

## Disclosure Information

**Contact Information:** Linda C Banks MHPE, RD, CHT.

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### **Education and Training:**

- Registered Dietitian (RD) with the American Dietetic Association's (ADA) Commission on Accreditation for Dietetic Education. Dietetics is defined as "the integration and application of scientific principles of food, nutrition, biochemistry, physiology, management, and behavioral and social sciences in counseling people to achieve and maintain health." Unique functions of dietetics include, but are not limited to:

*(1). Assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data for clinical, research, and program planning purposes; a. Establishing priorities, goals, and objectives that meet nutritional needs and are consistent with available resources and constraints; b. Providing nutrition counseling and education as components of preventive, curative, and restorative health care; c. Developing, implementing, managing, and evaluating nutrition care systems; d. Evaluating, making changes in, and maintaining appropriate standards of quality in food and nutrition care services. (2) "General nutrition services" means the counseling and/or educating of groups or individuals in the selection of food to meet normal nutritional needs for health maintenance, which includes, but is not restricted to: (a) Assessing the nutritional needs of individuals and groups by planning, organizing, coordinating, and evaluating the nutrition components of community health care services; (b) Supervising, administering, or teaching normal nutrition in colleges, universities, clinics, group care homes, nursing homes, hospitals, private industry, and group meetings.*

*Academic and professional requirements include: Bachelor degree with course work approved by ADA's Commission on Accreditation for Dietetics Education. Coursework includes food and nutrition science, diet therapy, experimental food science, community nutrition, health education, foodservice systems management, business management, economics, computer science, sociology, chemistry, nutrition biochemistry, physiology, microbiology and communication/counseling skills. Complete an accredited, supervised, 18-24 month experiential practice program at a health-care facility such as a teaching hospital, community agency or foodservice corporation. Pass a national examination administered by the Commission on Dietetic Registration. Complete continuing professional educational requirements to maintain registration. WA State requires certification to practice dietetic. I am WA State Certified Dietitian.*

- Certified Clinical Hypnotist (CHT). Trained and certified through The Wellness Institute, Issaquah, WA. The Wellness Institute is approved and accredited in Washington State. Per WA State dept. of health professions regulations, I am registered as a Hypnotherapist and Counselor. **REGISTRATION OF AN INDIVIDUAL DOES NOT INCLUDE RECOGNITION OF ANY PRACTICE STANDARDS, NOR NECESSARILY IMPLY THE EFFECTIVENESS OF ANY TREATMENT.** I am a member of the National Board of Certified Clinical Hypnotherapists (NBCCH).
- Masters degree in Health Professions Education (MHPE) from the University of Illinois at Chicago, department of medical education.

**Notice: AS THE STATE OF WASHINGTON HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.** Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician nor a licensed mental health provider and may not provide a medical diagnosis nor 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 services at any time. In the event my services are terminated by the client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

**Fees:** The initial 2hr appointment is \$180. Follow-up sessions are available for 60 minutes \$90 or 90 minutes \$135. Discounted fees are offered on packages of 6 sessions when paid in advance and on extended visits over 2 hours. You will be given 30 days notice of any change in fees.

**Payment: Payment is expected at the time of service.** Checks and cash are accepted. Credit cards are not accepted.

**Insurance:** I suggest you think of my services as an investment in your future and something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. In general,

insurance companies do not include nutrition counseling or hypnotic services in most health plans. However, a receipt will be provided to you detailing nutrition services. This can be used for a health savings account or, you may submit to your insurance company along with a referral from your doctor and see if any part of it is covered.

**Cancellations:** It is important for you, the client, to recognize that when you make an appointment, I am reserving that time for just for you. If you are late, that cuts down on your time. If you miss an appointment, please understand that this is time that could have been reserved for another client. Therefore, it is necessary for me to charge for appointments where I have not been given 24-hour cancellation notice. If you do need to cancel, I appreciate as much notice as possible so that someone else who may be waiting for a cancellation can arrange to come in.

**What to Expect at the first appointment:** A comprehensive history, evaluation, assessment and plan. We will decide the issues to target first, including the approximate number of sessions needed to meet your goals. If your goals are nutrition and diet related, you will learn the basic essentials of human nutrition, how food behaves in the body, and principles of a healthy eating pattern. I will clarify any misconceptions about food, nutrition, and nutrition supplements popularized by the media. You will take home written materials to support the education and an initial plan. If your appointment is solely for hypnotherapy you can expect to spend most of the session to be devoted to that form of work.

**Confidentiality:** As a Registered counselor/ hypnotherapist I cannot disclose any information told to me during a counseling session except as authorized by RCW 18.19.180:

- (1) With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health, or physical condition;
- (2) That a person registered or certified under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
- (3) If the person is a minor, and the information acquired by the person registered or certified under this chapter indicates that the minor was the victim or subject of a crime, the person registered or certified may testify upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;
- (4) If the person waives the privilege by bringing charges against the person registered or certified under M chapter;
- (5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or
- (6) As required under chapter 26.44 RCW.

Additionally, I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you. A copy of the Privacy Notice has been given to you.

**I HAVE RECEIVED AND READ THIS DISCLOSURE NOTICE AND UNDERSTAND WHAT I HAVE READ.**

**Client Signature:** \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_