

Cheri L. McDonald PhD, LMFT –

A Place to Turn, Inc...And Beyond

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**EYE MOVEMENT DESENSITIZATION REPROCESSING THERAPY (EMDR)
CONSENT FORM**

I, _____ have been advised by Cheri L. McDonald PhD, LMFT the scope of Eye Movement Desensitization Reprocessing Therapy (EMDR) practice and I give my full consent to receiving EMDR sessions by Cheri L. McDonald PhD, LMFT. I understand that results vary and that the above, named practitioner may not guarantee results. EMDR is a service provided as an option beyond the standard therapeutic process at an additional cost. The fee for this service is \$250.00 for the initial 60 minute session and then \$200.00 for each 45-minute session thereafter. Insurance will not be billed directly for this service. A superbill will be offered as a courtesy, if desired, to be submitted to insurance or other responsible party to receive personal reimbursement for the service. I agree hereby agree to sustain the agreements and procedures aforementioned. _

Date _____

Signature

Date _____

Cheri L. McDonald PhD, LMFT