



**Informed Consent Form for Intensive Therapy with Dr. Julie Lopez**

I, \_\_\_\_\_ ("Client"), do voluntarily consent to care and treatment by Dr. Julie Lopez, a District of Columbia licensed independent clinical social worker. I understand that the healing arts are not an exact science and that no guarantees are being made as to the result or evaluation of this intensive.

More specifically, I understand that I am electing to participate in a short-term intervention of an intensive customized nature (the "intensive"). I also understand that the intensive is designed to re-wire data stored in implicit memory, which is a part of my system that resides beyond logic and explicit data. As such, I understand that targeting one current day issue may unearth a whole network of data stored in implicit memory that, by definition, cannot be predicted ahead of time because it is data stored in my unconscious mind. Should data that is detrimental to my well-being be exposed, I understand Dr. Julie will do all in her clinical expertise to assist in my system management, my self management and improving my body's tolerance for this data. However, ultimately, due to the short term nature of the intensive, I understand and agree that Dr. Lopez will not be responsible for any therapeutic needs that may be exposed in our work, and will not become my therapist beyond the duration of the intensive.

I am aware that I am an active participant in my wellbeing and I share the responsibility for the treatment process to follow the intensive. Through the process of the intensive, I am working toward changes and recognize that I may experience many different and intense feelings as a part of this process, some of which may be painful. I also understand that when I make changes in myself, I may experience changes in other areas of my life (i.e. family, work, and social life may be affected). Every change potentially has both positive and negative effects.

I understand that it is my responsibility to follow up with my primary therapist, as identified and instructed in the attached Primary Therapist Form, after my intensive. I also understand that I can contact the nearest public emergency mental health service if I am unable to contact my primary therapist or their designee.

I further understand that Dr. Julie will have a post-intensive consultation with my primary therapist within 1 week after the intensive, to include Dr. Julie's clinical recommendations for follow up work if recommended. The consultation will be via email using Dr. Julie's secure server with an additional consultation by phone if needed. I understand that our work will be kept strictly confidential with the exceptions of legal limitations on confidentiality including professional and supervisory practice, and except for consultations between Dr. Julie and my primary therapist, as instructed in the attached Health Information Release Form.

DR.  
JULIE LOPEZ  
*Live Empowered*

Within one week after the dates for the intensive are confirmed, Dr. Julie will initiate a pre-intensive consultation with my primary therapist. I understand that the pre-consult may indicate that the intensive format is not going to be a good fit for me. This determination will be made solely by Dr. Julie on the pre-consultation. Should it be determined that an intensive is not available to me, I understand my reservation with Dr. Julie will be canceled and my full payment will be returned minus the non-refundable \$150 processing fee. I also understand if my intro session has already been conducted at the time a determination is made not to move forward with the intensive, \$300 will also be deducted from my return payment.

Because of the extremely short-term nature of the work together, Dr. Julie will not be providing diagnostic codes nor procedural codes for our work. This means the intensive will not be covered by insurance, and I will be responsible in full for intensive payment.

This form has been explained to me, and any questions I had have been answered. My signature below confirms that I fully understand the information set out above, including the limits of the intensive and what will be required of me for therapeutic follow up, as well as my responsibility for payment for the intensive, and with that understanding my signature below indicates my choice to engage in the intensive.

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Signature of Client

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Date

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Signature of Witness