



Angela Barrus CCHT, CBT  
425-443-6247  
Behavioral Therapist  
& Clinical Hypnotherapist  
angelabarrus.com  
angelabarrus@gmail.com

## Welcome,

Congratulations on taking this important step forward to **Empower Your Life**. I am committed to your success and I am both honored and excited to partner with you. To ensure I have the information I need to best serve you, please take a few moments to fill out the forms below.

*Please note:* We will fill out the Client Agreement (pg. 6) together after your initial consultation. The Parent/Guardian form (pg. 7) is only required for clients under age 18.

To submit your client paperwork, please save and email your completed document to [angelabarrus@gmail.com](mailto:angelabarrus@gmail.com). Your name typed into signature fields is a legally recognized signature.

If you have any questions, please feel free to contact me.

I look forward to working with you.

At your service,  
Angela Barrus

**CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Gender: Male Female Referred by: \_\_\_\_\_ May I thank him/her? \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How much water do you drink in a day? \_\_\_\_\_ Do you consider yourself stressed? \_\_\_\_\_  
 What time do you fall asleep? \_\_\_\_\_ Wake up? \_\_\_\_\_ How many times a night do you awaken? \_\_\_\_\_  
 Have you ever used the services of hypnotherapy? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_  
 Have you ever used the services of psychotherapy? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_  
 Are you currently using the services of a mental health care practitioner (e.g. counselor, psychotherapist, life coach, etc)? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals. Include an explanation of what the medication is used to treat:

Please list any conditions that currently affect you, or that you have experienced within the last 2 years.

- MUSCULOSKELETAL SYSTEM**  
 \_\_\_ Fibromyalgia  
 \_\_\_ TMJ  
 \_\_\_ Pain  
 \_\_\_ Other \_\_\_\_\_
- RESPIRATORY SYSTEM**  
 \_\_\_ Asthma  
 \_\_\_ Trouble Breathing  
 \_\_\_ Dizziness  
 \_\_\_ Other \_\_\_\_\_
- CIRCULATORY SYSTEM**  
 \_\_\_ Anemia  
 \_\_\_ Hypertension  
 \_\_\_ Heart Condition  
 \_\_\_ Other \_\_\_\_\_

- DIGESTIVE SYSTEM**  
 \_\_\_ Ulcers  
 \_\_\_ Indigestion  
 \_\_\_ Irritable Bowel Syndrom  
 \_\_\_ Other \_\_\_\_\_
- NERVOUS SYSTEM**  
 \_\_\_ Spinal Cord Injury  
 \_\_\_ Seizure Disorders  
 \_\_\_ Numbness/Tingling/Twitching  
 \_\_\_ Other \_\_\_\_\_
- OTHER CONDITIONS**  
 \_\_\_ Insomnia  
 \_\_\_ Anxiety/Panic Attacks  
 \_\_\_ Frequent Headaches  
 \_\_\_ Other \_\_\_\_\_

Are there any conditions that currently affect you that you'd like to further explain/describe?

All of the information provided in this intake form is accurate and true to the best of my knowledge. I understand that Hypnotherapists do not diagnose disease or prescribe medications. I further understand that hypnotherapy is not a substitute for medical attention and examination. I take full responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health.

Client/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

What are your purposes for seeking the services of **Empower Your Life** today?

1.

2.

3.

This section reserved for therapist notes:

**CLIENT DISCLOSURE & CONFIDENTIALITY STATEMENT**

Hypnosis is a naturally occurring state, which is beneficial and restorative. While I am confident that only benefit will accrue from using hypnotic techniques, I am required to state that you do so at your own risk. I am required by law to inform you of the following: WAC 308-109-040 "Counselors/Hypnotherapists practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, nor does it necessarily imply effectiveness of any treatment."

Angela Barrus, Certified Clinical Hypnotherapist, CCHT  
Washington State Registration #: HP 60145775

AREAS OF TRAINING AND EXPERTISE:

Certified Behavioral Therapist, Certified Clinical Hypnotist, Certified Life Coach  
CBT, CCH and CLC, California Institute of Healing Arts and Sciences one of only two hypnotherapy schools in the nation accredited by the Accrediting Council for Continuing Education and Training (ACCET). The school is recognized by the U.S. Department of Education to provide the training necessary to certify clinical hypnotherapists. CIHAS is recognized by the U.S. government and approved by the Board of Registered Nurses.  
Bachelor of Science, Idaho State University  
Emotion Code Practitioner, Dr. Bradley Nelson  
Amen Method Professional, Amen Clinic, Dr. Daniel Amen

You have a right to feel safe and free to speak about anything during these sessions. If you have any questions or concerns about the confidentiality of our sessions, please ask them during our first session. Please be aware that I may seek the collaboration of a colleague in an effort to give you the most effective service. When you refer a client to me, or are referred by another client, I acknowledge you with that person only with your permission. I do not discuss you or your visits unless you give permission to do so.

