
COURTNEY HAMLIN, M.A. AMFT

REGISTERED ASSOCIATE MARRIAGE AND FAMILY THERAPIST #105437

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INFORMED CONSENT

*Welcome to my practice. This document contains important information about my professional services and business policies. Please **read it carefully** and jot down any questions you might have so that we can discuss them during our first session. When you sign this document, it will represent an agreement between us.*

GENERAL INFORMATION

The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing at the end of this document.

THE THERAPEUTIC PROCESS

Psychotherapy is a treatment that addresses psychological distress and problems in life that are of a psychological nature. Psychotherapy is a collaborative process. My intent is to build a relationship with you in which you feel free to explore your thoughts, feelings and behaviors, particularly those aspects that may be causing you distress, impending progress toward your life goals, or getting in the way of your ability to find fulfillment in life. I will make my best effort to provide knowledge, insight, skills, emotional support; guidance and encouragement that can lead to the changes you are seeking. I will draw on my training and knowledge of the fields of psychology and of psychotherapeutic practice.

Psychotherapy has benefits and risks. Since therapy involves discussing unpleasant aspects of life, you may at times experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, therapy has also been shown to have benefits for people who go through it. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. As the outcome cannot be guaranteed at the outset, it is important that we discuss how the process is going as we work together.

In the first few sessions, I will be determining how I might best help you, and will present you with these initial impressions. This initial plan for treatment might include how often we need to meet, what issues we might address, and what other treatment, training or pursuits might be useful to you in conjunction with our work together. During these initial sessions, you will be getting a sample of how I work, and how it feels for you to work with me. You should use this time to determine whether you feel comfortable working with me. Therapy involves a commitment of your time, money, and energy, so it's important to be thoughtful about which therapist you select.

Throughout the course of psychotherapy, the process of evaluating our work together continues and is based on an open dialogue regarding your changing and continuing needs, as well as the evolving impact of psychotherapy. If you have questions about what I do or say, you should bring them to me whenever they arise. If you have doubts about whether I am helping you, or if I am the right psychotherapist for you, it is important that you discuss these with me. If necessary, I

can help you set up a meeting with another mental health professional for a second opinion, or to pursue adjunctive or alternative treatment if desired.

APPOINTMENTS

Psychotherapy sessions are usually 50 minutes in length, and meetings are generally held not less than once a week. More frequent meetings may be arranged to facilitate more intensive work on deeper psychological issues, or may be recommended in order to meet your particular needs. Longer sessions may also be held for Couples work, depending on the case. Your weekly appointment time is reserved for you, and I will make every effort to honor that time consistently, so that you can rely on my availability to you. You are asked to make a similar commitment to our time. Once an appointment time is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.

If your schedule does not allow you to keep your appointment time regularly (i.e. due to extended vacations or out-of-town work), please discuss this with me in advance. I may not be able to guarantee holding that appointment time open for you on your return, but I will do my best to offer you another appointment. Finally, it's important to note that insurance companies do not normally reimburse for missed sessions.

PROFESSIONAL FEES

My 50-minute session fee is \$150, and extended Couples' or Family sessions are \$190 for 80 minutes. Payment is due at the time of service, and I accept cash, check or credit card. In addition to weekly appointments, I charge my \$150 hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour.

Other professional services include but are not limited to, report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. [I charge \$300 per hour for professional services I am asked or required to perform in relation to your legal matter. I also charge a copying fee of \$.20 per page for records requests.]

If we arrange a sliding scale/reduced fee and we are meeting weekly, we will discuss a fee increase if you decide to reduce the frequency of our meetings.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

An annual fee increase occurs every January, and I will begin to remind you of this in October and November.

CANCELLATION POLICY/ MISSED SESSION POLICY

A cancelled appointment delays our work. When you must cancel, please give me **at least 24 hours notice**. I am rarely able to fill a cancelled session unless I know at least 24 hours in advance. In you are unable to provide at least 24 hours notice when you cancel, or if you fail to show up you will be charged the full fee for your session. The only time I will waive this fee is in the event of serious or contagious illness or emergency.

This cancellation policy is extremely important for the benefit of your treatment. While a medical doctor can see 35 patients in a day, a therapist generally sees a maximum of 5 or 6. I reserve for you, and all my clients, a full hour of my time for the session and clinical notes. If a client cancels with less than a full 24-hour notice, I won't be able to fill that time slot, and another client is missing out on a potential session.

I want you to know that my cancellation policy is not a penalty or a punishment. Truth be told, if you are in counseling long enough, at some point you might forget about an appointment, or something will come up in your schedule that will result in you missing an appointment. Therefore, I am never upset with clients when they miss an appointment. I know that's life. In return, my clients understand that scheduling an appointment with me is like buying tickets to an event. If you miss the event, it doesn't matter why you missed it, or even if it was your first time, you can't turn in your tickets for a refund.

Please keep in mind that insurance will not reimburse you for missed sessions, so if you are receiving some or partial reimbursement from your insurance provider, you will be expected to pay for the full fee of the missed session and the session will not appear on your superbill.

If you are late for your session, we will still end at the regular time so that I have time to prepare for my next sessions and I can be on time for them. Additionally, please understand that while therapy is a time commitment, this is for your personal betterment and consistency is key in order to achieve this.

Thank you in advance for your consideration, as your session time has been set-aside specifically for you.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it may provide some coverage for mental health treatment. If you request it, I will provide you with a monthly statement, which you can use to bill your insurance company for out-of-network reimbursement. While I will provide you with assistance in receiving the benefits to which you are entitled, you (and not your insurance company) are responsible for full payment of my fees. It is very important that you know exactly what mental health services your insurance policy covers since the range of coverage varies enormously with many plans offering only limited, short-term treatment.

