

**Contact Information:** I can be reached at my home office at 915 Pleasant St., Oak Park, Illinois, 60302. My office phone number is (708) 524-9103 and you can leave a message if I'm not available. My email address is gina@ginaorlando.com. *If a message is urgent, such as canceling your appointment, always call me rather than emailing.* I will make every effort to get back to you as soon as possible. My website is www.ginaorlando.com.

**My Credentials:** I hold a Liberal Arts and Science Bachelor's degree from the University of Illinois, Chicago. I also hold a Master's degree from DePaul University, Chicago, as an educational consultant for health, using mind-body-spirit approaches. My thesis advisor was Bruno Cortis, MD, nationally-known author, holistic cardiologist and nationally-recognized speaker from River Forest, IL. Each of my degrees has academic accreditation recognized by the United States Department of Education. I teach two science courses at DePaul University, both involving holistic health, wellness and the body-mind-spirit-energy paradigm. My hypnotism education was received through the Leidecker Institute in Elgin, Illinois, a state-approved hypnotism school. I am certified hypnotherapist (CH) also certified in Complementary Medical Hypnotism. I was privately mentored in hypnotism by the nationally-known hypnotherapist, Rev. Dr. C. Scot Giles in Wheaton, IL. I am a member in good standing of the National Guild of Hypnotists, and a faculty member at the NGH National Conference (2003, 2006) and Mid-America Hypnosis Conference (2003-2014). I am a member of Local 104 of the National Federation of Hypnotists, AFL/CIO. I am trained as a Reiki Master Level III Energy Healing. I have conducted hypnosis and wellness education groups at various locations which has included Gottlieb Hospital's Health and Fitness Center, West Suburban Hospital, Oak Park Hospital, the Park District of Oak Park, the Oak Park Library, Partners In Wellness, the Equilibrium Energy and Education Center and various businesses. I have been associated with Integrative Therapies Medical Center with Carlos Reynes, M.D. in River Forest, IL.

**Notice:** AS THE STATE OF ILLINOIS HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Under Illinois law a hypnotism practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a health care practitioner, the client may seek such services at any time. In the event hypnotism services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner or to a health care professional. 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 treatment, and may assert any right without retaliation.

**Confidentiality:** My records are confidential and privileged under Illinois law. I will not release any information to anyone without a written authorization from you. You have a right to be allowed access to my written record about you.

**Frequency:** Clients start with three sessions and more sessions are suggested if needed. Smoking clients have a four-session program. We need at least this amount of time to begin to work with the issues and to learn self-hypnosis and other effective mind-body techniques. These private sessions are initially scheduled every two weeks for most conditions. Then the schedule between sessions may be every two-four weeks. While I can be flexible about occasional departures from our standard frequency for good reason, research shows that less frequent sessions are less effective. I reserve the right to terminate my care of any client who is not maintaining the session frequency they agreed to observe.

**Payment:** I prefer checks or cash. I also accept credit cards via a PayPal link which I can send to you in advance. I am willing to hold a post-dated check for up to two weeks if that is helpful. The fees for private sessions are \$100 per hour session. The first session with the intake (75 minutes) is \$125. I always ask for a three-session *minimum* session commitment. I offer a three-session package price of \$295. Most clients see me for three to six sessions. Some clients and issues require more sessions. We assess at three sessions if more support is needed. The smoking cessation program is a four-session discounted package at \$395. Any active clients will be given 60 days written notice of any change in fees.



## Client Bill of Rights, page 2 of 2

Gina Orlando, MA, CH

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**Missed Sessions:** PLEASE call well in advance if you have to cancel your appointment. Except for cases of medical, family or personal emergency, I charge \$50 for all appointments cancelled on less than 24 hours notice and not rescheduled within a week. I will also charge \$50 if you do not show for a scheduled appointment. This is my livelihood. Thank you.

**Insurance:** I suggest that you think of my services as something that you pay for personally as an investment in your health, since insurance companies don't cover hypnosis. You may submit your receipt to your insurance company.

**Termination:** At the end of our third session, we will assess your progress. *When you have completed those three sessions, you may continue to work with me for as long as needed to resolve all of your issues.* When you feel it is time to end our work, I would like to help you to leave me well. In order to leave well all you need to do is give me advance notice. A one or two session notice is sufficient. When leaving is done this way it can become a most productive time in the therapeutic experience. Even if you are not able to give me advance notice, I will still do my best to help you leave well.

**Redress:** If you even have a complaint about my services or behavior, I will do my best to resolve it for you personally. If I cannot resolve it for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438 to seek redress.

**Suggestions for Healthy Lifestyle Changes:** As an educational consultant for health, I may suggest books, suggestions for healthy lifestyle changes and/or referrals to other holistic health practitioners. By signing this you understand that I am not prescribing, diagnosing or treating a condition. These are merely suggestions and it is up to you to be responsible for your health and health care choices, evaluate these suggestions by using your own wisdom and by checking with your physician or health care practitioner.

**My Approach:** As a facilitator for positive change, I work from a simple theoretical approach. I believe that our inner essence of body, mind (subconscious mind and emotions) and spirit is inherently wise and benevolent and knows what we need to do in order to be happy, healthy and well. However, that wisdom is often blocked by habits of thought, feeling and behavior learned in childhood or later in life, through the culture and media, or through simple carelessness and inattention. Using hypnosis, self-hypnosis techniques and various mind-body-spirit-energy approaches to improve health and create positive change, I help clients change their old habits into better habits, learn to make their own right decisions, break through resistance and self-sabotage, support a stronger and more positive mind-body-spirit-energy connection, deepen in their spirituality, and get in touch with their own healing power. I do this in a caring, fun, interesting, supportive and efficient way. I look forward to working with you.

**Since this Client Bill of Rights was either sent to you by email or you downloaded it off of my website, you have a copy of it electronically for your records. If you need a hard copy, please print one or tell me and I'll print one out for you.**

I have received and read this Client Bill of Rights and understand what I have just read. Please sign:

Client Name (a parent signs for a child): \_\_\_\_\_

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

(rev. June 2020)