



TRAUMA TREASURES LORIE A. CARTER

LCSW #66407 CA | LICSW #15212 MN | LCSW-CP #15034 SC | LCSW #34010834A IN

traumatreasures@gmail.com

707-396-4692

Informed Consent

Name _____ Date of Birth _____

Address _____
Street City State Zip Code

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Parent(s)/Legal Guardian(s) if Minor _____

MENTAL HEALTH SERVICES DESCRIPTION

A diagnostic assessment is initially conducted to determine if your needs, what you are seeking help with are a good fit for the services I provide. In the course of the assessment we will discuss your current situation, past experiences and what current thoughts, feelings and physical reactions you are finding to be very challenging. Please anticipate a 1.5-2.0 intake.

Together we will develop a treatment plan to identify goals and methods of therapy that will be used in helping you achieve these goals. You need to evaluate the above information along with your own opinion and decide if you want to work with me. Therapy involves a large commitment of time, money and energy so it is important you choose a therapist who is most suitable in meeting the needs you have.

Psychotherapy is relational. It is transactional exchange between the therapist and client. Psychotherapeutic techniques and methodologies used in these interactions are rooted in a therapists' orientation to theories and professional values.

I work psychodynamically, within a diversified framework of theories. My orientation to clinical work is through the lens of systems theory. I understand human functioning to operate within the framework of primarily seven different systems. These systems are relational / social, neurological / biological, emotional, cognitive, psychological, sexual, spiritual. Therapeutic processes require the use of different methods and procedures based on the outcomes that are desired by you. I have been highly trained in these different methods and procedures and have close to 30 years of experience working with them and clients. My specialized training is with traumatic experiences and shock. I help people to heal from difficulties that can arise. My work touches into every system a human operates in, since trauma and shock infiltrate and impact the whole person.

Informed Consent

If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional who can give you a second opinion.

If you decide to discontinue therapy with me, please inform both me and your primary therapist, if you are working adjunctly with me. The period of time for which informed consent is effective shall not exceed 60 months from the time the consent is given and signed. You (the "client") have the right to withdraw informed consent at any given time by submitting a written request to me.

Psychotherapy has both benefits and risks. Risks can include the possibility of experiencing uncomfortable levels of feelings; such as, sadness, guilt, anxiety, anger, grief, frustration, loneliness or helplessness. Psychotherapy often requires recalling and focusing on unpleasant aspects of your past experiences which may have been unpleasant and felt very disturbing. It is a natural reaction to want to avoid these kinds of memories, however avoidance will not allow for growth and resolution to occur. Psychotherapy has been shown to have benefits for many people who undertake it. It can often lead to significant reduction in feelings of distress, improved relationships, more effective problem solving skills, deeper integration of self and the reconsolidation of traumatic memory.

Every effort will be made to achieve the goals set forth in our treatment plan for you. You may need to seek additional support from your family, friends and community resources during your course of treatment with me. In some cases, especially with children, an increase in disruptive behaviors may develop while confronting this distress. Safety is important, especially when confronting issues of relationships. It may be necessary to address the issue of safety before beginning therapy; this is especially true for domestic violence, child neglect or sexually, physically or emotionally abusive situations. In addition, if the use of addictions or other self harming behaviors continue following your course of therapy it will be difficult to enjoy the full fruits of your work. Implementation of the self-care strategies you identify in therapy, into your daily life schedule, will continue to support and deeply enhance the gains you have made in therapy. Choices determine these outcomes.

EMDR and INTENSIVES

EMDR treatment and the intensive formats are different than standard psychotherapy. Standard and traditional forms of psychotherapy are used in conjunction with EMDR. These forms and methods are used to treat chronic and acute conditions of traumatic stress; this may include post-traumatic stress disorder, depression, anxiety, dissociative disorders, phobia, panic attacks and nightmares. EMDR processing includes negative beliefs about self. Sometimes but not always, specific cognitive and feeling memories and may include significant physical sensations. Memories are also stored in the body and heart not just the mind and may appear from memory in many forms. **You may notice dreams, thoughts and/or grief continuing to process out following your session. This is very temporary and will lessen in intensity within a couple of days.**

Informed Consent

Please understand that although EMDR and trauma treatment can produce immediate results, memory of painful past events will not be erased. With proper treatment old painful memory and associations of those memories are reconsolidated. This means strong charged feelings you currently struggle with are very likely to diminish, negative false beliefs about self and others will diminish, physical and emotional sensations from the past will lessen, there will be a cessation of nightmares and intense states of anxiety will diminish. Old learning will be replaced with new learning which is positive and more in alignment with you truly are. Some of these changes will be immediate and rapid. You may want to schedule a session or two with me after a month or two have passed if there are some new issues that have surfaced which we did not work with. This is not unusual. **The problems you came in with took time to affect you as deeply as they have and it does take time to heal. These processes require patience and self-compassion.**

I follow the eight step protocol and the three pronged approach with EMDR. In addition I will use situation specific procedures I have used over the past 24 years with EMDR. This is a heavily researched method and if you are wanting to learn more go to EMDRIA.org and click the research tab.

