

**Kitsap Counseling & Hypnotherapy Center, LLC**  
**ACKNOWLEDGEMENT OF: RECEIPT OF NOTICE OF PRIVACY PRACTICES, and**  
**UNDERSTANDING OF FINANCIAL AGREEMENT,**  
**(IAW Revised Code of Washington 70.02.120)**

Kitsap Counseling & Hypnotherapy Center, LLC dba Kitsap Hypnosis Center, LLC keeps a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it contacting the owner or staff of Kitsap Hypnosis Center. Written requests should be made at the following address:

Kitsap Counseling & Hypnotherapy Center, LLC  
851 6<sup>th</sup> Street, Ste. 135  
Bremerton, WA 98337  
360-471-2302

**NOTICE OF PRIVACY PRACTICES**

Our **Notice of Privacy Practices** describes in more detail how your health information is used and disclosed, and how you can access your health care information. Our **Client and Counselor Responsibilities & Rights** describe best practice guidelines for client and counselors. By signing this form you acknowledge you have been informed of these practices.

**FINANCIAL AGREEMENT**

**PRIVATE PAY:** I, the undersigned, hereby agree, whether signing as an agent of a client or as a client, to be financially responsible to Kitsap Counseling & Hypnotherapy Center, LLC for charges incurred. I understand this amount is due upon the start of each session. I understand that no sliding scale fee is offered at this time. In the event that I choose to pay in advance and do not utilize those funds for services that I am due a refund of unused monies within 30 days of request.

**INSURANCE:** I, the undersigned, understand that Kitsap Hypnosis Center, LLC does not accept any third-party payers (insurance) at this time and that I am fully financially responsible for any services provided.

**FEES:** Initial hypnotherapy sessions are charged at \$100 for an hour and a half session. Other counseling and subsequent hypnotherapy sessions are charged at \$80 unless another arrangement has been agreed upon and will be approximately 50 minutes long unless we arrange for a longer session. Processing fees apply to debit/credit cards.

**CANCELLATION:** The scheduled time is set aside for you. If you miss a session without cancelling or if you cancel with less than 24 hour notice, I will bill you in full for that time.

**METHODS OF PAYMENT:** Kitsap Hypnosis Center, LLC accepts cash, check, and VISA, MASTERCARD, AMERICAN EXPRESS, AND DISCOVER credit and debit cards. You understand that a processing fee (2.75%) will be applied for debit/credit card use. There will be a \$30 fee charged for any returned check. Session fees must be paid prior to further services being provided.

**Client Acknowledgement:**

**BY MY SIGNATURE BELOW I ACKNOWLEDGE RECEIPT OF THE NOTICE OF PRIVACY PRACTICES, and understanding of the FINANCIAL AGREEMENT.**

**I have read and understand both the Notice of Privacy Practices and the Financial Agreement:**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the client

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
James McCormack, MFTI, CC, RHt

\_\_\_\_\_  
Date