

**INFORMED CONSENT AGREEMENT FOR “BRAINSPOTTING”**

**ONLY Brandy T. Kolenbrander, LCSW-C performs this therapy technique:**

“Brainspotting” Therapy involves both benefits and risks. Risks include the possibility of experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, loneliness, and helplessness. Therapy often requires recalling difficult/traumatic experiences, some of which may be unpleasant. Therapy may involve making changes that can feel uncomfortable to you and those close to you. You could experience “unwanted events”. These are events which occur parallel to or in the context of treatment and which are burdensome to the client and/or their environment, independent of whether they are unavoidable or even necessary to reach a treatment goal. Emergence of new symptoms to include: Deterioration of existing symptoms, lack of improvement or deterioration of illness, prolongation of treatment and distress following “Brainspotting.” Emergency appointments are available by contacting the Office Manager at Remedy Counseling, LLC.

“Brainspotting” Therapy also offers relief from current symptoms and better overall functioning, and it is the client’s obligation to follow therapeutic recommendations and attend therapy appointments to get the most out of the therapeutic process.

**THERAPEUTIC TOUCH:**

On occasion, and only with your permission, we will use therapeutic touch during trauma therapy sessions. The touch may involve you remaining sitting on your chair or couch and receiving a supportive hand to hold, or the grounding touch of a hand on your shoulder, neck, or back. It is understood that therapeutic touch and the client-therapist relationship is always non-sexual and only happens if you as the client want or need it.

**INSURANCE:**

Brandy Kolenbrander, LCSW-C is the only therapist in the practice that has been trained in “Brainspotting”. Conventional outpatient therapy methods are covered by your insurance in between “Brainspotting” sessions if you chose this modality as long as it is recommended by your therapist. You may be responsible for a copay or deductible amount for conventional outpatient mental health services that are covered by your insurance company.

Utilization of “Brainspotting” and advanced interventions are **NOT** covered by your insurance companies. I am considered to be an “Out of Network Provider”. I will not bill your insurance company and payment is due at each session (\$230 per session for fifty minutes). However, we will provide a “Super-bill” if you are eligible for reimbursement from your insurance company for “Brainspotting”.

X \_\_\_\_\_  
**Printed Name of Client/Minor**

X \_\_\_\_\_  
Client/Parent/Guardian Signature Date

\_\_\_\_\_  
Witness signature Date