you using the contact information you provide, as further described in the Notice of Privacy Practices.

## Understanding Separate Practices

I have two separate office locations. My private practice is located at 7350 Grace Drive in Columbia, MD and I am affiliated with a larger group practice in Columbia (Congruent Counseling Services.) Both practices are separate entities and are in no way affiliated with each other. I am also not affiliated with any of the other practitioners at the Grace Drive office location. **My hypnosis practice is kept separate from my counseling practice and I will not see hypnosis clients for counseling purposes.**

## Your Right to File A Complaint

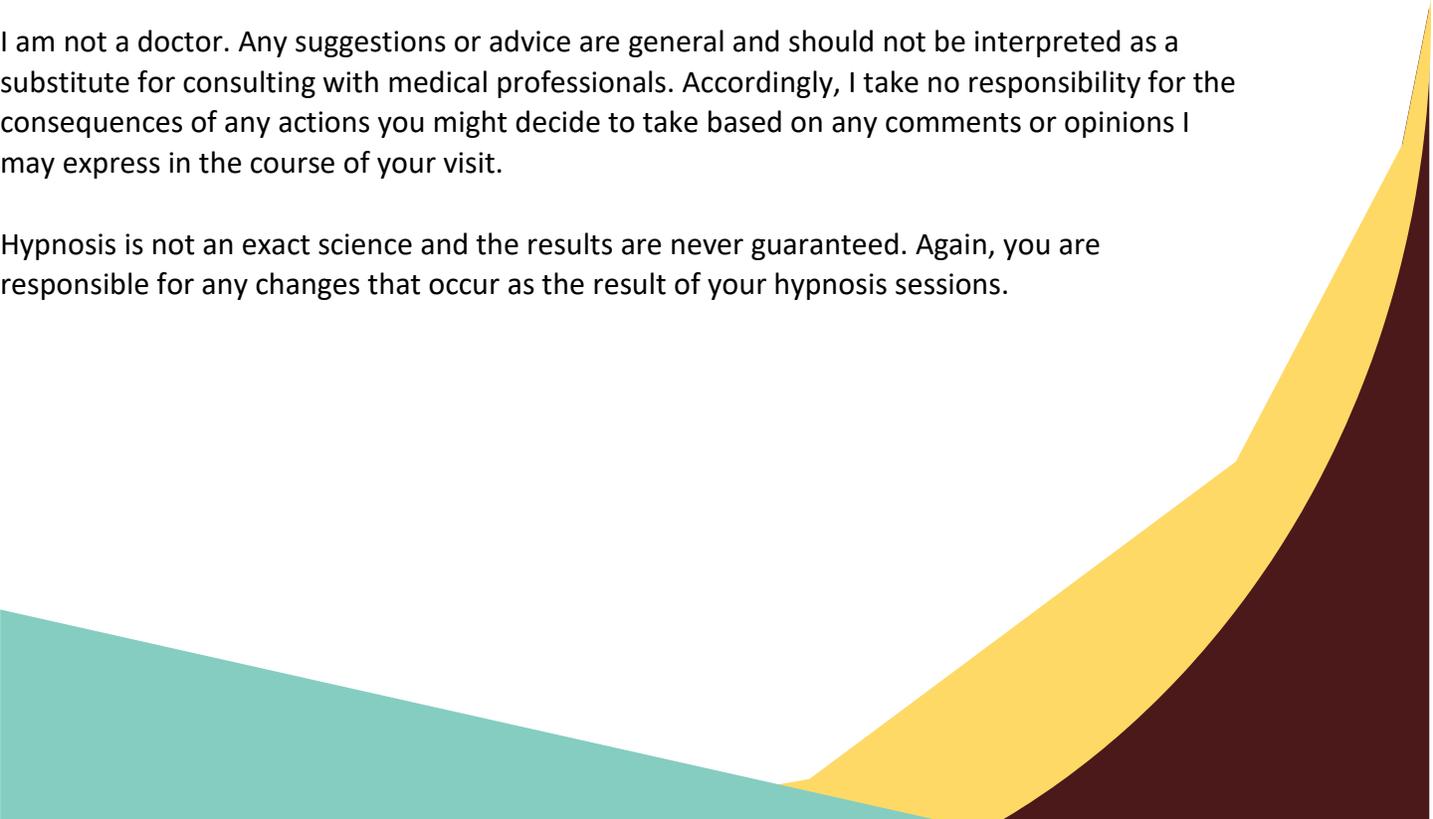
If you have any questions or complaints, please contact me to discuss your situation directly. If you have an issue that I cannot resolve for you personally, then I can provide you with information as to how to proceed with filing a complaint to the appropriate governing agency.

