



Heidi Pidcoke, MFC 38701
heidi@heidipidcoke.com
(626) 716-4850

Disclosure Statement & Agreement for Services

I am a licensed Psychotherapist, fluent in English, Portuguese and Spanish. I work with individuals, couples, and families. My field requires that I make you aware of specific policies. If you have any questions after reading this form, please speak with me about them.

About the Therapy Process

My approach to therapy is rooted in neurobiology and integrates Somatic Psychology techniques as well as EMDR into therapy sessions. My focus is to resolve the root causes that lead to distress and suffering while enhancing the practices and behaviors that lead to a sense of well-being on the mental, physical and spiritual levels. In our sessions, we can work to help regulate and manage any feelings that overwhelm you and/or negatively affect your thoughts, moods, and attitudes.

Psychotherapy requires your very active involvement, honesty, and openness in order to change. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. During therapy, remembering or talking about painful memories, unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings. This may include anger, sadness, worry, fear, shame, anxiety, depression, insomnia, etc.

Psychotherapy may result in decisions about changing perceptions, beliefs, behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

During the course of therapy, I will draw on various psychological approaches according to the issue that is being treated and my assessment of what will best benefit you. Sometimes more than one approach can be helpful in dealing with a certain situation. The approaches I draw on include Somatic Psychology, EMDR, Family Systems and Constellation and techniques such as Voice Movement Therapy and Core Energetics.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without **your** written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were



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described to you in the Notice of Privacy Practices that you received with this form. Generally, there are four situations in which confidentiality does not exist: (1) if you sign a consent to release the information, (2) if you become a danger to yourself, (3) if you become a danger to others, and (4) in cases where there is reasonable suspicion of child, elder, or dependent adult neglect or abuse.

When Disclosure May Be Required:

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Your therapist will not release records to any outside party unless they are authorized to do so by all adult family members who were part of the treatment

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 highly sensitive and 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 your therapist to testify at any proceeding, nor will a disclosure of the psychotherapy records be requested.

Initial _____

Confidentiality of E-mail, Cell Phone and Video Conferencing:

It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Please notify your therapist at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail for emergencies.

Consultation: At times your therapist may consult with other professionals regarding their patients; however, the patient's name or other identifying information is never mentioned. The patient's identity remains completely anonymous, and confidentiality is fully maintained. This is done to provide you with the best care possible

Marriage/Couples Counseling

If you are in marriage or couples counseling, anything you say to me in one-to-one conversations will not be considered confidential from your partner. I encourage you to include your partner in all



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correspondence with me. If a legal case emerges, confidentiality may be jeopardized. Both parties must sign an Authorization for Release of Information in order to release any records to one or both parties. I am not available to testify or provide forensic evidence on behalf of one or the other counseling participants.

Professional Records

The laws and standards of my profession require that I keep treatment records. If you wish to see records, please make an appointment to go over them together.

Payments

The agreed upon fee is \$_____per each (60) minute session. Additional time is billed accordingly.

I do not take insurance directly, however, I can provide you with a monthly statement if you would like to submit to your medical insurance provider. I will provide the statement when payment is received.

Appointment Scheduling and Cancellation Policies

Appointments are arranged at pre-scheduled times and, unless otherwise arranged, last fifty (50) or one hundred (100) minutes. Since the appointment reserves a time specifically for you, **a minimum of 48 hours' notice is required for rescheduling or cancelling an appointment.** In this case **the full fee will be charged for sessions missed without such notification.**

The best way to reschedule or cancel an appointment is via text. If you are cancelling with greater than 48-hour notice, you may email me with the subject line "cancellation" or "reschedule". If you do not receive acknowledgment from me, assume I did not receive your message and follow up with a text. **If you are unable to make your office appointment, you may have the option of a phone session at your scheduled time.**

Therapist Availability and Emergencies

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. **To contact me between sessions, please email me at heidi@heidipidcoke.com or please leave a message at 626-716-4850. Your e-mail will be returned within 48 hours and your call will be returned within 24 hours** unless I am out of the country. If an **emergency** situation arises, please call my cell phone. If you need to talk to someone right away, you can call **911 or 877-7CRISIS.**



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Telehealth / Remote Individual and Group Sessions

When more convenient, we can conduct our sessions via phone or FaceTime. While telehealth is a useful resource, there are some risks and limitations that may include technical failures or frustrations, interruption by unauthorized persons if you are not in a private setting, decreased ability to respond to emergencies. Some video services are more secure than others. FaceTime is encrypted end-to-end and the content of FaceTime calls are never stored on any server. However, there is still a risk of unauthorized access to transmitted and/or stored confidential information. If telehealth is of interest, we can assess if it is a viable process for you.

Termination of Therapy

You have the right to terminate therapy at any time. Ideally, this happens when the goals of therapy have been met. The length and timing of your treatment and the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. We will discuss a plan for termination as you approach the completion of your treatment goals. If at any point during psychotherapy, I believe I am no longer effectively helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the new psychotherapist of your choice in order to help with the transition.



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Your signature indicates that you have read this full agreement for services carefully and agree to its contents. Please ask me to address any questions or concerns that you have about this information before you sign.

Name(s) of Client or Guardian: _____

DOB: _____

Client Home Address: _____

Client Home Phone: _____ Cell: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Signature(s): _____

Date: _____

Please circle your preferred means of communication.

Telemedicine Informed Consent Form

Telemedicine — the practice of psychotherapy at a distance when therapist and patient are not physically present with each other, using phone, video conferencing, or other technologies — is a convenient resource for when we cannot meet in person.

I have many patients who enjoy and have had success using telemedicine, and we can discuss whether it might be a useful format in conjunction with in-office therapy. There is no obligation to conduct remote sessions if you feel telemedicine is not right for you.

There are a few things to consider when making the decision to use telemedicine:

1. You have the right to withhold or withdraw your consent to engage in telemedicine without affecting your right to future care or treatment.
2. The laws that protect the confidentiality of psychological information also apply to telemedicine.
3. There are potential risks and drawbacks to telemedicine, including the possibility, despite reasonable efforts on my part, that: the connection could be disrupted or distorted by technical failures; the transmission of medical information could be interrupted by unauthorized persons; and/or the electronic storage of medical information could be accessed by unauthorized persons. As with any psychotherapeutic experience, a quiet, confidential space is optimal to feel safe. I will always provide that from my end and you are responsible at the time of our appointment to do likewise.
4. For some, remote care does not translate to the comfort of sitting with a therapist in-office. If either of us believes you would be better served by face-to-face connection, I will advise that we discontinue remote sessions and meet in my office. If that is not possible, I will refer you to a psychotherapist in your area.
5. You have a right to access your records in accordance with California law.

By signing below, you consent that you have read and understand the information provided above. I have discussed it with you, and all your questions have been answered to your satisfaction.

Signature of patient/guardian

Date