

Client Bill of Rights

Contact Information: My name is Michael Schuman. I can be contacted through my office at 5909 West Loop South, Suite 370, Bellaire, Texas 77401 or by telephone at 713-662-8511.

Education and Training: I was trained and certified in hypnosis by the PATH Foundation® of Houston, Texas with over 600 hours of hypnosis training with certification as a Board Certified Hypnotist and Certified Forensic Hypnotist and a number of specialty certifications. I have specialty certifications from the National Guild of Hypnotists in Complementary Medical Hypnotism and in Hypnosis Pain Management. I have specialty certifications from the Alabama Hypnotherapy Center in Hypnosis for Fibromyalgia Syndrome and Hypnosis for Irritable Bowel Syndrome. My PATH Foundation certification as a Certified Hypnotist is recognized and reciprocated by the National Guild of Hypnotists and the American Board of Hypnotherapy. I do annual continuing education to maintain my training at a high level.

My Bachelor of Arts is from the University of Oklahoma, which is accredited by an agency recognized by the U.S. Department of Education.

Notice: "THE STATE OF TEXAS HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY."

Under Texas law, a hypnotist may not provide a medical diagnosis or 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 service at any time. A client has the right to be treated in a professional and ethical manner. A client has a right to know the expected duration of treatment and may assert any right without retaliation.

Redress: I am a certified member of the National Guild of Hypnotists and the American Board of Hypnotherapy and practice in accordance with each of their Codes of Ethics and Standards. If you ever have a complaint about my services or behavior that I cannot personally resolve to your satisfaction, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, telephone (603) 429-9438, to seek redress. I am also a member of the National Federation of Hypnotists OPEIU Local 104 - AFL/CIO.

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Services other than my own may be available to you in the community. You may locate such providers in the telephone book.

Fees: The charges for my services are: \$145.00 for the Initial Office Visit. Subsequent sessions are \$95.00. The I.O.V. may last 2 - 3 hours; subsequent sessions may last longer or shorter than one hour. Fees will not be changed during the duration of your agreed upon course of sessions. All fees are payable at the time the service is rendered and may be paid by cash, check, or Master/Visa or Discover Card. A discount for a group of sessions on one topic may be offered when paid in advance.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided by law.

Insurance: Hypnosis is still considered experimental by many insurance companies. You may check with your insurance provider about repayment. If requested, a computerized statement with proper coding will be provided. However, expect to pay for these services personally. My services are short term with proven results that do not require excessive time frames.

My Approach: The hypnotism that is performed with you will be to help use the power of your own mind and body to overcome the problem/limitation or improve the ability that is your objective and goal for the hypnosis. The techniques used will be (1) Cellular Level Releasing Hypnosis® of causes without regressing to hurtful details, (2) Cell Command Therapy Hypnosis® for physical change or improvement, and (3) basic and advanced techniques of hypnosis with the understanding that all hypnosis is self-hypnosis to achieve these results.

Services: The services I render are held out to the public as a form of motivational coaching combined with instruction and training in hypnosis with the understanding that all hypnosis is self-hypnosis. I do not represent my services as any form of health care or psychotherapy, and despite research results to the contrary, I make no health benefit claims for my services.

**I have received copies of this Client Bill of Rights and Code of Ethics
and I am acknowledging such receipt.**

By: _____ **Date:** _____
Client Signature

Printed

Name: _____