You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis, as well as additional clinical information such as treatment plans or summaries. Although all insurance companies claim to keep such information confidential, I have no control over the degree to which insurance companies honor the confidentiality of this information. I will provide you with a copy of any report I submit, if you request it. You always have the right to pay for my services yourself to avoid the issues described above.

CONTACTING ME

The best way to reach me is to leave a message on my voicemail at (424) 265-8291, which I check frequently. I will make every effort to return your call on the same day you make it. Calls made after 4:00 pm or on weekends and holidays will often be returned on the next business day. While I do make every effort to respond quickly to calls, I cannot guarantee that I will be able to respond to you immediately at all times. If you are difficult to reach via phone, please inform me of times when you will be available to call you back. In case of a true emergency, particularly one that is life threatening for which you cannot wait for a call back from me, you should call 911 to access the local emergency response system or go

to your nearest emergency room. You also may access a suicide hotline at 310.391.1253. If I am unavailable for an extended period of time, I will provide you with the name of a colleague to contact in my absence.

Emergency phone consultations of 5 minutes or less are typically free. However, if we spend more than 5 minutes in a week on the phone, if you leave more than 5 minutes' worth of phone messages in a week, if I spend more than 5 minutes reading and responding to emails/texts messages or coordination of care, I will bill you on a prorated basis for that time.

I cannot always respond to emails on the same day. If you feel the need for many phone calls, text messages or emails and cannot wait for your next appointment, we may need to schedule more sessions to address your needs. I am happy to schedule additional sessions or a phone call (at a prorated rate based on the length of the phone call) in order to meet the needs of your treatment. Please keep in mind that this personal and professional boundary respects the value of clients' session times and consultations I have scheduled throughout the day.

EMAILS, CELL PHONES, COMPUTERS & FAXES

It is very important to be aware that computers and email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. Emails, in particular, are vulnerable to unauthorized access due to the fact that Internet servers have unlimited and direct access to all emails that go through them. It is important that you be aware that emails, faxes, and important texts are part of the medical records. Additionally, my emails are not encrypted. Please notify me if you decide to avoid or limit in any way the use of any or all communication devices such as email, cell phone or faxes. If you communicate confidential or private information via email, I will assume that you have made an informed decision, will view it as your agreement to take that risk that such communication may be intercepted, and will honor your desire to communicate on such matters via email. Please do not use email or faxes for emergencies. Please be aware that my voicemail system is set up through Google Voice. The voicemail is password protected and confidential, but is accessed through the Internet, and therefore includes the risks mentioned above.

SCHEDULING APPOINTMENTS

Please know that if I offer you an appointment by email, text, or phone, I am unable to hold that time slot for you unless you confirm quickly. If you would like the time slot I have offered, please so if you would like it, please inform me quickly. This allows me to be flexible in offering appointments times/days.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. I will charge an appropriate fee for any professional time spent in responding to information requests. If I conclude that releasing such information might be harmful to you or impede your progress in treatment, I may deny your request, and I will explain the reason for denying your request.

TERMINATION & PATIENT RIGHTS

In addition to confidentiality, you have to the right to end therapy at any time, for whatever reason, without any moral, legal or financial obligation, except for the fees already incurred. You have the right to question any aspect of your treatment with me, and to expect that I will work with you to meet your needs for adjunctive or alternative treatment, and to provide you with a referral to another qualified practitioner for consultation on our work together, if you request.

You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least two termination sessions.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes.

LITIGATION LIMITATION

DUE TO THE NATURE OF THE THERAPEUTIC PROCESS AND THE FACT THAT IT OFTEN INVOLVES MAKING A FULL DISCLOSURE WITH REGARD TO MANY MATTERS WHICH MAY BE OF A CONFIDENTIAL NATURE, IT IS AGREED THAT SHOULD THERE BE LEGAL PROCEEDINGS (SUCH AS, BUT NOT LIMITED TO DIVORCE, AND CUSTODY DISPUTES, INJURIES, LAWSUITS, ETC.) NEITHER YOU NOR YOUR ATTORNEY NOR ANYONE ELSE ACTING ON YOUR BEHALF WILL CALL ON ME TO TESTIFY IN COURT OR AT ANY PROCEEDINGS.

CONFIDENTIALITY

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue (particularly if you raise the issue), the judge may subpoena your records, and/or order my testimony.

There are also situations in which I am legally obligated to take action to protect people from harm, even if I have to reveal some information about a patient's treatment. For example:

1. If I believe that a child [elderly person or disabled person] is the victim of physical, emotional or sexual abuse, or neglect I am mandated to file a report with the appropriate protective agency.
2. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
3. If a client threatens grave bodily harm or death to another person. I am obliged to take action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
4. If a court of law issues a legitimate subpoena for information stated on the subpoena.
5. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

If any of the above situations occur, I will make every effort to fully discuss it with you before taking any action. In addition, in all instances, it is still incumbent on me to release only that information necessary to appropriately carry out my responsibilities; your confidentiality remains my ethical priority.

I may occasionally consult with other professionals regarding my clients in order to provide you with the best possible service. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

MEDIATION & ARBITRATION

All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the client(s) and myself. The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I will use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

Psychotherapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills, and a willingness to do my best. The determination of success, however, will ultimately depend on your commitment to your own personal growth and care.

Please feel free to ask me any questions or discuss any of this information with me. Your signature below indicates that you have read and understand this information, and have received a copy of this consent form.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____	_____	_____
Name of Client (print)	Signature of Client/Responsible Party	Date

_____	_____	_____
Name of Client (print)	Signature of Client/Responsible Party	Date

