

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 and any time for any reason and may resume again at a later time if desired. If you fail to respond to communication attempts or are out of touch with this therapist for two (2) consecutive weeks, that will be construed as your desire to discontinue treatment at that particular time. You will then be

considered inactive and not currently “In treatment”. You may reactivate at anytime by simply contacting this therapist and attending further sessions.

Counseling sessions last 50 minutes. When EMDR and other experiential modalities are used, an additional 25 minutes may be added to sessions, at no additional charge. If further time is needed, an additional fee to be determined may be charged.

The client is responsible for weekly appointment times. Cancellations, rescheduling and missed appointments are sometimes unavoidable but they cause loss of time and care opportunities for other clients. Therefore the client will be charged the full session fee for all canceled or missed appointments, unless the cancellation is made by end of business Friday (5pm Pacific Time) the week prior before the appointment day. There will also be a \$20.00 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.

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.

Client’s Name (Printed)

Client’s Signature

Date

Board Certified Professional Counselor
Certified EMDR Therapist & Approved Consultant
Licensed Professional Clinical Counselor #LPC208
Licensed Marriage and Family Therapist # MFC 38343
Member: California Assoc. of Marriage & Family Therapists
American Psychotherapy Association
EMDR International Association