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BODY MIND WELLNESS

Office Policies

This Informed Consent Form is intended to provide sufficient information for you to make informed choices about entering and continuing therapeutic treatment. The specifics of the treatment goals and the steps to achieve these goals will be discussed at the first appointment. Your participation and understanding of the treatment goals is essential for the best benefit of therapy.

CREDENTIALS AND TRAINING

I am a Bilingual (English/Spanish) Licensed Professional Clinical Counselor, Registered Yoga Teacher and Therapist, Somatic Experiencing Practitioner® (SEP), Neuro-Affective Touch® Practitioner and Somatic Experiencing Touch Practitioner. I have also completed coursework at the International Professional School of Bodywork. I obtained my graduate degrees from Columbia University in 2001. I'm a member of CALPCC-California Association of Licensed Professional Clinical Counselors.

WHAT TO EXPECT – BENEFITS

There are benefits and risks in seeking individual, group, marital or family therapy. Some of the potential benefits of therapy include developing your ability to handle or cope with your relationships and providing you with greater insight into your personal goals and values. In working to achieve these benefits, however, you may address issues or make changes that you may experience as distressing. These risks of therapy include, but are not limited to: feelings or circumstances becoming worse before they get better; changes in your emotional state, such as feelings of depression or anxiety; the possibility of hallucinations or dissociations; changes in perception or behavior; and changes in occupational, social, or personal relationships.

SOMATIC EXPERIENCING®

I often utilize tools from a modality called Somatic Experiencing® (SE). SE is a naturalistic form of healing that will help you learn how to settle and release physiological activation from your body. Very often this process helps people to reduce stress and return to a sense of regulation and mastery in their lives. SE will support you in learning how to attend to uncomfortable sensations in your body and gently unwind them through your conscious attention. SE sessions are done seated in a chair or couch depending on your preference. You will be asked to share an impression of the

sensations that you feel in your body, such as tightness, heat, shakiness, expansion, relaxations, etc. I will teach you ways to track, or follow, these sensations with your awareness and come to a place of rebalance.

SE is particularly useful in managing stress because so many of the symptoms are physiological. If you would like to read more about SE, visit our website at www.traumahealing.com or read *In an Unspoken Voice* by Dr. Peter Levine. During SE practice, I also draw upon psychodynamic therapy, Cognitive Behavioral Therapy, Positive Psychology Family Systems, Play Therapy (for children), and Mindfulness Practices.

BENEFITS AND RISKS OF SOMATIC EXPERIENCING ®

SE may offer you many benefits such as an increase in your ability to self-soothe and feel empowered. However, there may also be risks as with any treatment that focuses on healing trauma. Although SE is designed to help you resource and work with manageable amounts of discomfort, you may experience challenging feelings, images, or thoughts. Furthermore, as with any stress reduction treatment, there can be no guarantee that you will reach your goals. That said, many people report that SE has helped them tremendously and has created positive change in their lives. Learning how to reorganize “body memory” is often a vital to learning how to relax and calm your nervous system.

If you are working with a therapist and would like to work with me to teach you SE, I will ask you to sign a release so that I might discuss your progress with your primary therapist. This is to ensure that we function as a good team working for your benefit.

TOUCH

SE touch is not a form of massage. I may offer you touch support for the following reasons: grounding, containment, supportive, mobilization, or awareness building. You will always be asked before being touched and have the right and my full support to decline. If you do not feel comfortable with touch, or if the session does not call for it, session work will not include touch.

CONFIDENTIALITY

Everything that you share with me will remain confidential. There are a few reasons, however, I am required to break confidentiality by law. The first would occur if you were of danger to yourself and had an active plan to harm yourself. In this case I would contact the hospital to place you on a 72-hour watch. Another reason would occur if you were planning to seriously harm another person. I would be required to contact the

person threatened if possible as well as the police department. Confidentiality will also be broken if I learn of child or elder abuse and will contact protective services immediately. If I learn of a child abuser from a person's past who is actively still around children I am mandated to report him or her.

If you are a minor, I am required to share important information with your parents regarding your emotional health. This is not the case if the information you share would put you at extreme physical risk from a caregiver. Breaches in confidentiality will occur along with the same guidelines for adults above, but include a report if you are having a sexual relationship with an older peer or an adult if you are under 16 years of age.

With the wonders of technology we may be able to meet online. Please know that, although unlikely to be hacked, online communications are never fully secure. By signing this document you acknowledge that you are entering into this format with awareness of its limitations.

PATIENT CONSENT TO RELEASE OF INFORMATION

I consent to information release about my case (or my child's case) with the referral source. Where applicable, I further consent to the release of information to my health plan for claims, certification/case management/quality improvement and other health plan purposes.

GENERAL CONSENT FOR TREATMENT

I further authorize and request that my therapist carry out treatment that now or during the course of my care as a client are advisable. I understand that the purpose of these treatment practices will be explained to me upon my request and are subject to my agreement.

GENERAL CONSENT FOR TREATMENT(If client is a child or dependent)

On the patient's behalf, I (the legal Guardian or Legal Representative) legally authorize Lara Eisenberg to deliver mental health care services to the client. I also understand that all policies in this statement apply to the client I represent. **I acknowledge that my child's records are considered confidential except in the above stated exceptions.**

PHONE CALLS AND EMERGENCY CONTACTS

Calls will generally be returned within 48 hours during regular working hours Monday-Friday unless I am out of town. I will generally tell you when I will be away from the office. I provide non-emergency service. If you have an immediate emergency you may call your local emergency hotline or 911.

For phone calls over five minutes you will be charged \$5/min. For some clients one check in message and response can be helpful or necessary at certain times. Please keep these messages to one message cycle and let me know if you want a call back or if we can wait to discuss the issue at our next session. I will not accept texts as forms of communication other than for scheduling. One short email per week is permitted. We can discuss the contents during our next session. I will not respond via email and will only do so in person. If this level of contact in between sessions is not enough we can discuss the possibility of bi-weekly meetings until you feel ready for once a week meetings.

These limits are important so that I can be fully available to you professionally and can have thoughtful, resonant, and meaningful interactions with you.

FEES

Sessions begin at the time of the scheduled appointment and generally run 50 minutes. If you would like to book a longer session it will be pro-rated on the amount you pay. Sessions are \$185 and run 50 minutes. Therapeutic services delivered over the phone are subject to the same hourly rate as regular sessions and will be billed on a pro-rated basis. Fees are re-evaluated and subject to change every six months I will reserve a third of my practice for students and low-income persons who may be eligible for a sliding scale.

If you require my assistance during a legal proceeding or for legal issues my hourly fee is \$450 per hour.

CANCELLATIONS

If you decide that you need to cancel a session please call me 24 hours before at (914)263-3999. If you do not cancel, I will expect you to pay for the missed session in full. This means that if you have an appointment at 11:00am on Tuesday, you would need to cancel by 11:00am on Monday. This will allow me time to reschedule other clients who could benefit from the availability.

CONFIRMATION AND ACCEPTANCE OF POLICIES

It is a great honor for me to work with you. I hope to teach you skills that will help you reduce stress in your life. It takes strength and courage to explore greater self-awareness, and I feel privileged to support you in reaching your goals.

