

Client Bill of Rights



My name is Virginie Desplaces.
I can be contacted at +971 50 6225041 or ginie@shoukran.com.

TRAINING: I am a Heal your Life coach, certified hypnotist and certified sport hypnotist. I was trained as a Neurolinguistic Hypnotist by Beryl Comar, The Change Associates Dubai with a certification from the National Federation of NeuroLinguistic Psychology, USA and as a Sports Hypnotist by Laura King, the Summit Hypnosis & Wellness center, USA.

I received my NLP certification from the IFHE (Institut Français d'Hypnose Ericksonienne), Paris France. I trained as a Reiki Practitioner with Francis Schumacher of L'atelier de Reiki, Geneva, Switzerland. Isabel Contreras, Life Motivations Geneva certified me as a Heal Your Life® workshop leader. Last, I received my Heal Your Life® Coach certification from Patricia Crane and Rick Nichol, Heart Inspired, California, USA.

NOTICE: THE UAE HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTISE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMAITONAL PURPOSES ONLY.

I am neither a physician nor a licensed healthcare 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 a client, the client has the right to coordinated transfer of services to another practitioner. A client has the right to refuse Hypnotism services at any time. A client has the right to know the expected duration of sessions.

FEES: The charge for my services is AED 550 per session of 50 minutes. You will be given 14 days notice in the event of any change in fees. Fee is to be paid on completion of each session except for our smoking or weight release programs, which are paid up front before start of the program. This is done to make sure the client is fully committed to change. I accept cash and credit cards as mode of payment.

CONFIDENTIALITY: 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.

MY APPROACH: My intention is to empower my clients to resolve issues with my professional support and help them make positive change and creating new positive habits.

DATE:

LOCATION:

I have received and read this Client bill of Rights and understand what I have read.

CLIENT NAME:

SIGNATURE:

Virginie Desplaces
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