



Dr. Amelia Hardwick
Clinical Psychologist
California License PSY17619

(949) 637-3810

www.DrAmelia.com

drameliahardwick@hotmail.com

333 3rd Street, Ste 4, Laguna Beach, CA 92651

Informed Consent

Dr. Hardwick provides psychotherapy, guided introspection, biofeedback stress reduction, Nutritional Education as a licensed psychologist in the state of California and certified clinical nutritionist. Psychotherapy is both an art and science that is usually helpful to people who wish to improve their lives. People may enter therapy to increase self-awareness, gain a better understanding of personal goals and values, improve relationships, resolve many kinds of personal traumas or dilemmas, and develop skills in areas of assertion, boundaries, communication, stress management, anger management, problem solving and emotional management. Research shows that the majority of people who enter therapy find that it helps them in some way. A person's outcome from therapy is improved by putting forth a sincere effort, being willing to follow through with recommended readings and therapeutic assignments. The more you put in to it, the more you get out of it. This means participating and coming to your appointments regularly. The guided introspection, nutritional education and biofeedback is never meant to treat, diagnose, or prescribe substances for physical problems or replace any medical treatment for physical health conditions that may be present.

Although psychological services are helpful to most clients, there are no guarantees of success. Furthermore there are some risks in psychotherapy. People who are evaluated in therapy may have difficulty learning that they have a particular psychiatric diagnosis that they find unexpected or distressing. Persons participating in therapy may experience strong emotions such as anxiety, frustration, sadness and anger when dealing with troubling situations or unpleasant past events. Therapy can bring up memories or realizations that may be distressing, and some people may experience unanticipated personal dilemmas, worries, insomnia, or nightmares. Also, trying to resolve issues with other important people in your life, such as a spouse/partner, child, or to her family member, can lead to discomfort and may result in changes that were not originally intended (such as separation or divorce, staying in a relationship that you thought you would leave, being asked to see a psychiatrist for medication evaluation, being asked to attend a self-help or support group, etc.) Like any professional or medical service, psychotherapy may not work, and for a small percentage of people, symptoms or problems may get worse. In general, however, the discomfort experienced in psychotherapy is part of the process of delving into uncomfortable feelings or problems so that you might emerge at a more satisfying and rewarding place.

If you consent to receive the psychological services offered by Dr. Hardwick, please feel free to ask as many questions as needed about Dr. Hardwick's background, training, education, and experience, her impressions about your situation and what treatments may be used inside or outside of this office (including alternative treatments and how to access them). It is very important that you feel comfortable with your psychologist and confident in their approach. It is vital that you let your psychologist know of any concerns about your therapy or testing experience because of the substantial personal investment, time and finances involved in therapy. If you feel that another therapist might be better able to help you, PLEASE discuss this with Dr. Hardwick to explore recommended referrals. She wants you to get treatment that you feel

comfortable with and will benefit from, even if that is with another clinician. If she feels that she is not effective in helping you reach the therapeutic goals, she will discuss it with you, and if appropriate, terminate treatment, giving alternative referrals.

Limits to the Privilege of Confidentiality

All client information given during treatment is held in the strictest confidence, and no information will be shared without the client's written permission to release part or all of this information to a specified individual unless court ordered or if information falls under the following exceptions defined by state law:

- When the client threatens suicide, and appropriate safety arrangements cannot be agreed upon by the client and therapist, the law requires that the therapist report this situation to the appropriate legal authorities and someone close to the client who can possibly help at the time of the treatment.
- If client reports abuse to a minor or elder adult that falls under state child and elder abuse laws, state law mandates that the therapist must report abuse to appropriate authorities.
- When the client threatens harm to another person, the law mandates that the therapist reports this to the appropriate legal authorities and also warns the person in which the threats are being made against.
- In litigation the therapist may be subpoenaed to court and ordered to testify to the status of your mental health and turn over medical records.
- In the case of Natural Disaster where by protected records may be exposed
- When your insurance company is involved e.g. filing claim, payment, audits & review. Please sign here X _____ authorizing release of information to insurance
- If medical referrals are made to medical professionals or am currently under the care of a psychiatrist or medical professional, I authorize Dr. Hardwick to release necessary medical information to coordinate my treatment. X _____

In addition, it should be understood that if necessary, to provide the best possible treatment, your case may be discussed with other licensed clinicians to obtain consultation and provide alternative treatment plans to the procedures being considered and/or being implemented.

In the case of collection agency or small claims court involvement occurring due to non-payment of fees, such agencies will be informed of dates and charges of sessions.

For Insurance purposes information will be exchanged with your insurance to

Record Keeping A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the confidentiality section above.

Court If I am involved in any court action and Dr. Hardwick is called to testify I agree to pay for her time. Up to \$5000 per day X _____

Payment For Service

It is expected that all clients' accounts will be kept current. Payment for professional service is due at each session. The fee for service will be set at the initial session. Clients will be notified of any change of fee should this be necessary during the therapeutic process. ***For clients using insurance please note that filing a claim does not insure payment and you are responsible for all fees not covered by your insurance company.*** Sessions of 2 hours or more are not covered by

insurance and patient will assume all responsibility of fees. I understand that my fee will be \$170 per hour, or \$350 for a 2-3 extended session.

Additional Fees

Should your treatment necessitate testing, phone calls, letters, or completion of forms, you will be charged for the therapist time incurred. All phone calls over 10 minutes will incur an hourly rate of \$170 and cannot be charged to insurance.

48 Hour Notice

Forty eight hour notice is required to cancel an appointment. If the therapist is not given proper notice of appointment cancellation it is considered a missed appointment. You will be charged the full fee for this missed appointment. If you are billing your insurance company for your sessions, *please note that missed sessions are NOT covered and you will not be reimbursed for these charges. You will be responsible for the full fee of the visit.*

I have read the above statements and understand the contents and ramifications. I have read and understand the above statements concerning my financial responsibilities and agree to them.

By signing below, I indicate that I understand the **potential risks and benefits** of biofeedback, guided introspection, nutritional education and psychotherapy, as well as discussed any questions I have to my satisfaction. I understand that Dr. Hardwick IS NOT a medical doctor, and all nutritional and health education discussions are for my education only and part of my healing process to look at my whole person. I need to follow up with any of my physical health concerns with a qualified medical doctor and understand fully that Dr. Hardwick does NOT provide medical advice, treatment, prescription, or diagnosis. If my child is to participate in psychological services, by signing below I give my consent for my child(ren)'s assessment and treatment.

Signature of Client or Parent/legal guardian Date

Print Full Name

Signature of Client or Parent/legal guardian Date

Print Full Name

Name of Child (if applicable)

Name of Child (if applicable)

Psychologist Signature: _____ Date: _____

DR. AMY HARDWICK LICENSE #PSY17619