I also use a method that has come into the field the past five years. DBR, Deep Brain Reorienting, it is used to treat shock. An experience that is closely if not always related to traumatic experience. There is new research on the developer of the technique's website, Dr. Frank Corrigan which distinguishes it's high rate of effectiveness.

Please check in with me if you have questions or concerns at any time.

When making the transition from living a life which has been largely dictated by "survival living skills and defenses" to a life that is non-reactive, grounded and thriving, it takes time and requires support to integrate changes which occur in very deep unconscious regions within your psyche and body. For the best results, it is crucial that you continue to see your primary therapist, and/or me, your EMDR therapist regularly in order to process and integrate these changes. Our minds always have to go through a meaning making process and understanding to fully embrace new learning. Allow family and friends to be supportive of you. Many times when clients have a traumatic history part of the trauma is the lack of self-compassion, self empathy and the belief you will be cared for in relationship, healing will feel like a vulnerable time and require you develop assertive skills and use your courage.

Part of the restorative work following intensive EMDR is participating in compassionate, empathetic, safe relationships where feelings and thoughts can be processed catalyzing through this process the completion developmental needs which perhaps until now have been on hold due the need to simply survive your life. Therapy is the most appropriate context for experience of restoration, rebalancing and maturing to occur.

Informed Consent

PRIVACY INFORMATION

Client records are kept to plan and describe treatment and progress. This information is private as required by California State Board, Minnesota State Board, South Carolina State Board and Indiana State Board Statutes. This includes NASW statutes, ethical requirement and Federal HIPPA regulations. Information will be shared as necessary for review of treatment plans, to assess quality of care and to file third party reimbursement claims. Contact with other professionals, family members or individuals require your written consent or an order from the court to release any information. You are entitled to review your records and to receive a summary or a copy if you wish. A reasonable fee may be assessed for this request. In some situations access to records may be detrimental to the client's mental health or is likely to cause the client to harm themselves or others. The law mandates reporting any suspected child or vulnerable adult abuse to the proper authorities. In the case of clear and substantial risk, imminent serious harm to the client or another individual disclosure of this information to others without consent is permitted. Records involving contractual agreements with your County follow the Data privacy laws as dictated by State and HIPPA regulations.

DISCLOSURE OF PRIVATE INFORMATION

General information on number of clients, county of residence, type of reimbursement, diagnostic and psychological test data and treatment outcome may be compiled and disclosed to others without revealing private or confidential information. This data may be used for evaluation of business, effectiveness of modalities and/or research.

PROFESSIONAL RECORDS

I keep Protected Health Information, HIPAA, in two sets of professional records. One is your clinical record. This includes information why you sought therapy, a description of how your problems are impacting your life, your goals, progress, your medical and social history, past treatment records, professional consultations, billing records and any other records including billing records. You may receive a copy of this record if you request it in writing. Sometimes records can be upsetting. I would recommend you review them in my presence or another professional. There will be a copy fee of .25/page.

I also keep psychotherapy notes. The notes are for my own use and help me provide the best treatment to you. These notes can vary person to person and can include the content of conversation, my analysis of conversations and how your therapy has been impacted by these conversations. These notes will not be sent to anyone without your signed authorization.

PATIENTS RIGHTS

HIPAA has several new and expanded rights with regards to your clinical records and disclosures of protected health information. These rights include requesting that I amend your record, requesting restrictions on information shared from your record, an accounting of information shared from your record, determining the location where the records are held, 4

Informed Consent

complaints you may have about my policies or procedures are recorded, and the right to a paper copy of this agreement, a Notice form and my privacy policy and procedures. I will discuss any of these things with you. HIPAA has also in addition to the Department of Regulations in CA, MN, SC, IN, developed privacy regulations regarding all media communication. Therefore I will insist on all communication other than scheduling be concluded by phone.

CONTACT AT HOME

I will assume that you have given me permission to contact you at your home address by telephone or letter unless you have asked me not to in writing. It is sometimes necessary for the clinician to reschedule an appointment, billing and other correspondence will be sent to your home. In some cases, where safety is an issue, it is best not to contact you at your home. Please let me know your preference.

APPOINTMENT POLICIES AND FEE SCHEDULES

Appointments can be arranged by calling me. Intakes are 1.5 to 2.0 hrs duration. Individual sessions are for one hour with 50 minutes of face to face contact and ten minutes of clinical documentation. You may request that we continue past 50 minutes if there is not a scheduling conflict, you will be charged accordingly. Group therapy will vary depending on the group; however, 120 minutes will be the average. Family or couples' sessions are 1.5 to 2.0 hours. EMDR sessions typically are 2-4 hours; this includes intake time for the initial meeting. Intensives are for three consecutive days the first day is six hours, the second day is six hours and the third day is six hours.

FEES AND CANCELLATIONS

My expectation is that the fee you incur will be paid at the time of service at the beginning of our time for whatever service you request.

