

Dave Berger, MFT, PT, SEP, MA
Walnut Creek, CA

Dear _____,

I appreciate you asking me to help you. This informed consent is designed to give you information about my practice and our professional relationship. I realize it is long, but sufficient information can help you make informed decisions and give consent for treatment.

CONFIDENTIALITY

I regard the information you share with me with the greatest respect. I will maintain confidentiality and privacy of your therapy and my records as it is a privilege of yours and is protected by state law and professional ethics in all but a few situations. These situations include: (1) if I suspect you intend to harm yourself, another person or property; (2) when I suspect a child, elder or dependent adult has been or will be abused or neglected. (3) In rare circumstances, therapists can be ordered by a judge to release information (subpoena). In all other circumstances, I will maintain confidentiality unless you give me expressed written authorization to do otherwise.

It is important to understand that once information leaves my office I have no control over what happens with it. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break-ins and unauthorized access. It has been reported that medical data have been legally accessed by enforcement and other agencies, which also puts you in a vulnerable position. I consult regularly with other professionals regarding clients I work with; however, a client's identity remains completely anonymous and I fully maintain confidentiality.

SCOPE OF PRACTICE AND PROCESS OF THERAPY

I am a licensed to practice both physical therapy and psychotherapy. I am also a Somatic Experiencing® practitioner, consultant and trainer, and a Rosen Method Bodywork practitioner. I studied psychotherapy at the California Institute of Integral Studies and physical therapy at Stanford University. My work is influenced by several schools of psychotherapy, physical therapy and somatic practices (bodywork), all of which help people understand their bodies, injuries, emotional lives, relationships, illnesses and personal dynamics as part of their healing process. My focus is on wellness and my areas of clinical expertise include pain, anxiety disorders and stress related problems, chronic and acute musculoskeletal problems, trauma issues/PTSD, relationship problems and life transitions.

There are times that integrating psychotherapy, bodywork and physical therapy might be helpful. You have the choice of working exclusively in physical therapy or exclusively

in psychotherapy, or integrating them. Integrating them can take various forms of alternating treatment sessions, doing a series of one and then a series of the other, or doing both concurrently. Which model and modalities/interventions I employ will depend on your situation and will be done with your informed consent.

Modalities/Interventions can include talk therapy, exercise, manual (hands-on) therapy, Somatic Experiencing®, Integrative Bodywork, movement education, electrical modalities (in physical therapy). For clients working in psychotherapy, hands-on bodywork might be an option, but will be added only with your informed consent.

All therapeutic work, including verbal therapy, movement education, body awareness and hands-on therapy, is strictly at a professional, not a personal level. You have the right to withdraw from therapy at any time. After our initial session I will inform you of my assessment of what I think I can be helpful with and what I may not be able to help with. This will include a treatment plan. If I feel I cannot help you I will tell you that and provide referrals for you when possible.

While it is impossible to predict the exact outcomes of therapy, we will work together toward the goals that we establish. In addition to the work we do together in my office, I may suggest things for you to between treatment sessions. In psychotherapy it is not uncommon for clients to feel levels of sadness, anxiety, fear as well as joy, happiness and love. Clients healing from physical conditions in physical therapy might feel some level of pain and discomfort while exercising or having certain manual interventions applied. Your feedback is very important.

FEES

The fee for a 50-55 minute appointment is \$165. The frequency of treatment will depend upon your needs, scheduling and the severity of your troubles.

INSURANCE

I do not participate with insurance companies. I can provide you with an invoice to send to your insurance company.

PAYMENT

Payment is due at the beginning of each session by cash, check or credit card (including flexible spending accounts). If you choose to pay by credit card you accept the risks associated with using credit cards. There is a \$25 charge for returned checks.

MISSED APPOINTMENT/NO SHOW/LATE CANCELLATION

I charge in full for missed appointments and appointments not cancelled within 36 hours of scheduled time. If you cancel because of inclement weather I can try to schedule a videoconference appointment with you instead of the in-office appointment.

EMAIL/TEXTING

Electronic media may not safe guard confidentiality sufficiently and is usually not HIPA compliant. I do not text with clients. Under limited circumstances I will email with clients. Emails will be limited to scheduling and a very short question. It will not replace or substitute for therapy and cannot be considered therapy. It may take me a couple of days to return an email.