## Disclaimer

I do not diagnose, prescribe, or tell people what to do during their course of our treatment. I will be suggesting, educating, motivating and inspiring you to make the positive changes you want to achieve. Ultimately, you are the one who has to make the changes. I don't have the power to "change" you.

I am not a doctor. Any suggestions or advice are general and should not be interpreted as a substitute for consulting with medical professionals. Accordingly, I take no responsibility for the consequences of any actions you might decide to take based on any comments or opinions I may express in the course of your visit.

Hypnosis is not an exact science and the results are never guaranteed. Again, you are responsible for any changes that occur as the result of your hypnosis sessions.



I have read and understand Jennifer's office policies and procedures.

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Client Signature

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Date

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Guardian's Signature (if client is under 18)

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Date

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Hypnotherapist's Signature

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Date



## **Consent for Services:**

I, the undersigned, understand that I am seeking hypnosis services and I verify that all information is complete and accurate to the best of my knowledge. I also understand that the hypnotic methods used by Jennifer Molinari, LCPC, NCC are not a substitute for medical or psychiatric treatment. I understand that Jennifer is not authorized to treat or diagnose medical issues and that she is not a doctor.

I, understand, that hypnotherapy is not meant to diagnose or treat any disease. I understand that it is intended to provide information, education, and motivation in order to help me feel better, heal faster, and make positive changes in my life. I understand it is designed to help me tap into my innate healing potential and guide me so I can help myself.

I, understand, that for all sessions I will be meeting with Jennifer and that all scheduled visits include personalized hypnosis sessions. The first session will be approximately up to 90 minutes (and could possibly be up to 2 hours) and that subsequent sessions are approximately 60 minutes. There may be times where Jennifer runs a little off- schedule. If this is the case, then it is for a good reason and I will still receive my full allotted time whether it is that day or tacked on to a different day

I, understand, that there are certain hypnotic techniques that involve gentle touch (a touch to the shoulder) to help me get into a state of deep relaxation. If for any reason I am uncomfortable with touch, I will let Jennifer know.

I, understand, that hypnosis is a process and that many people experience benefits after the first session. I understand that hypnosis is not an exact science and that I may need subsequent sessions depending on the nature of my issue. I know my progress is dependent upon my efforts and that there are no guarantees as to the result or progress to be made. I understand that the success of the treatment will be in direct proportion to my commitment to the end result and that I am participating in these services at my own risk.

I (we) agree to pay for services rendered to Jennifer Molinari. LCPC, NCC as the charges are incurred. I understand that hypnosis, like all of the healing arts is not an exact science and there will be no refunds for services rendered regardless of the outcome.

By signing this document, I am confirming that I have read this document in full and that all information provided is true to the best of my knowledge, and that I agree to all of the terms listed above. I hereby grant Jennifer Molinari, LCPC, NCC, CHT permission to hypnotize me.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature (If client is a minor) \_\_\_\_\_ Date \_\_\_\_\_





## **Payment Contract:**

I, \_\_\_\_\_ am investing in a series of hypnosis session for:

### **Check One:**

- **The Virtual Gastric Band:** The program costs \$755. It consists of the intake, 4 sessions (the first being during the initial intake session), and two personalized recordings.
- **Smoking Cessation:** Includes the intake, the number of sessions best suited for your success (what we discussed over the phone) and a personalized recording for home use. The first hypnosis session is done at the initial intake session.
- Intake +10 Sessions +Recording= \$1440.00
- Intake + 9 Sessions+ Recording = \$1315.00
- Intake +8 Sessions+ Recording =\$1190.00
- Intake +7 Sessions+ Recording =\$1065.00
- Intake +6 Session +Recording = \$940.00
- Intake +5 Sessions+ Recording =\$815.00
- Intake +4 Sessions+ Recording = \$690.00
- Intake +3 Sessions+ Recording =\$565.00
- Intake +2 Sessions+ Recording = \$440.00
- **Other- Hypnosis Package**

