



DR. LISA J. PALMER-OLSEN, M.F.T.

Licensed Marriage & Family Therapist ♦ M.F.T. #37577

3821 Front St., San Diego, CA 92103 (619) 895-0509 E-mail: PalmerMFT@earthlink.net

Informed Consent

Welcome to my office. As a licensed marriage and family therapist, I am governed by certain laws and regulations and by the code of ethics for my profession. The ethics code requires that I make you aware of certain office policies which may affect you. Please take the time to read the following information below and EACH member participating in therapy at this point MUST INITIAL EACH SECTION.

I. Your Rights as a Client

(INITIALS)

1. You have the right to ask questions about any procedures used during therapy
2. You have the right to decide at any time not to receive therapy from Dr. Lisa J. Palmer-Olsen. If you wish, she will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.

(INITIALS)

II. Confidentiality

(INITIALS)

1. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times therapy will involve the participation of more than one family member and/or significant persons. While Dr. Lisa J. Palmer-Olsen will attempt to follow your wishes, she does not guarantee confidentiality among participants in the therapy.
2. There are certain situations in which Dr. Lisa J. Palmer-Olsen is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:
 - a. If you threaten bodily harm or death to another person, Dr. Lisa J. Palmer-Olsen is required by law to inform the intended victim and appropriate law enforcement agencies.
 - b. If you threaten bodily harm or death to yourself, Dr. Lisa J. Palmer-Olsen will inform the appropriate law enforcement agencies and others (such as a spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
 - c. If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, Dr. Lisa J. Palmer-Olsen is required by law to report this to the appropriate authorities.

(INITIALS)

III. Therapy Services and Fees

(INITIALS)

1. A therapy hour is fifty minutes to an hour. You are encouraged to schedule appointments as you feel will be of need to you. If you are unable to attend your scheduled appointment, you must call 24 hours in advance or you will be charged a full session fee. Additionally, if your personal check is returned for insufficient funds you will be charged a \$25 fee.
2. Your initial consultation fee was discussed with you and was set at \$_____. Your weekly fee will be discussed at the end of the first session. The weekly fee set for you/your family is \$_____. If you plan on billing an insurance company for your future sessions, then you must complete and sign the "Assignment of Benefits" form attached.
3. Payments are required at the time of your appointment, unless other arrangements have been made in advance. If at any point in the course of treatment you are unable to pay for your fee, please communicate this to your therapist and your fee will be negotiated.
4. Dr. Lisa J. Palmer-Olsen can be reached at (619) 895-0509, Monday through Thursday 8am to 8pm. If you have a counseling emergency after hours, please call the 24 Hour Emergency Crisis Line at 1-800-479-3339 or you may dial 911.
5. Email communication is for non-emergencies only. It may be used for appointment changes, referrals and non-clinical questions. I check my emails as often as possible, but if you are cancelling an appointment with less than 24 hours notice, please call my cell phone number.
PalmerMFT@earthlink.net

(INITIALS)

(INITIALS) IV. If you are the guardian of a minor or are a minor, please read the following:

By signing below, I give my consent for Dr. Lisa J. Palmer-Olsen to conduct therapy sessions with the minor listed below. I have also been informed of the limitations to confidentiality in terms of the treat

to me about certain topics such as substance use and sexual activity. I accept Dr. Lisa J. Palmer-Olsen's judgement in regards to releasing information related to the treatment of this minor. In addition, I understand that at anytime if Dr. Lisa J. Palmer-Olsen believes this minor is in danger of hurting him or herself, I will be notified immediately.

(INITIALS) V. Emotionally Focused Therapy: (If you are NOT coming for couples therapy you may skip this section)

(INITIALS) EFT is a short term (8-20 sessions) structured approach to couples therapy formulated by Susan Johnson and Les Greenberg in the early 80's. The strategies and techniques of EFT are also used with families. A substantial body of research outlining the effectiveness of EFT now exists. This research demonstrates that couples significantly improve over the course of treatment and continue to get better at two year follow up. Please refer to the EFT website for further information about the treatment model and present outcome research. www.eft.ca

The Goals of EFT are:

1. To expand and re-organize key emotional responses
2. To create a shift in partner's interactional patterns
3. To foster the creation of a SECURE bond between partners/families

(INITIALS) VI. Consent for EFT Consultation Live and Group:

(INITIALS) In order to provide the best possible therapy treatment for you and your family, it is common for Dr. Lisa J. Palmer-Olsen to participate in consultation and training groups with seasoned mental health professionals on a regular basis. Dr. Lisa J. Palmer-Olsen also provides EFT training and supervision throughout the United States and often uses segments of her confidential sessions with clients to demonstrate the specific steps and stage of EFT. At some point in treatment, you may be asked to participate in a therapy session which will be observed by a live consultation and/or training group. In this case, this would be scheduled in advance and the session would free of charge to you and your family.

If you give consent, during these consultation and/or training groups, Dr. Lisa J. Palmer-Olsen will present your case(s) to the group via audio or video tape. Typically a segment of your confidential session will be shared with the group. In addition, a summarization of the presenting problem(s) and relationship history is also included in this presentation. Absolutely, no identifying information is presented to the consultation and/or training group members. After the case has been presented, the professionals in the group will collaborate with Dr. Lisa J. Palmer-Olsen on how to best work with the presenting relationship dynamics and issues. Dr. Lisa J. Palmer-Olsen will take record of the feedback and recommendations and will then review this information with you at your next session. Dr. Lisa J. Palmer-Olsen will notify you ahead of time if this is going to happen so that you have the opportunity to revoke consent after the session(s) have been recorded. Dr. Lisa J. Palmer-Olsen will also notify you of which particular segment of your session she would like to have the group review before she takes it to the group for review.

The mental health professionals in the consultation and/or training group must follow the same confidentiality guidelines as Dr. Lisa J. Palmer-Olsen. If by chance someone in the consultation or training group was to know you or a member of your family, they will be asked immediately to leave the group and will not be permitted to participate in the portion of the meeting involving your case. Your case information and the copy of your recorded session will remain with Dr. Lisa J. Palmer-Olsen and will not be reproduced or shared at any point. Once the review has taken place, your session file and/or dvd copy of your session will be deleted permanently. In some cases, Dr. Lisa J. Palmer-Olsen may ask to use a specific segment of your confidential therapy session(s) in order to further the training and supervision of EFT. Again, this will be communicated to you and your family right away and the specific segment will be listed below with your permission to use in that capacity.

By signing below, I give my consent to allow my confidential therapy session(s) or segment of my confidential therapy session(s) with Dr. Lisa Palmer-Olsen to be:

- a) Observed by a live consultation and/or training group with minimal background relationship and individual clinical history revealed. _____
(INITIALS) (INITIALS)

- b) Recorded via video or audio tape and used for Dr. Lisa J. Palmer-Olsen's review only. _____
(INITIALS) (INITIALS)

- c) Reviewed via video and/or audio tape by a consultation and/or training group with minimal background relationship and individual clinical history revealed. _____
(INITIALS) (INITIALS)

- d) Used to further EFT training and supervision and only by Dr. Lisa J. Palmer-Olsen. (Dates of session(s) below approved by client(s)) and not be reproduced at any time without my permission.
 - 1. _____ (INITIALS)
 - 2. _____ (INITIALS)
 - 3. _____ (INITIALS)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Dr. Lisa Palmer-Olsen, MFT _____ Date: _____