*(Optional)* I give Angela Barrus permission to collaborate with \_\_\_\_\_

Please provide contact information \_\_\_\_\_

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

I have been provided with the above disclosure & confidentiality information in addition to the pamphlet "Counseling or Hypnotherapy Clients" published by the State of Washington (*pages 9-10 of this document*). I have read and understand this information provided.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

## GENERAL ACCEPTANCE FORM

### NON-MEDICAL NATURE OF TREATMENT

I understand that Angela Barrus is NOT a medical professional, and will not diagnose any medical conditions. I understand that coaching, consultation, hypnosis, or any other methods employed here are not substitutes for medical attention. If I have a medical condition, I promise to seek the advice of my personal medical professional, if I have not already done so. I understand that the above techniques are not intended to cure any diagnosed mental illness or disorder and are not meant as a substitute for standard medical, psychological or psychiatric treatment. If I have been diagnosed with a mental illness or disorder, or am on any medication for said mental illness or disorder, I promise to disclose this information to my practitioner, and get a referral from the medical professional in charge of my care. These techniques are adjunct to symptoms and are a complementary alternative for self-healing, self-help, and behavioral modification.

### DISCLAIMER

I understand that no consulting/counseling/coaching methods, including hypnosis, or any other methods used here can guarantee effectiveness. I understand that I am responsible for my own well being, and will hold only myself responsible for my mental, emotional, physical, and spiritual healing. I understand that being responsible for my own well being includes addressing any concerns or questions regarding treatment with my practitioner. Angela Barrus makes no expressed or implied guarantees of results, in so far as human behavior cannot be predicted. The client is duly informed that as individuals vary, so do results, and that all hypnosis is self-hypnosis. Results are ultimately achieved through the client's own personal efforts at applying these techniques over time, for which each client must accept full responsibility. I understand that I am free to terminate service at any time. I understand that if Angela Barrus makes any suggestions regarding supplementation of any kind, such as vitamins, minerals, herbal preparations, or any compounds or any other external remedy of any kind, that I use or ingest any such at my own risk, with the recommendation that I seek the advice of a physician before using any remedy suggested by Angela Barrus. I understand that in approximately 20% of sessions, the release of a trapped emotion(s) or other energy(s) may result in "processing", where echoes of the emotion(s) or other energy(s) released may manifest in temporary physical or emotional discomfort, and that this "processing" appears to be a normal part of regaining energetic balance.

### PAYMENT TERMS

I agree to pay fees as outlined on the Client Agreement form.

### CANCELLATION POLICY

I agree to give 24 hours notice to cancel an appointment and to pay the full session fee (\$100.00) for any cancelled or missed appointments for which I have not given this notice. I understand that arriving more than 15 minutes late for any appointment may result in a need to cancel or reschedule that appointment, and I agree to pay the cancellation fee for said appointment. I understand that the fee for sessions is **NON-refundable** and a full session (\$100) cancellation fee will be billed if I cancel with less than 24 hours notice.

### VOLUNTARY CONSENT FOR SERVICES

I have read (or have had read to me) and understand the **General Acceptance Form**. I hereby request and consent to participate in services provided, including follow-up contact to evaluate the effectiveness of the services provided. I understand I am in control at every moment and can terminate the hypnotic state at any time. I hereby agree that any action I may choose to take in following any of the suggestions during these sessions are completely of my own choice, my own volition, and my own control, for which I take complete responsibility. Hypnosis is not sleep and I understand I cannot get "stuck" in hypnosis and I cannot be made to do something against my will. Hypnosis is unique, relaxing and fun!

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Client/Guardian Signature

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Date

### Performance Agreement

*It's about working together, co-creators of success*

I, \_\_\_\_\_, agree to be committed to this process of changing how I see myself, how I feel about myself and knowing that I deserve to be healthy, happy and at my stated purposes for being here. It is going to take extra time and energy on my part.

