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Informed Consent to Therapy with the Bonny Method of Guided Imagery & Music

Before we begin therapy sessions using the Bonny Method of Guided Imagery and Music (BMGIM), there are things you need to know about the process, purpose and procedures. Please read this carefully and initial each point to show that you understand the content.

_____ BMGIM sessions are to be used for personal growth, self-understanding, and creative enhancement. Significant life/emotional issues may come to light during the process. I may choose to explore those issues further or not.

_____ The process, potential benefits and limitations of the BMGIM have been explained to me.

_____ I understand that, working with my therapist, she is acting both as a BMGIM facilitator and as a psychotherapist bound by the code of ethics of the California Association of Marriage and Family Therapists and that of the Association for Music and Imagery.

_____ As with any process of self-growth, I understand that as I grow I change. These changes may affect my life, my understanding of myself and others and also my short- and long-term goals. It is not possible to predict what changes will occur or how they may affect my life. If I am uncomfortable with these changes, I understand that my therapist encourages me to bring them to her attention as soon as possible.

_____ In the event that significant issues arise and goals change, my therapist may suggest I consider additional support and may refer me to other qualified professionals. I may choose to follow up on these recommendations or not.

_____ I understand that, while my therapist agrees to maintain confidentiality, there are specific situations wherein she is required by law to divulge my personal information. In the case of child or elder abuse or neglect, my therapist is legally bound to report these to the authorities. If I am in danger to myself or to others, my therapist will do whatever is necessary to intervene as the law allows or requires.

_____ I understand that my therapist participates in professional educational activities, group and individual consultation to teach skills to others and for her ongoing development in the field. I authorize her share clinical aspects of my treatment with other qualified professionals. I understand that, while she may use content (including artwork) from my sessions, no identifying information will be released without my permission.

_____ The fee for Bonny Method sessions is pro-rated based on my standard rate of \$110/50-minute session. A limited number of reduced-fee spots are available and depends on eligibility and availability.

Print Name

Date

Signature

Telephone

Street Address

E-Mail Address

Therapist's Name

Therapist's Signature

Date