

Consent to Treat

I, _____, (The client), understand and agree that: Doric George, M.A., L.P.C.C., M.F.T. (The therapist) is a Licensed Professional Clinical Counselor (LPC208) and a Licensed Marriage and Family Therapist (MFC38343) in the State of California. He utilizes an eclectic form of psychotherapy including the following:

Cognitive/Behavioral psychotherapy which involves exploring and reevaluating thoughts and feelings as problematic thought patterns and behaviors are gradually revealed and modified.

Hypnosis which is used to facilitate cognitive and neuropsychological restructuring through relaxation, suggestion and guided visualization.

EMDR (Eye Movement Desensitization and Reprocessing) which uses simple eye movements to reduce symptoms that arise from traumatic memories and enhance mental functioning. It is a treatment approach that has been widely validated by research with civilian PTSD. Research on other applications of EMDR is now in progress.

EMDR & hypnosis are not tools for accurate memory retrieval. It is common for targeted memories to become less vivid and related circumstances harder to recall or less accurate. This can present a problem for those who need to remember past events clearly or in a certain way. If a legal proceeding is underway, for instance, this could create a problem, and these therapies may be contraindicated.

When embarking on this type of therapy, be aware that distressing, unresolved feelings and memories may surface through the use of these procedures. The therapist will make every attempt to prepare you for unanticipated emotional and physical discomfort that may arise, as the process unfolds. You are encouraged to continually make the therapist aware of your comfort level so he can adjust your treatment and support your process.

I have also disclosed all pertinent medical and psychological information that could affect the course of this treatment. I further understand that these sessions are not a substitute for medical treatment as indicated.

There is no stated or implied requirement to attend any specific number of sessions. Attending two (2) consecutive weekly sessions constitutes being "In Treatment". You may stop treatment at any time for any reason and may resume again at a later time, if desired. If you miss two (2) consecutive weeks of sessions, you will then be considered "Inactive" and not currently "In Treatment". You may reactivate at anytime by simply contacting this therapist and reestablishing session times when available and setting new fee arrangements.

Counseling sessions last from 45 to 60 minutes. When EMDR and other modalities are employed additional time may be required. If further time is needed, an additional fee will be charged.

The client is responsible for weekly appointment times. To achieve the desired results attending regular weekly sessions is important. Cancellations, rescheduling and missed appointments are sometimes unavoidable but they cause loss of time and care opportunities for other clients and create obstacles to personal progress. Therefore, the client will be charged the full session fee for all canceled or missed appointments, unless the cancellation is made by text or voice mail and acknowledged no later than 24 hours after the previous appointment. There will also be a \$30.00 charge for returned checks.

The therapist does not maintain a 24-hour crisis hotline. However, every effort will be made to return your calls as soon as possible, usually on the same day. If you have not received a prompt response, please leave a second message as pagers sometimes malfunction. In the case of an emergency or urgent situation call an appropriate crisis hotline or 911.

Phone calls lasting over 10 minutes will be considered a phone session and be charged at the current session rate in 15 minute increments. Insurance cannot be billed for phone sessions.

Complete professional confidentiality will always be maintained including the content and the fact of our therapy sessions except under certain circumstances as mandated or allowed by law, such as the presence of a reasonable suspicion of child abuse or a serious danger to client or others. I have received, read and understand the HIPPA compliance disclosure statement.

As your therapist I appreciate your understanding and accepting my professional responsibilities in the above situations and I want to assure you that every effort will be made to handle your treatment in a sensitive and caring manner.

I, the client, hereby give consent to be treated using the above-mentioned psychotherapeutic modalities by the above-mentioned therapist and I have received a copy of this document.

Client's Name (Printed)

Client's Signature

Date

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of licensed marriage & family therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.