INTERNATIONAL ASSOCIATION OF INTERPERSONAL HYPNOTHERAPISTS

CLIENT PARTICIPATION AGREEMENT AND DISCLOSURE FORM

IAIH Standard Form — Publication Edition | September 2026

1. Practitioner and Practice Information

Practitioner Name	[Name]
Practice / Business Name	[Business Name]
Business Address	[Address / City / State / ZIP]
Phone / Email / Website	[Contact Information]
Professional Credentials	[IAIH Certification and any other applicable licenses, registrations, or credentials]

This agreement is intended to provide clear information about the nature of hypnosis and hypnotherapy services, the practitioner's credentials and professional role, the client's rights and responsibilities, privacy and communication practices, fees, and scope-of-practice limitations.

2. Client Information

Client Name: _____

Address: _____

City / State / ZIP: _____

Phone: _____

Email: _____

Date of Birth / Age: _____

Emergency Contact (name / relationship / phone): _____

How did you learn about this practice? _____

Purpose of Services

What would you like help with? _____

_____

Have you previously participated in hypnosis or hypnotherapy? _____

Are you currently receiving medical, psychological, psychiatric, counseling, or other professional care relevant to this concern? _____

Are you currently taking prescribed medications relevant to this concern? If yes, please list only what is reasonably relevant: _____

_____

3. Nature of Hypnosis and Client Participation

Hypnosis is a focused state of attention and responsiveness in which a person may become more receptive to ideas, imagery, learning, and self-directed change. Experiences vary among individuals. Hypnosis does not remove a person's judgment, values, or ability to choose.

Hypnotherapy, as used in this practice, means the professional use of hypnosis and related methods within the practitioner's education, competence, credentials, and lawful scope of practice. The legal meaning and permissible scope of hypnosis or hypnotherapy may vary by jurisdiction.

☐ I am participating voluntarily and may ask questions, decline a technique, pause a session, or discontinue services at any time.

☐ I understand that hypnosis is a collaborative process and that no specific result can be guaranteed.

☐ I understand that meaningful change may occur gradually and may depend on my participation, circumstances, goals, and other factors.

☐ I agree to provide information that is reasonably relevant to safe and appropriate services and to inform the practitioner of significant changes that may affect the work.

4. Practitioner Role, Credentials, and Scope of Practice

The practitioner will provide only those hypnosis or hypnotherapy services that are within the practitioner's education, demonstrated competence, professional credentials, and applicable law. IAIH certification is a private professional certification; it is not a state health-care or mental-health license and does not independently authorize activities reserved by law to licensed professions.

Unless the practitioner separately identifies a current governmental license that legally authorizes such services, the practitioner does not independently diagnose or treat medical, dental, psychiatric, or mental-health disorders and does not provide medical advice, psychotherapy, psychological services, or other services reserved by law to a licensed profession.

The practitioner will not advise a client to discontinue, reduce, increase, replace, or otherwise alter prescribed medication or treatment. Clients should direct medical, medication, diagnostic, and licensed mental-health questions to appropriately licensed professionals.

Medical or Mental-Health Conditions

When a proposed hypnosis service relates to a diagnosed or suspected medical, dental, psychiatric, or mental-health condition, the practitioner will determine whether the service is within the practitioner's competence and lawful scope. Applicable law may require licensure, registration, referral, prescription, supervision, direction, collaboration, or another form of authorization.

A referral, prescription, supervision arrangement, or recommendation from a licensed professional does not automatically create legal authority to perform an otherwise restricted service. The practitioner is responsible for verifying and complying with the law that applies before providing the service.

☐ I understand that I may be referred to, or asked to consult with, another qualified professional when my needs are outside the practitioner's competence or lawful scope.

5. Remote / Online Services and Jurisdiction

For remote services, the practitioner may need to know the client's physical location at the time of the session because laws and emergency procedures may depend on where the client is located. The practitioner will not knowingly provide remote services in a jurisdiction where the proposed service or occupational title is not lawfully available to the practitioner.

Usual state / jurisdiction where I will receive remote services: _____

☐ For each remote session, I agree to provide my current physical location when requested and to update the practitioner if my location changes.

☐ I understand that a session may need to be postponed, modified, or declined if legal authority, safety, privacy, or emergency arrangements cannot reasonably be confirmed.

6. Client Rights

As a client, you have the right to:

- Receive respectful, professional services free from physical, verbal, sexual, financial, spiritual, or other exploitation.
- Receive accurate information about the practitioner's credentials, services, fees, policies, and scope limitations.
- Ask questions and receive information reasonably necessary to make informed choices about participation.
- Refuse any hypnosis technique or other aspect of services and terminate services at any time.
- Request referral information or choose another practitioner or licensed professional.
- Have personal information handled with reasonable privacy and security safeguards, subject to applicable law and the limitations described in this agreement.
- Raise a concern or make a good-faith complaint without retaliation.

7. Confidentiality, Privacy, and Records

The practitioner will use reasonable safeguards to protect client information and records. Information will not ordinarily be disclosed to another person without the client's written authorization, except when disclosure is permitted or required by applicable law, a valid court order, an emergency circumstance, or another lawful exception.

No practitioner can promise absolute confidentiality in every circumstance. Legal duties and permitted disclosures vary by jurisdiction. When consultation or collaboration is appropriate, the practitioner will ordinarily seek the client's authorization before sharing identifiable information unless disclosure is otherwise legally permitted or required.

