

Marjorie Lamphear, PhD
14 Hayward Street
Cranston, RI 02910
401 837-3224

INFORMED CONSENT

I understand that the therapy provided by Marjorie Lamphear is limited to a short-term trauma focused intensive model using EMDR Therapy. This will be for a predetermined, targeted piece of work. New clients are not seen for ongoing supportive psychotherapy in Dr. Lamphear's practice. Instead she works only in an adjunctive capacity, which means I already have and will maintain a continuing relationship with a psychotherapist for ongoing treatment, in conjunction with the intensive therapy for a limited time provided by Dr. Lamphear.

I hereby consent to enter into short-term psychotherapy with Marjorie Lamphear, PhD. I understand that all information disclosed by me during the course of therapy will be held in confidence, with the exception of threats I make to harm myself or others; disclosures of abuse or neglect of minor children, and frail or disabled adults; court-ordered disclosures; disclosures required by my insurance; and disclosures related to billing and payment. I understand that Marjorie Lamphear has a legal and ethical obligation to disclose such information. All other information will be held in the strictest confidence and will not be released to anyone without my written permission.

I understand that Marjorie Lamphear does not provide emergency services. If I have an urgent need to speak to someone between appointments, I am to call my primary therapist. If I am in crisis, I should call either 988, 911, or go to the emergency department.

I understand that I will be expected to be an active participant in my treatment. I will commit myself to keeping my appointments as scheduled, and to working toward my goals during and between sessions. I acknowledge that there is never a guarantee in treatment and Marjorie Lamphear is offering me no guarantee as to the outcome of my therapy.

As we learn more about the origins of my trauma, we may realize that much more is involved than can be addressed is short-term intensive work. If this is the case, Dr. Lamphear will provide me and my therapist with some suggestions about work that can be done to prepare me for more intensive work at a later time, if so desired.

Payment for all services, including therapy-related phone calls, is my sole responsibility. I will be expected to pay for services at the time they are rendered, unless prior arrangements are made. If I plan to use insurance, and the insurance company fails to compensate Dr. Lamphear, I am responsible for the full payment. Any other services, such as consulting with other professionals on my behalf, will be charged at an hourly rate of \$175.00. If a check is returned for insufficient funds, there will be an additional \$50.00 charge (or more) to cover bank fees.

The time scheduled for my therapy appointment has been set aside exclusively for me. I will be expected to notify Marjorie Lamphear of the need to reschedule an appointment by, at least, 7 pm the night before so that she has time to offer it to someone else. I understand that my insurance company does not reimburse for missed sessions. Should I fail to keep an appointment without such notice, I will be billed \$175 for that missed appointment, regardless of the reason.

I may ask questions at any time regarding these matters or the therapeutic process.

Signature of Client or Authorized Representative

Date

Witness

Date