Somatic Experiencing®

Informed Consent

When appropriate, and according to my clinical judgment, I will use Somatic Experiencing (SE) in our work together. SE is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly “charged” life-threatening experiences.

- SE employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma.
- SE's guidance of the bodily "felt sense," allows the highly aroused survival energies to be safely experienced and gradually discharged.
- SE may employ touch in support of the renegotiation process.
- SE “titrates” experience (breaks down into small, incremental steps), rather than evoking catharsis - which can overwhelm the regulatory mechanisms of the organism.

For more information about SE please note the following references:

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: N. Atlantic Books.

Kline, M. and Levine, P. (2007). *Trauma Through A Child's Eyes: Awakening the Ordinary Miracle of Healing*. Berkeley, CA: North Atlantic Books.

Levine, P., *In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. North Atlantic Press. 2010

For further references and information online about SE go to <http://www.traumahealing.com>

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative “side effects.” It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy. The United States Association of Body Psychotherapy (www.usabp.org) is a good source of information about other modalities. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from. I started my studies in Somatic Experiencing 15 years ago, and I am on faculty teaching the SE training.

As with all therapy, it is your responsibility to tell me when you are uncomfortable with any parts of the treatment. If you have any questions about SE or other treatments, please ask and I will do my best to answer your questions in full. You have the right to refuse or terminate treatment at all times, or to refuse techniques or interventions I may propose or employ.

I have read the above informed consent, understand, and agree to it.

Client name (print)

Date

Client Signature

Name: _____

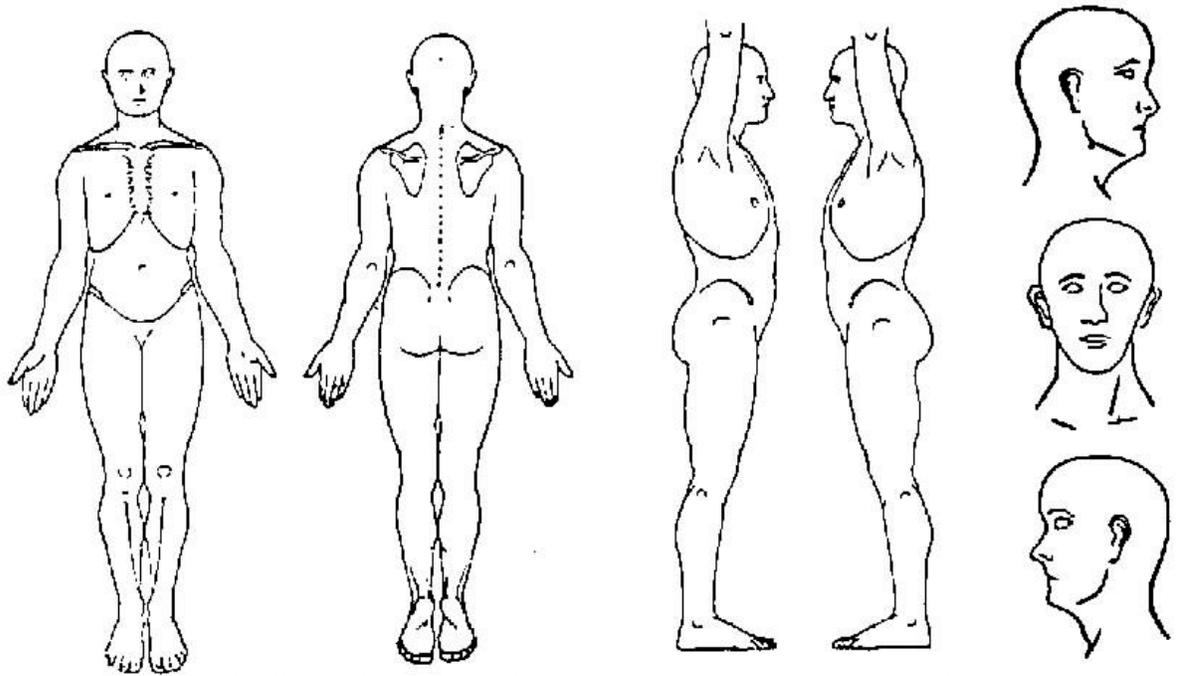
Date of Birth _____

Age _____

Sharing information about yourself is will help me understand why you are here. Please answer the following questions before your first appointment. Thank you.

