



COMPASSIONATE, EFFECTIVE PSYCHOTHERAPY

Informed Consent for Therapy & EMDR Treatment p.1

This information is prepared to provide clear parameters for our work together. The following are office policies under which I operate my practice. Your signature indicates that you understand and agree to comply with the policies.

Psychotherapy and EMDR Treatment: I am a Marriage and Family Therapist who is trained in eye movement desensitization reprocessing, EMDR treatment. I believe the therapeutic relationship works best as a partnership, which requires consistency, clear communication and feedback. Both traditional talk therapy and eye movement desensitization reprocessing, EMDR treatment have benefits and risks. Benefits can include improvement in life's challenges and effectively processing disturbing or traumatic memories. Risks can also involve negative feelings, such as sadness, loneliness, anger, and frustration as challenges are discussed. During the course of EMDR, one can experience dreams, flashbacks, or other disturbing feelings related to the trauma that is being reprocessed. We will work together to ensure you are safe and have support during reprocessing of difficult material.

Appointments: Therapy is most effective when therapeutic meeting times are regular and consistent. Typical therapy sessions are weekly and are 50 minutes in length, with some EMDR sessions scheduled for 75 minutes. This time is yours and is blocked out in advance, so it is important that you send notice if you are running late, as that will mean a shorter session.

Fees: Prior to the first therapy session, I will set a session fee with you, which constitutes a 50 minute session, unless otherwise noted. The session fee that is established will either be my full fee or a reduced fee based on our agreement. Session fees are payable at the time of services provided or prior to each session, unless otherwise arranged. Check or credit card are accepted forms of payment. Phone consultation and treatment planning is billed at the same session rate in 15 minute increments, per therapist discretion.

Cancellations: It is understandable that there will be occasions in which you foresee a need to cancel a scheduled appointment. In these rare occasions, 24 hour notice by phone is necessary to avoid being charged for the session. If you are running more than 5-10 minutes late for your session, please call and leave a message. It is



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recommended that you arrive as soon as possible, even if late, since last minute cancellations will be billed according to the 24 hour cancellation policy. **You will be charged the full session rate if you do not provide 24 hours notice.**

Telephone Policy: You will be provided with a phone number to reach me in the case of an emergency, (310) 853-9228. I will check this voicemail box periodically and do my best to return your call during the same day or early the next day. If your call is in need of immediate attention or if physical or psychological safety is an issue, you should call 911 or visit the nearest emergency room. Text is occasionally utilized for scheduling or confirming sessions, but should not be relied on as a method of therapeutic support or emergency intervention.

Social Media: It is my policy to not accept friend or follow requests from clients during the course of therapy. This protects the therapist – client relationship and helps us to focus on therapeutic content in session.

Insurance Reimbursement: If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I am able to provide a super bill for services provided that you may submit to your insurance to see if they will cover a portion of the session fees. I am not paneled with insurance companies and will be considered an OON out of network provider in most cases. You should be aware that most insurance companies require me to provide them with a clinical diagnosis on the super bills.

Confidentiality Agreement: Anything you share in the context of psychotherapy sessions is confidential. There are a few legal exceptions to confidentiality, which will be briefly described here:

1. Your rights to confidentiality will be waived if you are behaving in a way that suggests that you pose a danger to yourself and emergency intervention or hospitalization is warranted (only information necessary to facilitate hospital admission will be shared). (EC 1024)
2. Your right to confidentiality will also be waived if it is suggested that you pose a danger to another person. Confidentiality is waived in this case.



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3. As a Marriage and Family Therapist, I am a mandated reporter of child, dependent adult, and elder abuse, neglect, or molestation. Confidentiality is waived if this type of information is provided, to provide necessary information to appropriate protective agency.
If therapy is being used to avoid legal punishment for a crime, privilege to confidentiality is waived.

In addition, I will be glad to consult with any outside professional with whom you are involved, to collaborate in treatment efforts. I will request your signature consenting to the release of information necessary to ensure consistency and continuity of care.

“I HAVE READ, UNDERSTOOD, AND AGREE TO THE GUIDELINES AND POLICIES OUTLINED IN THIS INFORMED CONSENT FOR THERAPY AND EMDR TREATMENT.”

Client signature

Date

Print name: _____

Phone number: _____

Emergency contact: _____

Phone number: _____

Relation to client: _____

Financially Responsible Adult: _____

Phone number: _____

Relation to client: _____

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