Roser Camats Falip MA, LMFT #105026

Receiving Consultation by Harold W. Perry, Ph.D., MFT License #7220 Bach Flower Practitioner and Bilingual Psychotherapist 431 30th Street, Suite #140A, Oakland CA 94609 www.bachflowertherapy.com - Phone: (510) 859.8330

INFORMED CONSENT

Welcome to my Bach Flower Therapy practice. In order to promote a trusting and effective psychotherapeutic relationship, the following is explained for your understanding and consent.

Each of the 38 Bach Flower Remedies offered in Bach Flower Therapy treatment were discovered by Dr. Edward Bach. The flower essences are directed to treat mental and emotional conditions, including but not limited to treat depression, anxiety, grief, insomnia, and stress. An individual tincture or individualized formula will be made based on your unique emotional conditions that are affecting your health. There are different scientific studies proving its effectiveness for improving health and emotional conditions but Bach Flower remedies are considered only preventive, complimentary or 'alternative medicine'.

Healing approach: The language of your body and your symptoms are a guide into a process of deep inquiry and investigation to reveal their true cause and what needs to be treated. It is my understanding that symptoms, illness, and disease are our greatest teacher, and the *Bach Flower Therapy* treatment can help your body's effort to realign you with your true nature and re-connect you back to the healing forces residing within you. *Bach Flower Therapy* is a very enriching and self-empowering process in which I am delighted to assist you with. In this sense, I utilize the flower essences in combination with psychotherapeutic tools and Dreamwork to support your mind, body and soul's healing.

Education and training: I want you to know that I coursed all the trainings required to perform as a Bach Flower Practitioner but eventually I did not become registered. A side from that, I coursed two Master's Degrees in the field of Psychology. One, in 'Clinical Psychology' (which I studied in Spain) and the second, in Counseling Psychology with a Somatic Psychology orientation in California. My emphasis and training has been mostly on Psychosomatics and Depth Psychology. In this regard, I combine both professional orientations and offer this clinical experience to the practice of *Bach Flower Therapy*.

Legal information: To perform as a Bach Flower Practitioner a License is not required in the state of California. However, as my clinical background is in Psychology and Psychotherapy, it is my delight to bring my clinical experience to *Bach Flower Therapy* and enrich the practice by providing you with more in-depth consultations and treatments.

Even though I am a Licensed Marriage and Family Therapist (LMFT) in CA and I do not need to be in supervision, in order to provide you with a high quality of clinical services, I often have my clinical work and dream work supervised by a licensed professional. Please, find this information above this document where my name and contact is written.

Bach Flower Therapy is not Psychotherapy. Indeed, Bach Flower Therapy consultations are focused on the taking of the remedies and while you are taking the remedies, empathic listening, helpful feedback and counseling will be integral part of the services provided.

My work with you prescribing the Bach Flower Remedies and providing you with some counseling is complimentary and does not substitute for other medical health care services, mental health or on-going Psychotherapy. To assist you further in your self-growth and healing, a therapeutic role will be provided naturally and purposely in each session in relation to the content that you bring to *Bach Flower Therapy*. As I am not a licensed physician, you are fully responsible for working on the symptoms and issues that concern you in an individual basis with your doctor or medical practitioner.

Confidentiality: Similar to a Psychotherapy framework, a safe and therapeutic space is offered for you to explore with me your issues leading to *Bach Flower Therapy* treatment. All the information disclosed during consultations will be kept strictly confidential since the beginning of treatment and it will not be revealed to anyone outside of my practice without your written consent. The records with all your information will be kept locked and confidential. With what I won't be able to guarantee you total confidentiality is if we communicate via e-mail. Please, be aware that in case that you want me to collaborate with your doctor, mental health or other provider, another form will be given for you to sign and allow me to exchange information.

Minors and Their Parents: Clients under 18 years of age (who are not emancipated) and their parents, should be aware that the law allows parents to examine their child's treatment records *unless I believe that doing so would endanger the minor client in which case, I will notify the parents. Because privacy in *Bach Flower Therapy* is especially crucial to successful progress with teenagers, it is my policy to require an agreement from parents that they consent to give up their access to those records. I will provide the parent or guardian with general information about the progress of a child, teen or adolescent's treatment and attendance at scheduled sessions, and a summary of the treatment as agreed.