1. What are the main concerns you have for seeking help at this time? Please include your symptoms, pain, illness, injuries, onset, upsets, losses, functional problems, fears, worries, etc.

2. Please describe what you feel in your body and mark on the chart where you feel your symptoms.



3. What would you like to achieve from therapy (what are your goals)? Include Functional Goals.

1. _____
2. _____
3. _____
4. _____

4. List the medications, supplements, remedies and herbs you take.

5. Do you have any allergies? Yes ___ No ___

6. Past Medical History (include dates)

Include major illnesses, surgeries, hospitalizations, accidents, injuries and relationship traumas. (continue on the back if necessary)

Have you experienced (please check)?

Experience	~Age	Brief Description
Physical Injuries (include concussions)		
Physical abuse		
Emotional abuse		

Sexual abuse or assault		
Experiences of breathing difficulty		
Relevant significant medical/dental experiences		
Motor Vehicle accidents		
Surgeries (medical and dental)		
Relational/Developmental trauma		
Birth or prenatal trauma if known		
Natural disaster involvement		
War, Military		
Other		

7. Primary Care Provider _____ Phone _____

8. Do you exercise Yes ____ No ____

What do you do, how often and how much? _____

9. Do you have a spiritual practice? Yes ____ No ____

What is it? _____

10-. Do you smoke tobacco? Yes ____ No ____ Cigarette, Cigar, Pipe

How many per day _____

Did you ever smoke tobacco? Yes ____ No ____

When did you quite _____ How much did you smoke _____

11. How much alcohol do you drink, if any? None _____
 ____beers/day _____glasses of wine/day _____drinks/day

12. Do you use recreational drugs? Yes _____ No _____
 If yes, what do you use? _____
 How often? _____

13. What are your eating habits like?
 Typical breakfast _____
 Typical Lunch _____
 Typical Dinner _____
 Typical Snacks _____

14. Have you ever had a problem with eating or an eating disorder?
 Yes _____ No _____ Anorexia, Bulimia, Binging, Overeating

15. How is your sleep? _____

16. Do you remember your dreams? Yes _____ No _____
 Has there been a theme to them recently? What is it? _____

17a. What are the stressors in your life right now? _____

17b. How do you reduce your stress? _____

18. Have you experienced any anxiety or depression lately?
 Anxiety _____ Depression _____ Mixed _____

Please describe: _____

19. Have you recently or in the past thought about suicide? Yes ___ When ___ No ___

Have you ever attempted suicide? Yes ___ No ___

If your answer is yes to either of these questions, please describe what treatment have had: _____

20. What do you do that makes you feel good? _____

21. Have you ever been, or are you presently in counseling or psychotherapy?

Yes ___ No ___ Other therapeutic work ___

Describe why you went and your experience: _____

22. Have you been treated for musculoskeletal problems or ongoing medical problems?

Yes ___ No ___ Please Describe: _____

23. What is your occupation? _____

Do you enjoy your work? Yes ___ No ___

Describe why or why not: _____

24. Sexual Orientation: Straight ___ Gay ___ Lesbian ___ Bisexual ___ Other _____

25. Gender Identity: _____

26. What kind of support system do you have?

Family ___ Friends ___ Relative ___ Other _____

27. Marital status:

Single____ Married____ Spouses/Partner's Name_____

Divorced____ Remarried____ Committed Relationship ____

If divorced, when did you get divorced?_____

How was the process?_____

If remarried, when did you get remarried?_____

Do you have a blended family? Yes____ No____

How many children? Yours____ Spouses____ Together____

28. Your children:

Names

Ages

Living Where?

29. Family History

Name	Age	Age @ Death	Illnesses (med/psych)
Mother_____			

Step Mother_____

Father_____

Step Father_____

Sisters_____

Brothers_____

30. Briefly describe your childhood, particularly in relationship to your family of origin

31. Briefly describe your present living situation: _____

32. What is your level of education? _____

33. What do you enjoy doing in your life? _____

Is there anything else you would like me to know right now (add on back of this page)?