A 50% fee for intensives will be required at time of scheduling to reserve my time. I require a three week notice if you decide to cancel your intensive or your deposit will not be returned due to the amount of time being reserved for you. The cancellation policy, for any reason, is as follows:

Once an individual appointment is scheduled, you will be expected to pay for it at the time of service. It is important to note that insurance companies do not provide reimbursement for if you do not show up for any reason the day of the appointment. You will have to pay the fee incurred if there is not 72 hour notice prior to the beginning of our next session.

Informed Consent

Three day intensives cancellation policies: For each day you have reserved, eight full days' notice is required, so for three days reserved, 24 days notice is required to avoid a cancellation charge. If you give less than 24 days notice, the amount owed will be calculated based upon the above schedule (one day's notice for each 60 minutes held, at six (60 minute units a day). Be aware that you might owe more than the deposit prepaid if you cancel without adequate notice.

Cancellation after intensive has begun. The client owes for the full amount of time held whether or not the client leaves the intensive early. For example, to catch a flight, you're tired etc. The clock starts running at the scheduled appointment time (usually but not always 9am Pacific time) and continues for the fully scheduled day.

I *do not* bill insurance for any reason. I do not contract as an out of network provider for any reason. I cannot guarantee that you will be reimbursed for your treatment. I am also not in a position to submit treatment plans to your insurance company. I also do not accept credit cards **only cash or a check**. My bookkeeper will email an insurance ready superbills for you to submit should you choose to your insurance company **upon request**. Her contact is mail is medbill7@sonic.net.

By signing this Informed Consent you are contractually agreeing to pay for services and consent to these financial policies.

INSURANCE REIMBURSEMENT

Part of this process includes setting realistic goals and priorities, so you need to evaluate what resources you have available to pay for your treatment. It is most beneficial to do this at the onset of treatment. If you have insurance you need to call your company to determine the benefits available to you. You may need a prior authorization to receive these benefits. **You** have to secure authorization for extended sessions. These plans are many times limited to short term treatment and you may need to repeatedly request authorization. Some companies direct you cannot see me once your benefits end. Most companies only pay a percentage of my fee. **I am not a provider for the companies so you will have to pay my full fee and send in the necessary paperwork to receive whatever reimbursement is allowed. I do not act as a go between with you and your company.**

Sometimes the companies will request information and a clinical diagnosis along with a procedure code are always required. If there is information beyond this I require a written request from the company and a written authorization from you giving permission for me to share information with the company. I have no control over what the insurance company does with this information once it is released. By signing this agreement, you agree that I can provide the information needed to your insurer.

Informed Consent

MINORS

Your signing of the informed consent gives full permission for me to see your child or adolescent for therapeutic services. All parents and legal guardians of the child or adolescent will have full access to records as according to the California, Minnesota, South Carolina and Indiana state statutes and HIPPA regulations unless there is information regarding pregnancy, birth control, abortion, sexually transmitted diseases or chemical dependency. These issues are protected and are considered private information for adolescents; their rights to privacy are protected unless they give written consent identifying who they want this information to go to. Parents and guardians otherwise have access to mental health records. Parents and guardians will be advised, as is congruent with research, that children and adolescents be allowed their privacy to information. Clients and parents or guardians will always be advised that information important to the improvement of relationships will be shared in a therapy session. The only times confidentiality will be superseded is if there is a court order for records, abuse is currently occurring or if there is a plan for self-harm or for the harm of another person.

COUPLES

It is very common for one spouse, sometimes both to be referred to me for trauma work. I will provide EMDR individually and within the coupleship when all the conditions for consent and confidentiality have been met. I will not at any time talk with spouses about content in individual sessions. There must be a formal signed release of information to do so. In addition, should the couple choose to do EMDR and or DBR in one another's company, it will only be agreed to if it is in one another's best interest. I reserve the right to end the therapeutic relationship should "secrets" emerge and there is a refusal to share the information with the spouse, such as an affair or addiction. Once the trauma/EMDR work is completed should the couple choose they will be directed back to their referring therapist.

EMERGENCIES

Emergency plans will be worked out as needed on an individual basis. If you are unable to reach me on my cell phone either during or after offices hours, please call the emergency services of the hospital of your choice. You may experience an increase in distressful feelings between sessions. If this occurs please call me and leave a message at the number you were given at your appointment. I will call you back as soon as I can if I am with other patients there may be some delay.

If you are not able to reach me and you need help in an emergency please call your local medical clinic, hospital emergency room or law enforcement agencies. 911 may also be called if there is immediate risk of someone hurting themselves or someone else.

Informed Consent

SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE INFORMATION IN THIS DOCUMENT, THE PSYCHOTHERAPIST/PATIENT SERVICES AGREEMENT. I AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP.

PLEASE BE AWARE THAT IF YOU REFUSE OR FAIL TO RETURN TO SEE ME FOR UNKNOWN REASONS IT WILL BE NOTED IN THE CHART. IF YOU ACT AGAINST MY PROFESSIONAL ADVICE, I CANNOT BE RESPONSIBLE IF YOU DO POORLY.

I HAVE READ AND UNDERSTAND THIS CONTRACT FOR PSYCHOLOGICAL SERVICES

Client Signature

Date

Parent or Legal Guardian

Date