

## Client Information

*The guidelines below are intended to familiarize you with the procedures of the office. You have been provided with two copies...please retain one and return one signed. If you have any questions about these, please feel free to discuss them with me.*

Length of Sessions – I reserve 60-90 minutes for hypnosis sessions. Initial evaluations are often 90 minutes. During our time together you will have my undivided attention.

Payment – It will be to your advantage to have your check prepared in advance of our meeting in order to further maximize our time together. Please make checks payable to Marlo Bennett. Please pay at every session. I will have your receipt prepared.

Fees – The fee for sessions is \$110.00.\*\* If you have health insurance coverage, I can provide you with a bill that you can submit for reimbursement. Please note that not all insurance companies pay for smoking cessation nor for hypnosis.

If I am a preferred provider with your health insurance company, I will follow the contractual arrangement. Typically, you are required to make the co-payment at the time of service, and I am required to directly bill the insurance company. If your insurance does not cover services, you will be responsible for payment in full.

Rescheduling – Your appointment time is reserved only for you. I understand emergencies may arise which would prevent you from keeping your scheduled appointment. Please contact me as soon as you know you will be unavailable. You then have two options: you may reschedule for an appointment within 7 days, or you may simply pay for the missed session. I will make every effort to honor your rescheduling requests.

Confidentiality – Services of this office are confidential. However, there are specific circumstances in which confidentiality cannot be assured. I will explain these in our first session.

Other Resources – I am at your service to share my resources with you...doctors and other health professionals, etc. Feel free to ask for these sources. I regard our association as an important relationship. If you feel you benefit from our time together, I welcome you to refer others to my services.

**\*\* The fee for the 2-session smoking cessation program is \$180.00. Please be prepared to pay the full fee at the first session.**

Please sign below to indicate you agree with the above.

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Name

Date