

# Client Bill of Rights

By The Rev. Dr. C. Scot Giles, BBC, DNGH, OB



**Client:** Paste Client Name

**Date:** Paste Date

**Purpose:** the National Guild of Hypnotists mandates the distribution of this document to every client. While this is neither a contract nor a guarantee, it is important you understand the professional and business policies of my practice.

**My Credentials:** I hold my Bachelor's and Master's degrees from the University of Connecticut (with High Honors and *Phi Beta Kappa*) and my Doctor of Ministry degree from Meadville/Lombard Theological School at the University of Chicago (with Highest Distinction and two academic prizes). All of my degrees have academic accreditation recognized by the United States Department of Education. I am a Board Certified Diplomate with the National Guild of Hypnotists, which is the highest level of professional rank it is possible for a Consulting Hypnotist to hold. I am a member of the Advisory Board of the National Guild of Hypnotists and a member of the Order of Braid, an international honor society for hypnotism. Additionally I am a HeartMath® Certified Coach, a Board Certified Chaplain (ret.), a Lifetime Member of the Association of Professional Chaplains, and a Unitarian Universalist clergy person in Full and Final Ministerial Fellowship.

**Rev. C. Scot Giles, D.Min., LLC**

1211 Pershing Avenue  
Wheaton, IL 60189-6735

**T** (630) 668-1141

**F** (630) 447-0055

**C** (630) 698-0035

[cgcsgiles@gmail.com](mailto:cgcsgiles@gmail.com)

[www.csgiles.org](http://www.csgiles.org)

**Notice: AS THE STATE OF ILLINOIS HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and practitioners are not licensed by state governments. I may not make a 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 hypnosis 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 our work together, and may assert any right without retaliation.**

**What To Expect:** At your first session we will create your *Goals List*, get your *Problem History*, and I will administer the *National Guild of Hypnotists Hypnotic Induction Profile*. The Profile will give me a great deal of information about how your mind utilizes its hypnotic state providing us a major head start. You will receive an estimate of how many sessions resolving your issue will likely take, and may schedule those sessions to make the work affordable for you. You are under no obligation to complete the sessions recommended, although I strongly recommend you do so. At the end of every hypnotic session you will receive a written *Progress Report* that summarizes the session as well as your overall improvement.

**Conclusion Of Our Work:** When our work together is complete I want to help you leave me well. The best way to do that is to give me one session notice so I can plan a good wrap up for you. I would be delighted to help you again in the future should you need. The National Guild of Hypnotists wants every family to have a hypnotist, in the same way most families have a family physician or attorney. As the conclusion of our work approaches we will discuss what will work best for you. Some clients simply end our work while others request to continue, or continue on a more occasional basis for ongoing support and reinforcement. The choice is yours.

**Fees:** I accept cash, check, and all standard credit cards as payment, with credit cards preferred. If purchased individually, the current fee for private sessions is \$170. If you purchase a prepaid block of six sessions you will receive a 10% discount (a savings of \$102). If you do

not complete the prepaid sessions you have purchased you may request a refund for the unused portion. However, your refund will be computed as if you had purchased the sessions you did use at the non-discounted rate. Without exception I charge for appointments cancelled on less than 24 hours notice or if you do not show up for a confirmed appointment.

**Confidentiality:** My records are confidential and privileged under Illinois law. I have successfully gone to court to defend the privacy of the information given to me by my clients. It is my policy to refuse disclosure of all privileged information.

**Insurance:** In general, insurance companies do not cover hypnotic services and I caution you not to expect yours to do so. I will not engage in correspondence with insurance companies.

**Redress:** If you ever 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. Every member of the National Guild of Hypnotists provides this information to every client to insure ethical practice.

**My Approach:** I have an international reputation as a hypnotic practitioner with a specialization in issues related to health and well-being. My goal is to help you harness your unconscious wisdom, learn to make your own right decisions and get in touch with your own healing power. My approach is educational and coaching. I am known as an important educator in my profession and have trained hundreds of colleagues throughout the United States, Canada and Great Britain.

**Acknowledgement:** By signing this document I acknowledge that:

- I have read and understood this Client Bill of Rights;
- I understand this is not a contract and that I may end the work at any time;
- I understand that Dr. Giles has initially recommended \_\_\_\_\_ sessions at a frequency of \_\_\_\_\_ to address my presenting issue;
- I understand that Dr. Giles will likely recommend a subsequent period of \_\_\_\_\_ sessions to provide sufficient reinforcement so that my progress can become permanent, and that I may continue sessions at my desired frequency for as long as I believe I am receiving a positive benefit.

**Signed:**