### **Check One:**

- **6 Session Package**=\$940: Includes the intake, 6 sessions, and a personalized recording. The first session is included during the intake session.
- **3 Session Package**=\$565: Includes the intake, 3 sessions, and a personalized recording. The first session is included during the intake session.
- **Individual Sessions:**
  - Initial Session=\$250 includes the initial intake and the session.
  - Subsequent Optional Individual Sessions: \$175
  - Optional Personalized Recording: \$65 (not included with individual sessions)

**I am choosing to:**

- Pay in full before my first session and receive a 10% discount.
- Pay in full at my first session.
- Divide my payments into two monthly payments.

**Payment Method:**

**How will you be paying?**

- Cash
- Personal Check
- Credit Card
- Other: \_\_\_\_\_

**Credit Card Information:**

Name as it appears on card: \_\_\_\_\_

Address linked to card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

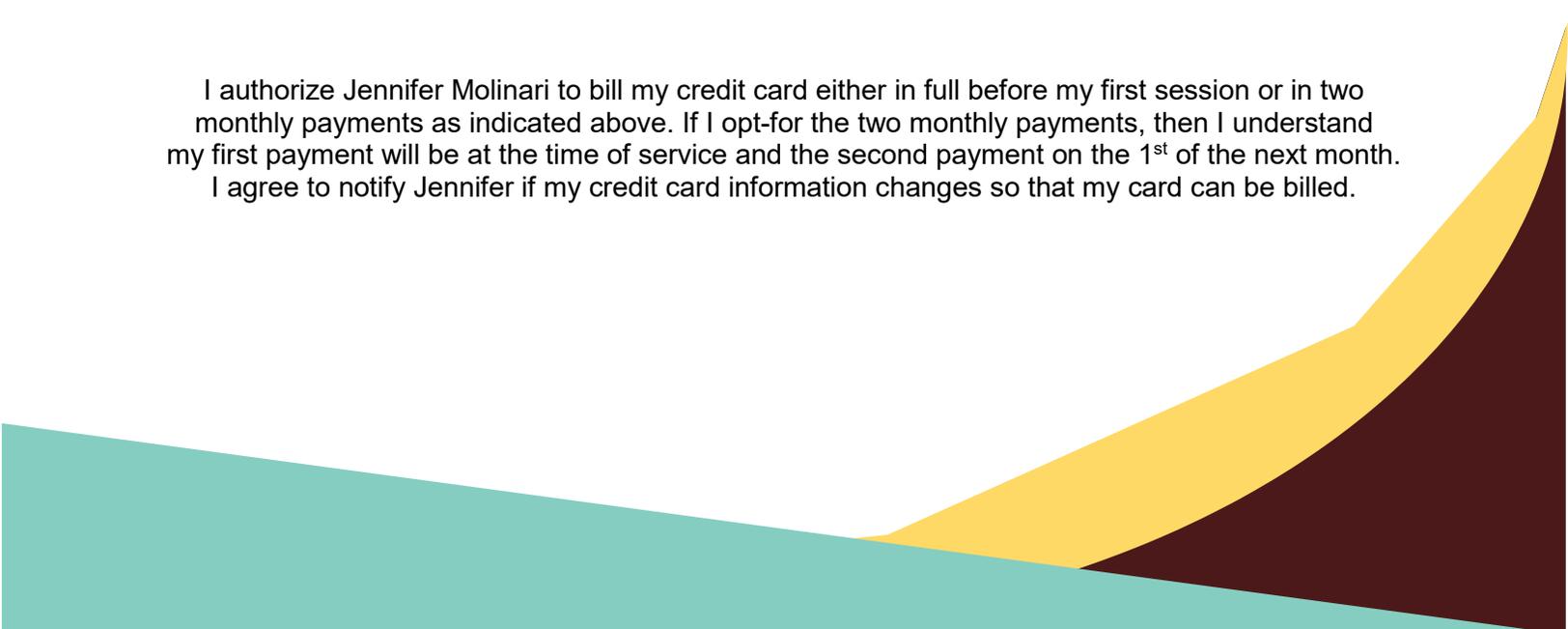
Credit Card Type:

- Visa
- MasterCard
- American Express
- Discover Card

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Card Verification #: \_\_\_\_\_

I authorize Jennifer Molinari to bill my credit card either in full before my first session or in two monthly payments as indicated above. If I opt-for the two monthly payments, then I understand my first payment will be at the time of service and the second payment on the 1<sup>st</sup> of the next month. I agree to notify Jennifer if my credit card information changes so that my card can be billed.



I authorize Jennifer to charge my card \$100 if I do not show for my appointment or if I cancel my appointment **for any reason** (other than weather) with less than 24 hours' notice prior to my appointment. If I arrive late to my session (15 minutes or more) then it will be treated as a missed session and I will also need to pay a \$100 rescheduling fee.

By signing this document, I am confirming that all information above is true to the best of my knowledge, and I agree to all the terms listed above.

By signing this form, I also agree to allow Jennifer to share the enclosed provider letter with my doctor(s) to notify them of my use of hypnosis.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature (If client is a minor) \_\_\_\_\_ Date \_\_\_\_\_





7350 Grace Drive, Columbia, MD 21044  
Phone: 410.707.5786 Fax: 410.992.7073  
[jmolinari@progressivecounselingandhypnosis.com](mailto:jmolinari@progressivecounselingandhypnosis.com)  
[www.jennifermolinari.com](http://www.jennifermolinari.com)

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Your Vision:**

Please complete this form with as much detail as possible. You are using hypnosis because you have a vision of a goal that you want to achieve. This worksheet will help you achieve your goals.

Please List Seven Beneficial Reasons for Making Your Change:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



What goal do you see yourself achieving in 1 month?

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What goal do you see yourself achieving in 3 months?

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What goal do you see yourself achieving in 6 months?

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What goal will you have achieved in 1 year?

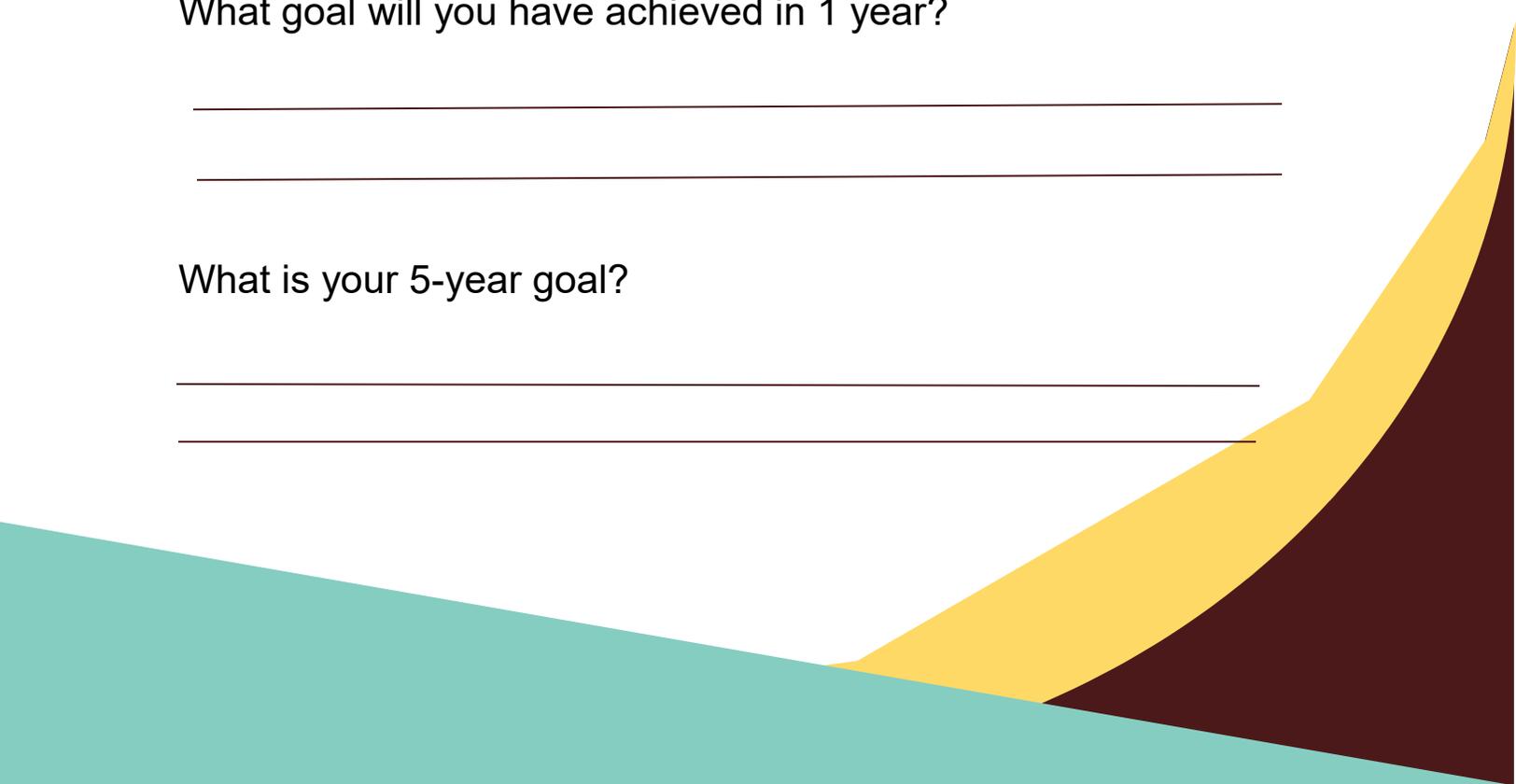
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What is your 5-year goal?