Different sessions can be booked with the child/teenager and the parents or the family if needed for this purpose. In the case of a teen or adolescent, any other communication will require the teen's authorization (unless there is any sign that she/he is a danger to self or someone else). To avoid triangulation, before giving parents any information, I will discuss the matter with the minor client as much as possible and do my best to handle any objections or concerns.

Consultations and Treatment: The *Bach Flower Therapy* treatment and the sessions I offer are in agreement with each client on an individual basis. Consultations are sustained over time as needed depending on the personal needs of each person and for the duration of each particular treatment (e.g. consultations and treatment can be held for a minimum of 3 months up to 6 months or even up to a year). During treatment, it is recommended to have a "check in" consultation one or two times a month. However, it is relevant to notice that consultations are not held weekly or offered on an ongoing basis like Psychotherapy is conducted.

In case that I consider that you need more continued support, this option will be considered based on the hours that I have available. You can also request more consultations as you need depending on your availability along with the process of taking the remedies. In any case, *Bach Flower Therapy* is a great adjunction to Psychotherapy and complimentary to any medical or health treatment.

Bach Flower Therapy is also utilized in crisis intervention and during transitional periods but in case that more ongoing support is needed and I am not able to offer it to you, an appropriate referral to another mental health provider or medical/health practitioner will be made for you to get the professional help you need.

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In the case of an emergency, having suicidal ideation or thoughts to harm yourself or others, or get psychiatric care, you will always call 911 for emergency support.

Dreamwork: For the purpose of doing a case study research, the dreams you will share in *Bach Flower Therapy* treatment will be kept confidential but by signing this consent, you allow me to use the content of your dreams for educational/writing purposes and/or for theorizing and speculating about the Dreamwork applied with *Bach Flower Therapy* treatment. When using a dream or several dreams while you are in treatment taking the remedies, or possibly other dreams you had before, I will always omit your name and any personal information that would identify you. For this reason, no one will be able to know that the dream/s where yours. In this regard, I sincerely appreciate your collaboration to my research project.

Fees & Payment: My fees for 50 min consultation are \$75 in the office, \$85 via Videoconference and \$130 in your home or other arrangement. 90 min sessions can be arranged at any time at the price of \$125 for office and online. This will be the case if you need to schedule an Intake session or if it is your first session. Sessions at your home for 90 min will be prorated. Cash, check or credit card is accepted. I don't charge for short "check-in" calls, emails or scheduling coordination. The same policies/fees apply for dream consultations. Taxes to all services and products will be added when services are paid.

Payment is expected at the end of each session. In the case that you book a phone or Videoconference session it is required for you to pre-pay in advance unless we agree otherwise. As I offer sliding scale for individuals who have difficulty in paying the full fee, I also discuss your individual needs and I offer packages discount. All pre-paid series (packages discounts) are to be paid in full prior to the visits and are non-refundable.

All initial consultations include your personalized remedy formula. Refills or new formulas will be paid separately unless are part of the treatment. Refills with no consultation can be ordered on line, shipped to you or picked up in the office. In case that you buy a pre-paid package, you will be provided with all the refills needed for the treatment you bought.

Cancellation Policy: If you need to miss a session, please call me to cancel or reschedule asap (minimum 24-hour notice). A 48-hour notice is required for canceling Home based consultations. I will also give you the same notice in case of emergency or illness. Missed prepaid appointments can't be made up when you don't show for a session or given less than 24-hours notice. In this case, the full fee will apply despite circumstances that we both agree were beyond our control, i.e., illness, or emergency.

By signing below I agree that I have read, understood and agree with the above statements. If I wish, a copy will be given to keep it for my own records.

Name: (Please print)	Signature:	Date Today:
Address:	Email: Is it ok with you if we use email? []	Telephone: Is it ok for me to leave a VM? []