

DONNA MORRISH, M.S.
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Licensed Marriage, Family Therapist (CA)
Registered Psychotherapist (CO)

Informed Consent

Professional Background

Welcome to my office and psychotherapy practice. I have been licensed as a Marriage and Family therapist in California since 1987. I received a Master's of Science degree in Counseling and Mental Health from California State University Hayward in 1986 and a Bachelor of Arts degree in Human Development in 1981. I am also a Registered Psychotherapist through the state of Colorado

My Master's is a 2-year degree accredited by the regionally accepted body, Western Association of Schools and Colleges. In addition to 90 quarter units of an integrated course of study, California MFT licensure also specifies "marital and family systems approaches to treatment", "developmental issues and life events from infancy to old age" and "a variety of approaches to the treatment of children." The focus of my education was on psychotherapy in general and marriage and family in particular. The Master's of Science degree also required the completion of a thesis. My research was on the psychological and social experience of suicide survivors and was published in *Omega, Journal of Death and Dying*, Vol. 18, No. 3-1987-88.

In addition to educational requirements, I completed 3,000+ hours of supervised experience. The preponderance of hours occurred working with a grief counseling program serving primarily survivors of sudden death. This program was part of a larger non-profit county funded crisis support agency in an urban setting.

I also completed a one-year internship with Family Services, a low-cost counseling agency serving children, families and adults.

I have held numerous consultant positions at a number of mental health agencies and have been in private practice since 1987. I founded the Grief Counseling program of Suicide Prevention of Alameda County (located in Oakland) now known as Crisis Support Services of Alameda County. The mission of the program

was to provide low fee county wide counseling to those bereaved by sudden death. A primary aim of the program was to address the aftermath of the high number of violent deaths in Alameda County and to further reduce the risk of suicide to survivors.

Summary of credentials and special training:

State of California Department of Mental Health-Psychosocial Intervention in Community Disaster, August 21-22, 1980
California Licensed Marriage and Family Therapist September, 1987
State Certified Trainer for the California Department of Mental Health, Suicide Intervention Skills Workshop, January 1989
Traumatic Incident Reduction February 1996
Critical Incident Stress Management, October 1996
Eye Movement Desensitization and Reprocessing Level I February 1997
Clinical Applications of Ego State Therapy, September 1997
Eye Movement Desensitization and Reprocessing Level II December 1997
Hypnotic Ego-Strengthening Techniques, March 1998
Mindfulness and Emotion Regulation Skills, November 1998
Diagnosis and Treatment of Complex PTSD, February 2000
Hypnosis for Psychotherapists, 45 Hour course, February 4- May 19, 2000
Complex Psychological Trauma/PTSD, October 2000
Energy Therapies and Mind-Body Healing, December 2-3, 2000
Thought Field Therapy, Levels I & II, May 2001
Therapeutic Use of Guided Visualization, August 3-4, 2001
Two-Day Workshop in Dialectical Behavioral Therapy, September 19-20, 2002
Imaginal Nurturing, February 22-23, 2003
Putting the Pieces Together: New Approaches to Understanding and Treatment of Dissociation, September 6-7, 2003
Transforming Power of Affect, December 4, 2003
Trauma: Mind and Body, January 10, 2004
Hypnosis, Behavioral Medicine and Body-Mind Healing, July 17-18, 2004
Imagery, Creativity, and Community, October 28-31, 2004
Introduction to Lifespan Integration, November 5-6, 2004
Northern California EMDRIA Regional Conference, April 30-May 1, 2005
Certification for Hypnosis, 150 hours of training, Center for Hypnotherapy certified by the National Guild of Hypnosis, December 10, 2005.
Advanced Lifespan Integration, March 5-6, 2006
Association for Comprehensive Energy Psychology Annual Conference, May 4-6, 2006, 16.5 hours, Post conference-14 hours.

Working with Eating Disorders, 12-week, 24-hour course, completed November 26, 2006
How to Use Crisis Debriefing When Responding to Crisis and Trauma, March 9, 2007
Treating Depression with Lifespan Integration, June 9, 2007
Minding the Body: Somatic Interventions for Enhancing EMDR Effectiveness, April 12, 2008.
Happiness and Health, October 3, 2008.
The Science of a Meaningful Life: Compassion, Mindfulness, and Well-Being, May 15, 2009
Trauma, PTSD and Traumatic Grief, July 14, 2009
Induced After Death Communication Using EMDR, April 17-18, 2010.
Lifespan Integration, Advanced workshop, October 23-24, 2010.
Applied Neurobiology in Adult Psychotherapy, July 8, 2011.
Cognitive Behavioral Therapy and Mindfulness, April 25, 2013
Heal Your Heart After Grief, Oct. 22, 2014.
Radical Self-Acceptance, Mindfulness and Yoga: 2 Day Intensive for Trauma and Mood Disorders, Nov. 6&7, 2014.
The Habits of Happy People, April 2, 2015.
2-Day Trauma Competency Conference: The 10 Core Competencies of Trauma, PTSD, Grief and Loss and Evidence-Based Treatments & Interventions, Nov. 18 & 19, 2015.
Multicultural Awareness and Diversity, Nov. 2, 2016.
Social Anxiety: The Untold Story, January 17, 2017
Nutritional and Integrative Interventions for Mental Health Disorders March 17, 2017
Internal Family Systems, 6/23/2017
LGBTQ Clients-Clinical Issues & Treatment Strategies, July 24 & 25, 2017
Lifespan Integration Level #3 Training, Nov. 17 & 18, 2017
Internal Family Systems, Feb. 21 & 22, 2019
Telehealth for Mental Health Professionals, 2-day distance learning seminar Nov. 1, 2020
Brainspotting Introduction, Jan. 8, 2021
Brainspotting Phase 1, Jan. 29, 30, 31, 2021
Brainspotting Phase 2, Feb. 26, 27, 28, 2021
Expansion Brainspotting, March 16, 2021
Healing the Rainbow, Pre-natal Brainspotting, April 20, 2021

Confidentiality

Most people are naturally concerned that personal information which they share in private consultation be kept confidential. I want to assure you that I, too, value the privacy of personal information shared in this practice. Furthermore, I am bound by the professional code of ethics and legal statutes to maintain strict confidentiality of your records.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Information disclosed to me is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. See exceptions listed in next paragraph and on page 5, paragraphs 3 and 4.