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Complete the blanks:

Obstacles I may face while achieving my goal are:

---

---

If I experience any difficulties, I will: \_\_\_\_\_

---

When I get better, I may lose:

---

---

If I wasn't \_\_\_\_\_, I'd be much happier.

Supports I have in place to help me achieve my goal are:

---

---





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[www.jennifermolinari.com](http://www.jennifermolinari.com)

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Dear Health Care Provider,

My name is Jennifer Molinari and I am a Licensed Clinical Professional Counselor and a hypnotherapist. I have been contacted by your patient requesting hypnosis services. Your patient gave me written permission to send you this informational letter. It is my policy to inform physicians and health care providers when their patients are utilizing my hypnosis services.

Research suggests that there are many benefits for the use of hypnosis. It has been shown to be highly effective in helping individuals with weight loss, smoking cessation, alleviating anxiety, and facilitating relaxation (just to mention a few ways it can be used.)

There are many misconceptions about hypnosis and I like to make providers aware that hypnosis is not "mind control" and hypnotherapists can't make clients do anything against their will. Clients have to want to change and utilize the techniques that are taught to them during their sessions to achieve results. As with all of the healing arts, there are no guarantees of the success of hypnosis for any given client.

Hypnosis is a very powerful process that involves giving positive and direct suggestions to the subconscious mind once the client is in a deeply relaxed and focused state. It is very similar to meditation. The client is completely awake and aware yet at the same time they are very relaxed and open to receiving beneficial information.

During the hypnosis session, the client is provided with information, education, and motivation to help them feel better and to help them make positive changes in their lives. It gives clients the tools they need to help them tap into their own inner resources so that they can heal. Hypnosis is generally a short-term and solution focused treatment. It is not considered "health care" and the service is rarely covered by insurance.

If you have any questions or concerns about your patient receiving this service, then please feel free to let me know. Please feel free to learn more about my services and background on my website. I am also happy to discuss my services with you if desired, at your convenience.

Sincerely,

Jennifer Molinari, LCPC, NCC, CHT  
Licensed Clinical Professional Counselor  
National Certified Counselor  
Certified Hypnotherapist

A decorative graphic at the bottom of the page consists of overlapping, curved shapes in teal, yellow, and dark red colors, creating a modern, abstract design.



## **HIPPA PRIVACY POLICY (Keep for Your Records)**

This notice describes how psychological and medical information about you may be used and disclosed. It also describes how you can get access to your protected health information.

### ***PLEASE REVIEW IT CAREFULLY***

I am required to provide you with this Notice of Privacy Practices under the Federal Health Insurance Portability and Accountability Act (HIPPA). I am required by law to:

- Maintain privacy of your Protected Health Information (PHI)
- Provide this Notice of my legal duties and privacy practices for use and disclosure of your Protected Health Information.
- Follow the terms of this Notice.
- Communicate any changes of this Notice to you.

This Notice describes how I may use or disclose your Protected Health Information, with whom this information may be shared, and the safeguards I have in place to protect your information. This Notice describes your right to approve or refuse the release of specific information, except when the release is required or authorized by law.

I will provide you with an Acknowledgement and Consent Form by which you can acknowledge your receipt of this Notice and you can consent to my use and disclosure of your Protected Health Information (as described in this Notice.) My intention is to make you aware of the possible uses and disclosures of your Protected Health Information.

### **1. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use and or disclose your Protected Health Information (PHI), for treatment, payment, and health care operation purposes with your written authorization.

### **2. Definitions**

**The following are a list of definitions to help clarify terms used in this document:** a.

“*PHI*” refers to information in your health record that could identify you.

- b. “*Treatment*” is providing, coordinating, and managing your health care and other services related to your health care. An example of treatment would be consulting

with another health care provider such as your primary care physician, psychiatrist, or another therapist.

- c. *"Payment"* refers to obtaining reimbursement for your health care. Examples of payment are when your PHI is disclosed to your insurance company to obtain reimbursement for your health care or to determine your eligibility for coverage.
- d. *"Health Care Operations"* are activities that relate to the performance and operations of my practice. Examples of health care operations are quality assessments, improvement activities, business related matters (such as audits and administrative services, case management, and case coordination.)
- e. *"Use"* refers to activities within the office such as sharing, utilizing, examining, and analyzing information that identifies you.
- f. *"Disclosure"* refers to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.
- g. *"Authorizations"* refers to your written permission for me to disclose confidential mental health information. All authorizations to disclose information must be on a legal form.

### 3. Other Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when appropriate authorization is obtained. If I am requested to release information outside of treatment, payment, or health care operations, then I will obtain written authorization from you, the client, before releasing any information. This same process is in effect for releasing "Progress Notes." "Progress Notes" or "Psychotherapy Notes" are the notes that I write regarding the conversations we have during your private, group, joint, or family counseling sessions. Progress Notes have a higher degree of protection than PHI.

You may revoke all authorizations of PHI or Progress Notes at any time provided that your request is in writing. You may not revoke your authorization to the extent that:

- a. I have relied on that authorization to perform services.
- b. The authorization was obtained under a condition of obtaining insurance coverage.

### 4. Uses and Disclosures without Authorization

**I may use or disclose PHI without your consent or authorization in the following circumstances:**

- a. **Child Abuse:** If there is reason to believe that a child has been subjected to abuse or neglect (regardless of when it occurred or if the perpetrator is deceased), then I am required to report my belief to the appropriate authorities (CPS, Police, etc.)
- b. **Adult and Domestic Abuse:** I may disclose PHI if I believe that you are a victim of abuse, neglect, self-neglect, or exploitation to the appropriate authorities (APS, Police etc.)
- c. **Payment:** Your PHI will be used (as needed) to obtain payment or for you to receive reimbursement.

- d. **Health Care Operations:** I may use or disclose PHI to support daily activities providing health care. These activities may include performing quality assessments, oversight and reviews, licensing, communicating a product or service, or conducting or arranging health care activities. I may call you by name in the waiting room when I am ready to see you for an appointment, I may contact you regarding your satisfaction with my services, to schedule or cancel appointments, or to provide you with behavioral health information.
- e. **Treatment:** I will use or disclose your PHI to provide, coordinate, and manage your behavioral health care and related services. This might involve talking to specialists or other providers. I may have to disclose PHI at an office visit or when I need to contact you. I will assume that the contact information you provide will be accurate and will be a safe and appropriate way for me to call you, send e-mails, send faxes, or mail without having to call you first for permission.
- f. **Required by Law or Government:** If I receive a subpoena from the Maryland Board of Professional Counselors because they are investigating my practice, then any PHI information may be disclosed to the Board. I will provide your PHI if law regulations require the use or disclosure. I may provide PHI to a government oversight agency for activities authorized by law. These oversight agencies might include government agencies or their subcontractors who oversee health care systems, government benefit and regulatory programs, and civil rights laws.
- g. **Public Health Research:** I may disclose your PHI to public health authorities permitted by law to collect or review information. Such disclosure may be necessary to control disease, injury, disability, report births, deaths, child abuse or neglect, report reactions to medications or problems with products, providing notice to a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition. I may also provide PHI to researchers when authorized by law.
- h. **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information regarding your diagnosis and/or your treatment or if there is a request for your records, then I will not provide your PHI without your written permission or a court order (as this information is privileged under State Law.) This privilege does not apply when you are being evaluated by a third party or when the evaluation is court ordered. You will be notified in advance if this is the case.
- i. **Serious Threat to Health or Safety:** If I believe there is a threat of harm against another individual or if I feel there is a clear and imminent risk of physical harm or mental injury being inflicted upon another individual then it is within my rights to disclose necessary information to protect that individual from harm. In addition, if you feel that there is a serious risk of physical or mental injury or the risk of death to you, then I will provide the necessary disclosures in order to protect you from harm.
- j. **Disclosures upon Death:** I may disclose your PHI to coroners and medical examiners for the performance of duties authorized by law; to funeral directors and for cadaver organ, eye, or tissue donations.
- k. **Other Individuals Involved in Your Healthcare:** With your permission, I may disclose information to a family member, relative, close friend, or other person you

identify to me if your PHI is directly related to that person's involvement in your care. I may also give your PHI to someone who helps pay for your care. I may use or disclose information to notify or assist family members or personal representatives of your location, general condition, or death if necessary. Finally, I may use or disclose your information to an authorized public or private entity to assist in disaster relief efforts and to coordinate use and disclosures to family or other individuals involved in your health care.

- I. **Parental Access:** Some state laws concerning minors permit or require disclosure of PHI to parents and/or guardians. I will act consistently with Maryland Law and will make disclosures in accordance with such law and applicable federal law. If there is a conflict between laws, HIPPA requires that the more stringent law apply.

## 5. Patient's Rights and Therapist's Duties

### Patient's Rights:

- a. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree and follow the restrictions you request.
- b. **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at an alternative location. For example, you may not want your spouse or family to know you are seeing a therapist. At your request, I can send bills/correspondences to another address. Or, you can request to have a session by phone or e-mail rather than in person.
- c. **Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of your PHI from your mental health record. I have the right to deny access if I feel it is necessary. You also have the right to inspect and/or obtain a copy of your Progress Notes. I may deny you access if I feel the disclosure of the records would be a disservice to you and your health (mental and/or physical.)
- d. **Right to Request an Amendment:** If you believe the information I have provided about you is incomplete or incorrect, you may request an amendment to your PHI as long as I maintain this information. I am not required to agree to an amendment.
- e. **Right to Obtain a Paper Copy:** You may obtain a paper copy of my Notice of Privacy Practices.

### Therapist's Duties:

- a. I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practice policies with respect of PHI.
- b. I reserve the right to change the privacy policies and practices described in this notice. If I change any of my privacy policies then I am required to inform you of these changes.
- c. If I change any of my privacy policies and/or procedures then I will provide you with a revised copy of this document in person or by mail.

Progressive Counseling & Hypnosis  
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7350 Grace Drive  
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410.707.5786  
[jenmolslight@gmail.com](mailto:jenmolslight@gmail.com)  
[www.jennifermolinari.com](http://www.jennifermolinari.com)

## **6. Complaints**

- a. If you are concerned that I have violated your privacy rights, or if you disagree with a decision I have made in regards to you having access to your records then you may contact me to discuss your concern.
- b. If you feel after our discussion that I have not adequately addressed your concerns, then you can send a written complaint to the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. I can provide you with the address upon request. No retaliation will occur against you for filing a complaint.

## **7. Effective Date, Restrictions, and Changes to Privacy Policy**

- a. I reserve the right to change the terms of this notice and to make new provisions to this notice. You will be notified of any changes to this notice and will be provided with a new copy of this document in-person or by mail. You may contact me at (410) 707--5786 or at [jenmolslight@gmail.com](mailto:jenmolslight@gmail.com) if you want further information or have questions about this notice.