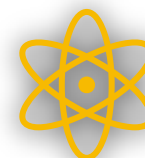


# **Maggie Sheridan-Bruce**

**NLP  
HYPNOTHERAPY  
LIFE COACHING**



Tel: 07790 034625

E mail: [maggiesbruce@hotmail.co.uk](mailto:maggiesbruce@hotmail.co.uk)

## **POLICIES & PROCEDURES**

### **FOR NLP \* HYPNOTHERAPY \* LIFE COACHING**

#### **INITIAL CONSULATATION:**

*Your first session we shall begin with a brief review on why you have seeked help and contacted me. Any problematic areas that have hindered or stopped you living your life the way you would want too. I shall then discuss with you what therapy initially would be most helpful for you - for that particular issue. Any questions or further input from you would be most welcomed.*

#### **THERAPY SESSION:**

*The nature of the therapies I offer is firstly for my client to feel as relaxed and comfortable as possible - and only to bring to the session "the want & desire" to improve whatever area off your life we have agreed to work on!!*

#### **COMMUNICATION:**

*During sessions, clients are encouraged to relax! Before & after session please do not hesitate to ask any questions.*

#### **PROFESSIONALISM:**

*I, The Therapist only perform therapies for which I am qualified professionally and emotionally. Referrals to the appropriate specialists are made when working with the client is not within the scope of practice of the therapist or not in the clients best interest. All client information is held confidential.*

#### **RIGHT OF REFUSAL:**

*I reserve the right to refuse potential clients for any reason.*

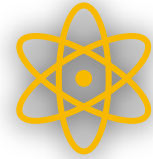
#### **PAYMENT:**

*Payment for all therapy is due prior to commencement off therapy. Cash or bank transfer is accepted.*

**58 Murrayfield Gardens  
EDINBURGH EH12 6DQ**

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### **CLIENT/PRACTITIONER EXPECTATIONS:**

- \* *Therapy sessions are by appointment only.*
- \*
- \* *Privacy and confidentiality will be maintained at all times.*
- \*
- \* *Not every issue you have may be addressed during a given session, but I strive to improve your overall well-being by the time your session is complete.*
- \*
- \* *As a Therapist I reserve the right to work with clients who appear under the influence of alcohol or drugs.*
- \*
- \* *Clients must inform the practitioner of any prescription medications being used and for what reason.*

*I reserve the right to change, add too, or modify any or all of the above policies with or without notice to the client.*

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