

CONSENT FOR TREATMENT

I acknowledge that I have received, have read, and understand "Explanation of Treatment Process" and "Explanation of Treatment Using Multi-Sensory Trauma Processing for Job-Related and/or Multiple Traumas." I have had my questions answered adequately at this time. I understand that I have the right to ask questions throughout my treatment and may ask for an outside consultation. I understand that Dr. Davis will explain treatment techniques that she would like to use and I have a right to consent to or refuse these techniques. Dr. Davis might also seek or suggest outside consultation.

I have read the explanation of Multi-Sensory Trauma Processing (MTP) and the way in which it is used by Dr. Davis. I agree to be treated by Dr. Davis with MTP. I understand that should I become uncomfortable with treatment, I may request that it be stopped at any time. Although she has explained that MTP has been successful with many people in processing their traumatic memories, she has not guaranteed that it will be successful in my case.

I have been informed that I must give 24 hours notice to cancel an appointment and I will be charged if I do not cancel or show up for a scheduled appointment. I understand that I am financially responsible to pay for her treatment and realize that all charges incurred by me or my dependents for treatment or evaluations rendered by Dr. Davis are my financial responsibility. All court fees or other fees necessary to collect this account are payable by me.

I understand that I may request that the detailed treatment notes taken of my trauma history be destroyed, at any time, although this may made future treatment more difficult. I understand that my communications with Dr. Davis are confidential other than the exceptions listed and explained.

Name: _____

Date: _____

Signature of patient or guardian

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