This is not about temporary relief, it's about creating a happy "lifestyle" that supports me each day in achieving my goals, and then maintaining it. It's about working together like a coach and an athlete. We both have to do our part. I agree to find healthier solutions to my stress, take on new healthy lifestyle patterns, clear away the old and allow my new healthy self to emerge. I am committed to putting myself back on my own to-do-list, planning ahead, moving my body more and having more fun time with myself, family and friends.

I understand that successful Empower Your Life clients:

1. Have a strong desire to achieve their purposes.
2. Keep their appointments.
3. Do the simple behavioral instructions as taught.
4. Expect and acknowledge progress.
5. Complete their programs.
6. Receive the gift of a 30-minute complimentary Empower Your Life session when they refer someone who becomes an Empower Your Life client.

We are both committed to this process of achieving your goal(s), and feeling healthy, happy and strong, learning to love and care for yourself and maintaining your goal(s).

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

**CLIENT AGREEMENT**

I, \_\_\_\_\_, agree to pay Empower Your Life in the amount of \_\_\_\_\_ for the right to use up to \_\_\_\_\_ sessions. This right to use sessions begins on \_\_\_\_\_ and expires on \_\_\_\_\_.

- All session appointments must be made in advance.
- If I do not reschedule an appointment at least 24 hours in advance I may lose that session.
- I understand that I am purchasing the right to use the above number of sessions.
- It is my responsibility to use my sessions by the agreed upon expiration date.
- I realize that it is my responsibility to participate in the therapeutic process.
- Refunds will not be given for partial or no use. These sessions are non-transferable. I realize that I have been given a reasonable period of time to use my sessions.

Please do not consider Angela as a prospect to join your business. This could complicate and weaken the therapeutic process, which she is obligated to protect.

I realize that I am entering into this agreement and have given it thoughtful consideration.

I have read, understand, and agree to the above.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

This section reserved for therapist notes:

**PARENT/GUARDIAN CONSENT FORM**

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

To: Angela Barrus, Empower Your Life

I am the parent/guardian for \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Angela Barrus has explained the procedure of therapeutic techniques to me and I consent on \_\_\_\_\_'s behalf to said therapeutic sessions.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

Driver's License Number: \_\_\_\_\_



## COUNSELING OR HYPNOTHERAPY CLIENTS

### Client and Counselor Responsibilities and Rights

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

If you have concerns about being dependent upon your counselor or hypnotherapist, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don't fully understand what your counselor or hypnotherapist is doing or plans to do.

### Requirement for Registration or Certification

Your counselor or hypnotherapist must be either registered or certified through the Washington State Department of Health unless otherwise exempt. To be registered, a person fills out an application and pays a fee. To become certified, a person fills out an application form and pays a fee, but he or she must also show proof of appropriate education and training. There are some people who do not need to be either registered or certified because they are exempt from the law. You should ask your counselor or hypnotherapist if he or she is registered or certified and discuss his or her qualifications to be your counselor or hypnotherapist.

### Definitions

Counseling means using therapeutic techniques to help another person deal with mental, emotional and behavioral problems or to develop human awareness and potential. A registered or certified counselor is a person who gets paid for providing counseling services.

### Confidentiality

Your counselor or hypnotherapist cannot disclose any information you've told them during a counseling session except as authorized by RCW 18.19.180:.2

- (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 fully 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 this 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. Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you. We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending counselor or hypnotherapist.

### Assurance of Professional Conduct

The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services.

The conduct, acts or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

- (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
- (3) All advertising which is false, fraudulent, or misleading;
- (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

## COUNSELING OR HYPNOTHERAPY CLIENTS

- (5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
- (6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
- (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
- (8) Failure to cooperate with the disciplining authority by:
- (a) Not furnishing any papers or documents;
  - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
  - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings; or
  - (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
- (9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;.4
- (10) Aiding or abetting an unlicensed person to practice when a license is required;
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
- (23) Current misuse of:
- (a) Alcohol;
  - (b) Controlled substances; or
  - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient;
- (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

This publication should not be considered as the final source of information. If you want more information about the law regulating counselors and hypnotherapists or want to file a complaint, please write to:

Department of Health, Health Professions Quality Assurance Division,  
PO Box 47869, Olympia, Washington 98504-7869.

If you want to contact someone by phone to discuss the law or talk about a possible complaint, call (360) 236-4902 Monday through Friday, 8:00 a.m. to 5:00 p.m. Additional copies of this publication or a camera-ready copy for your future use may be obtained by writing to the address above or calling (360) 236-4902. DOH PUB 670-001 (r5-5-00)