

**KITSAP COUNSELING & HYPNOTHERAPY CENTER\***

**ACKNOWLEDGEMENT OF:**

**1) RECEIPT OF PRIVACY PRACTICES, and 2) FINANCIAL AGREEMENT.**

Kitsap Counseling & Hypnotherapy Center (KCHC) keeps a record of the health care services we provide to you. You may ask to see that record and receive a copy of that record for a charge in accordance with state law. You may also 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 by contacting the owner of Kitsap Counseling and Hypnotherapy Center. Written requests should be made to the following address:

Kitsap Hypnosis Center, LLC / 851 6<sup>th</sup> Street, Ste. 135 / Bremerton, WA 98337

**NOTICE OF PRIVACY PRACTICES**

The 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. By signing this form you acknowledge you have been given a handout listing the privacy practices in-person or directed on where to download them from at [www.kitsaphypnosiscenter.com](http://www.kitsaphypnosiscenter.com).

**Client Acknowledgement:**

**BY MY SIGNATURE BELOW I ACKNOWLEDGE RECEIPT OF THE NOTICE OF PRIVACY PRACTICES.**

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

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

**FINANCIAL AGREEMENT**

Below is a summary of the financial agreement between myself and Kitsap Counseling & Hypnotherapy Center as detailed in the *Disclosure of Information, Policies, and Client Agreement*. I understand to be financially responsible to KCHC for any charges incurred. I understand this amount is due by the end of the session. If I choose to pay in advance and do not use those funds, I understand that I will be due a refund of unused monies within 30 days of request or termination of therapy. I, understand that KCHC does not accept-third party payers (insurance) and that I am financially responsible for any services provided. I understand that Individual sessions are \$100 per session and Couple/Family sessions are \$110 per session. I understand these rates can change based on the format of the sessions as outlined in the KCHC Disclosure Agreement. I understand that if there is a different session fee outside of the normal feels structure this amount is listed below and can be changed based on need, or change in session format. I also understand that this rate is not guaranteed if I return to therapy 90 days after termination and closure of my record. I understand both the cancellation policy and the no-show policy of KCHC and there are fees incurred from not cancelling on time or failing to show at an appointed session. I understand that KCHC takes cash, check, and all major debit/credit cards. I understand that payments are process using STRIPE or SQUARE and I understand there is a fee for returned checks. I understand that KCHC requires a financial guarantor to protect itself from financial loss for a failure to pay and to designate a recipient for unused account balances upon termination of therapy.

SESSION FORMAT: \_\_\_\_\_

SESSION FEE: \_\_\_\_\_

FINANCIAL GUARANTOR: \_\_\_\_\_ DL/SSN: \_\_\_\_\_

**BY MY SIGNATURE BELOW I ACKNOWLEDGE AGREEMENT WITH TERMS OF THE FINANCIAL AGREEMENT.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name if signed on behalf of client /Relationship

\*Kitsap Hypnosis Center, LLC dba Kitsap Counseling & Hypnotherapy Center  
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