

Cultivate Mental Health & Wellness, LLC

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INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Welcome to *Cultivate Mental Health & Wellness, LLC*. A coaching, counseling and physician-patient relationship is unique. In order that we start our relationship in a healthy way, we have put together this document to ensure that there are no misunderstandings about the various aspects of the assessment, coaching, counseling, psychotherapy, and/or QEEG-guided neurofeedback services.

I reserve the right to refer a client to another therapist or appropriate resource at any time if their needs or desires in treatment are not a good match for my skills or experience.

Financial. Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees.

Please refer to our price list for package rates. We reserve the right to change our fees with 30 days' notice and use the services of a third-party collections service, when necessary. Refunds are not made after the services have been rendered. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with me if you have a concern. Any laboratory fees, radiology fees, medication charges or recommended books or home equipment (such as an Oura Ring) are NOT included in any of our fees and are the sole responsibility of the patient, should you choose to follow those recommendations.

Availability of services. Established clients with an urgent need are encouraged to call Dr. Hatch-Pigott on the above cell phone number at any time and every effort will be made to answer or call back within two hours, but an immediate response is not guaranteed. Our practice does not have the capability to respond immediately to mental health emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (988).

Appointments. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling and EEG biofeedback (neurofeedback). We reserve an hour or more for each appointment with a client. Appointments canceled at the last minute are very detrimental to our practice. Therefore, we ask that you notify us a minimum of 24 hours prior to your appointment if you need to cancel. We reserve the right to bill a 20% no-show fee for appointments you fail to cancel in accordance with this policy.

Appointment availability varies with the client load at the time. High demand appointments are likely to be sporadic in their availability. We reserve the right to limit commitments of high demand appointment times to any particular client in order to meet the needs of all our clients and balance our workload.

Purpose, limitations, and risks of treatment. Counseling, coaching, EEG biofeedback (neurofeedback) and even medication management, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of the treatment plan is to reduce distress and/or improve functioning through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the treatment process sometimes involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended. Psychotherapy and/or EEG biofeedback may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. 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, coaching or EEG biofeedback will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as you change.

We believe in an integrative holistic approach because no human exists in isolation from their environment and factors such as sleep, diet, exercise, spirituality, and family dynamics have a profound impact on mental health. During the course of treatment, we will draw on various approaches according to the presenting problem and our assessment of what will best benefit you. These approaches may include lifestyle changes, behavioral, cognitive behavioral, system/family, developmental (adult, child, family), psychoeducational, spiritual prayer/direction, QEEG-guided neurofeedback, and, as a last resort, medication recommendations if deemed necessary.

Treatment process and rights. Your journey will begin with one or more sessions devoted to an initial assessment so that we can get a good understanding of the presenting issues, your background and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problems that have brought you to our clinic and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal.

Counseling and QEEG-guided neurofeedback can sometimes bring up painful memories. This can be part of the growth and healing process, however, it can, at times, be emotionally painful. Although side effects from neurofeedback are rare, they can occur. If they do occur, they are usually redeemable relatively quickly.

If you choose to use QEEG-guided neurofeedback as part of your treatment, you need to be aware that there has been over 40 years of research since this was first developed at UCLA. Although no guarantees or promises can be made that it will be effective, experienced clinicians usually report 80% to 90% improvement rates. Many patients have been found to no longer require medication for their disorder. Sometimes, people report feeling worse before they begin to feel better. However, in 10% to 20% of cases people are unable to change their brainwave patterns in desired directions sufficiently to bring about adequate improvements. In exceedingly rare cases, people report feeling worse after treatment completion.

It is very uncommon, but if following a treatment session, you feel confused, disoriented, or lightheaded, please inform a staff member and rest in our clinic until you feel normal again. Do not drive a vehicle until fully recovered.

QEEG Topographic Brain Maps are not intended to diagnose neurological disorders. A neurologist will not be reviewing the data for presence of seizures or other neurological disorders. If you suspect a seizure disorder or any other neurological disorder you are strongly encouraged to see a neurologist. EEG biofeedback has been shown to be a helpful adjunctive treatment for many neurological disorders (stroke, closed head injury, seizure disorders, Tourette's Syndrome, etc.)

Our relationship. The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, while we might see each other outside of the office, it is inappropriate for a client and a counselor to intentionally spend time together socially, to bestow gifts, or to attend family or religious functions for the purpose of socializing outside of the client/counselor relationship. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Termination You have the right to terminate therapy at any time. If you request it and authorize it in writing, we will make referrals and assist with the transition to a new therapist.

Consent for evaluation and treatment. Consent is hereby given for evaluation and treatment under the terms described in this consent form. I acknowledge that I have read this form, understand my rights and the rights of the clinician, and have received a copy of this informed consent agreement. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided.

Patient or Responsible Party Signature: _____

Date: _____

In the case of minor children, please specify the following:

Full name of minor : _____

DOB: _____

Relationship: _____

For Office use only - verification that client has read and understands informed consent document

Authorized Representative: _____

Date: _____