You should be aware that provisions concerning confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S.

I am required to report child abuse or neglect situations.

If I determine that you are a danger to yourself or others, I am required to disclose such information to the appropriate authorities or to warn the party you have threatened.

You should also be aware that if you should communicate any information regarding a threat to yourself or others, I may be required to take immediate action to protect you or others from harm.

If you become gravely disabled, I am also required to report that to the appropriate authorities.

If you confess to felony or other serious crime, I may be required to report that

information to the appropriate law enforcement agency.

I may disclose confidential information in the course of clinical consultation or in the investigation of a grievance or malpractice claim or if I'm ordered by a court of competent jurisdiction to disclose such information.

If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information.

However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family. Please feel free to ask your therapist about his or her “no secrets” policy and how it may apply to you.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment.

Consequently, your therapist, in the exercise of his/her professional judgment, may discuss the treatment progress of a minor with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Electronic/Internet Contact

Additionally, if we should agree to communicate by text, e-mail, telephone, internet or any other electronic method of communication, I cannot guarantee that those communications will be confidential. All efforts are made to maintain confidentiality. Please keep in mind, while state of the art encryption methods, firewalls, backup systems are used and consent forms are signed, as you may know, electronic and telephone communications are not guaranteed to be secure. Since privacy of texts cannot be guaranteed, please reserve texts for scheduling issues. Additionally, if unscheduled internet contacts become long and of a personal nature, they will be charged accordingly.

I will be happy to answer any of your questions regarding the privacy of your records. My interest is to keep your sessions in the strictest of confidence.

Your Patient Rights

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

My office sees individuals for psychotherapy, which usually takes place on a once or twice a week basis. Sessions are generally 60 minutes long. However, some therapies such as Lifespan Integration, Eye Movement Desensitization and Reprocessing or Brainspotting may be optimized with 80- 90-minute sessions. In general, successful psychotherapy will take at least several months. The duration of therapy may vary since each person's needs and goals are different.

It is important that you know that psychotherapists may vary widely in the methods they employ. A therapist's approach depends on his or her training, experience or personality, as well as the particular needs of the client. We will explore the kinds of approaches that may work best for you.

I offer a variety of methods drawn from multiple fields of study such as Brainspotting, Lifespan Integration, EMDR, Thought Field therapy and hypnosis. Some of these methods such as Brainspotting and EMDR have been well-researched and validated. You are entitled to receive information about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

Fee Policy

The charge for psychotherapy is \$170 an hour, \$255 for an hour and a half session. The fee for each session of therapy will be due at the time of each session unless you make arrangements for payment and we both agree to such an arrangement. Since I have reserved our appointment time for you, it is my policy to charge for cancellations received less than 24 hours' notice unless we are able to reschedule the appointment within the same week. There is no charge for brief calls. Calls lasting longer than 10 minutes will be charged to the client on a pro-rated basis. In the case where the 24-hour cancellation policy is used too frequently, I may extend the cancellation policy to reflect a longer period of time.

If you have insurance coverage, I will assist you in completing forms for reimbursement. A fee of 1 ½ percent per month will be charged to accounts for more than 30 days past due. There is a service charge for returned checks. An account over 90 days will be considered past due. If your account becomes past due, please be advised that I may be obligated to turn past due accounts to a collection agency or Court with your Name, Address, Phone Number, and other directory information, including dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account.

My office **will not** reimburse a client later if s/he decides or discovers s/he has insurance coverage after therapy has commenced. Most clients find therapy to be a major investment, not only financially but emotionally. Please do not hesitate to discuss my fee policies with me and I will do my utmost to answer any questions that may arise at any time during therapy.

Telephone and Emergency

During on-going therapy, if you need to speak with me about any urgent matter, please do not hesitate to call. You may call my office phone and leave a message indicating that the matter is urgent. If I am in session, you will get my voice messaging. I pick up my messages regularly. If the matter is life-threatening or a psychiatric emergency, dial 911 or call your local mental health crisis center or go to the closest emergency hospital room.

Closing of Therapy

It is always your right to terminate therapy at any time. However, out of respect for the importance and sensitivity of psychotherapy work, I strongly encourage you to discuss this decision with me. It has been my experience that, particularly in a therapeutic relationship of any length, termination is a very important process. If I observe you approaching readiness to leave therapy, I will certainly discuss this with you. I will also discuss your progress at any time.

Should you discontinue therapy for more than 30 days, your treatment will be considered "terminated." You may resume therapy any time after the 30-day period. This disclosure statement will remain in effect should you resume therapy and you may be asked to update your client records.

If you have questions regarding the policies of this practice, please do not hesitate to discuss them with me. I have read all the preceding information and agreed to policies of this practice and I understand my rights as a client or as the client's responsible party.

Print Client's name

Client's or Responsible Party's Signature Date

If signed by Responsible Party, please state relationship to client and authority to consent: