

Rosalind Solo MA, LPCC, LMFT
Licensed Professional Clinical Counselor #606
Licensed Marriage & Family Therapist #86402
Certified EMDR Therapist

INFORMED CONSENT AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies regarding your participation in individual, family, couples and/or group therapy. Please feel free to ask any questions you may have regarding this information and/or therapeutic treatment.

THERAPEUTIC APPROACH

My approach to psychotherapy is integrated and eclectic and comes from an EMDR, depth psychology and person-centered perspective. This means that in addition to the material presented in our sessions together, I will also consider some of what is happening to be from the unconscious. I use a holistic approach to therapy, which invites thoughts, behaviors, emotions and feelings to be explored and understood.

I am a certified EMDR Therapist and use this framework in my practice. EMDR is an efficient form of therapy utilizing Bilateral Stimulation (BLS) -- usually in the form of eye movements, tapping, or auditory tones -- in order to accelerate the brain's capacity to process and heal a troubling memory and it's related thoughts, feelings, phobias, etc. EMDR helps the brain reintegrate the memory and store it in a more appropriate place in the brain. The clients own brain reintegrates the memory and does the healing. The memory is remembered, but the painful emotions and physical sensations/disturbing images/thoughts are no longer present. EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred years ago or yesterday.

EMDR Therapy was initially developed to treat trauma and over 24 randomized studies (and much related research) have provided empirical validation of its efficacy. EMDR Therapy has been assigned to Category A as "strongly recommended" for the treatment of trauma by the Department of Veterans Affairs and Department of Defense (2004, 2010); has been determined to be an effective treatment for Acute Stress Disorder and Post-traumatic Stress Disorder by the American Psychiatric Association (2004); and has been included in SAMHSA's National Registry of Evidence-based Programs and Practices (2011) for the reductions of trauma-related stress, anxiety, and depression. Most recently in 2013, the WHO (World Health Organization) has formally approved the recommendation of EMDR Therapy for adults and children with PTSD.

Psychotherapy can have benefits and risks. Since therapy often involves exploring unpleasant aspects of life, you may experience uncomfortable feelings such as sadness, anger, guilt, frustration, loneliness and helplessness. Research has found that psychotherapy helps many clients, yet every client carries with them their own unique goals and challenges. Due to each client's individual personality and life situation, I cannot predict the length of treatment or guarantee results. From time to time, I may suggest participation in additional sessions, out-of-session assignments, group therapy, or consultation with other care providers. I may suggest both traditional and non-traditional methods and practitioners and, if needed, will

provide you with a variety of resources. If you are working with another practitioner, I may ask you to sign a release of information so I can coordinate treatment with that provider. You have the right to ask questions about or refuse anything I suggest.

ACCESSIBILITY

I am available through voicemail or text messaging at 760.505.5071, or through email at rosalindsolocounseling@gmail.com and will respond within 24 hours, with the exception of weekends. In that case I will get back to you the next business day. If you are experiencing a life threatening or urgent mental health emergency, please call 911 or the San Diego County Crisis Line at 888.724.7240

As a professional, I maintain ethical therapeutic boundaries to protect both of us and provide a safe environment. You may elect to discontinue therapy at any time. If I feel you are not benefiting from therapy, I will propose treatment alternatives, including ending therapy. Should this be the case, I will provide referrals to other qualified therapists.

CONFIDENTIALITY

All information shared with me during the course of therapy and my written records of your treatment are confidential and will not be revealed to anyone without your written permission with the following exceptions:

You disclose you seriously intend to hurt yourself or another person, or your condition gravely disables you. In such cases, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others, and to insure you receive proper medical care.

As a mandated reporter, I must file a report with the appropriate agency if there is a reasonable suspicion of child, elder or dependent adult abuse or neglect.

In emergency situations where there is serious concern for your personal safety or the safety of others, or regarding your proper medical and/or psychiatric care, I may call 911, the police, the psychiatric emergency response team (PERT), the emergency contact person you provided, or another appropriate contact person.

Should your therapy records be ordered by the court, or you are in court-ordered therapy, I will disclose only essential information.

Should you initiate litigation and place your mental status at issue, the defendant may have the right to obtain your therapy records and request testimony.

Other exceptions to confidentiality:

At times, I may consult with professional colleagues; however your identity will remain entirely confidential.

Minors are entitled to the same rights and exceptions to confidentiality that adults have. If a parent requests information or treatment progress of the minor, I will use my professional judgment in sharing information. I have strong personal feelings about the safety of minors. While not legally required, I may choose to break a minor's confidentiality if, in my professional opinion, I feel the minor is engaging in dangerous or negative life-changing activities. I will do what I feel is necessary to protect the minor.

FEES & POLICIES

Individual therapy sessions are 60-90 minutes in length and group therapy sessions are typically 1¼ - 2 hours in length. My standard fee for individual, couples, or family therapy is \$150 - \$225/session and my standard fee for group therapy is \$65/session. In some cases, I can

provide a sliding scale rate based on one's ability to pay. Although I provide a portion of my work at a reduced fee, these arrangements are in high demand. If I am unable to accommodate your financial situation, I will assist you in finding lower cost treatment alternatives.

Payment of \$_____ for _____ is expected at each session and can be made in cash, check or credit card (credit card payments may incur a service charge). I do not take or bill insurance. Sessions will begin and end on time. If you are late, we will still end on time. If I begin late, you are entitled to the full time. If unable to keep an appointment, please provide a minimum of 24 hours of notice. Since I reserve a specific time for you, I charge my full fee for appointments cancelled without 24 hours of notice, except in the event of serious emergencies.

AGREEMENT & SIGNATURE

By signing this Informed Consent Agreement, you agree that all disputes arising from or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by our mutual agreement, and the costs of such mediation shall be split equally, unless otherwise agreed. If mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in San Diego County, California, in accordance with the rules of the American Arbitration Association in effect at the time the demand for arbitration is filed. My goal is to provide therapeutic care in such a way as to avoid any dispute. Communication can often help avoid misunderstandings. Therefore, if you have any questions about your care, please ask.

Client's Name

Signature

Date

Client's Address

If the client is a minor

Parent or Legal Guardian's Name

Signature

Date