HIPAA does not automatically apply to every hypnosis or hypnotherapy practice. A referral from a HIPAA-covered provider does not by itself make the practitioner a HIPAA Business Associate. If the practitioner performs functions or services for or on behalf of a HIPAA-covered entity that involve protected health information and the legal requirements for Business Associate status are met, the practitioner will comply with applicable HIPAA requirements and any required Business Associate Agreement.

The practitioner will maintain records appropriate to the services provided. Client access, amendment, retention, destruction, and disclosure rights may vary according to applicable law and the practitioner's legal status.

8. Communication and Technology

Email, text messaging, voicemail, video platforms, electronic forms, cloud storage, payment systems, artificial intelligence, transcription, and other digital tools may involve privacy and security risks. The practitioner will use reasonable safeguards appropriate to the practice and will not knowingly place confidential client information into systems that are inappropriate for the practitioner's legal and privacy obligations.

Preferred routine communication method: _____

☐ I understand that routine electronic communications may not be completely secure and I consent to the communication methods I choose to use with the practice, subject to any additional privacy notices provided.

9. Crisis and Emergency Limitations

This practice is not an emergency, crisis-response, or 24-hour service. If a client presents an apparent immediate danger to self or others, acute psychiatric instability, overdose, medical emergency, or another urgent safety concern, ordinary hypnosis services may stop and the practitioner may direct the client to appropriate crisis or emergency resources consistent with the circumstances and applicable law.

In the United States, 988 may be used for behavioral-health crisis support. When immediate physical intervention or emergency medical assistance is required, 911 or the appropriate local emergency service may be used.

☐ I understand that I should not use routine practice email, voicemail, or text messaging as a substitute for emergency or crisis services.

10. Fees, Scheduling, and Cancellation

Standard fee: _____

Typical session length: _____

Payment methods: _____

Cancellation / rescheduling notice required: _____

Late-cancellation / no-show charge: _____

Fees and financial policies will be disclosed before services are provided. The practitioner will not guarantee results or require unnecessary services. Any package, prepaid-service, refund, or expiration terms should be stated separately in writing and must comply with applicable law.

☐ I understand the fees and cancellation policy stated above and have had an opportunity to ask questions.

11. Insurance and Reimbursement

Unless the practitioner has expressly agreed otherwise in writing, clients should expect to pay privately for services. The practitioner does not guarantee that hypnosis or hypnotherapy services will be reimbursed by an insurer, health plan, employer, flexible spending arrangement, or other third party. The client is responsible for determining eligibility for reimbursement.

12. Recordings, Demonstrations, Testimonials, and Public Use

A client's participation in services does not by itself authorize recording, publication, marketing, teaching use, testimonial use, or public disclosure of client information.

☐ NO — I do not authorize audio or video recording of sessions unless I later provide separate written consent.

☐ YES — I may authorize recording for a specific purpose, but only through a separate written consent that identifies the recording and its permitted use.

Any consent for teaching, demonstration, testimonial, marketing, publication, research, or other secondary use of identifiable client material should be obtained separately and may be declined without affecting ordinary services.

13. Memory, Regression, and Subjective Experience

Hypnosis may involve imagery, memory, age regression, symbolic experiences, or other subjective material. Human memory is reconstructive and can be influenced by suggestion, expectation, emotion, and later information. The practitioner will not represent hypnotically experienced material as independently verified historical fact.

☐ I understand that images, impressions, memories, past-life material, or other experiences arising during hypnosis may be personally meaningful without necessarily establishing factual or historical accuracy.

14. Minors and Persons Requiring Legal Consent

This standard adult agreement does not by itself establish legal authority to provide services to a minor or to a person for whom another individual has legal decision-making authority. When applicable, the practitioner must comply with laws governing parental or guardian consent, assent, custody, decision-making capacity, privacy, and access to records. A separate minor/guardian authorization should be used when required.

15. Ethical Standards and Complaints

The practitioner agrees to follow the current IAIH Code of Ethics and IAIH Scope of Practice Standards, in addition to applicable law. Information about IAIH professional standards and complaint procedures is available through the International Association of Interpersonal Hypnotherapists.

IAIH website / complaint information: _____

16. Acknowledgment and Agreement

By signing below, I acknowledge that I have read or had the opportunity to read this agreement, that I understand the nature and limits of the services described, that I have had an opportunity to ask questions, and that I voluntarily consent to participate in hypnosis or hypnotherapy services within the practitioner's lawful scope of practice.

I understand that this agreement is not a waiver of rights that cannot lawfully be waived. Nothing in this agreement guarantees a particular result or prevents me from seeking medical, psychological, psychiatric, counseling, dental, legal, or other professional services at any time.

☐ I acknowledge the practitioner's disclosed credentials and understand that IAIH certification is not a governmental health-care or mental-health license.

☐ I understand the scope-of-practice, privacy, remote-service, fee, cancellation, recording, and emergency limitations described in this agreement.

☐ I consent voluntarily to receive the services described, subject to my continuing right to ask questions, decline a technique, or discontinue services.

Client Printed Name: _____

Client Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____

Practitioner Compliance Confirmation

Before providing services, the practitioner should confirm that the proposed service is within the practitioner's competence and lawful scope, that the client's location has been considered for remote services, and that any required referral, prescription, supervision, registration, licensure, consent, or other legal condition has been satisfied.

☐ Practitioner confirmed scope and jurisdiction before beginning services.

☐ Additional authorization / referral / collaboration is not required OR has been obtained and documented as applicable.

☐ Any separate privacy notice, recording consent, minor/guardian consent, or other required form has been completed as applicable.

IAIH STANDARD FORM — PRACTITIONERS MUST ADAPT THIS TEMPLATE TO THEIR OWN CREDENTIALS, JURISDICTION, SERVICES, AND APPLICABLE LAW.