



Informed Consent Form

I would like to familiarize you with several points regarding services at the New England Center for Anxiety, LLC.

Psychotherapy Services: It is difficult to fully describe psychotherapy services, as treatment is individualized based on each client's unique situation and difficulties. However, the type of treatment provided at the New England Center for Anxiety is cognitive-behavioral therapy.

Type of Therapy: Cognitive Behavioral Therapy (CBT) is used with clients in the New England Center for Anxiety in order to teach them skills to cope with anxiety-provoking situations. CBT is a treatment method often used to treat mood and anxiety disorders. CBT is based on the belief that our thoughts strongly affect our feelings and behaviors. That is, our behaviors and emotions are not necessarily caused by external factors (people, situations, and events). The benefit to this way of thinking is that we can change the way we think to feel better even if the situation does not change. Similarly, our thoughts and emotions are influenced by our behaviors. As such, changing behavior can have profound effects on mood and thoughts. In CBT, you will find treatment techniques that are cognitive in nature (modification of thoughts, distinguishing among emotions, problem-solving) as well as behavioral in nature (relaxation training, role plays, homework assignments, practice of newly acquired skills). Additional information may be found on the website for the New England Center for Anxiety: www.newenglandanxiety.com.

Risks and Benefits of Therapy: Psychotherapy can have benefits and risks. Since therapy often involves discussing problems and difficulties, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. In addition, you may feel temporarily anxious or distressed as you begin to confront the objects and situations that you find anxiety-provoking. These short-term discomforts, however, pave the way for long-term reductions in anxiety. Psychotherapy has been shown to have many benefits. Cognitive-behavioral treatments have shown great promise in the treatment of anxiety disorders. Numerous well-designed research studies conducted in the United States and other countries around the world routinely find significant reductions in anxious distress post-treatment.

Overview of Therapy: During your first session(s), your therapist will decide if s/he is the best person to provide the services that you need in order to meet your treatment goals. If therapy is begun your therapist will usually schedule one 45-55-minute session per week at a time that is mutually convenient for you and the therapist.

Professional Fees: Your therapist charges an hourly fee. Fees are assessed and increased, if

needed, on an annual basis. In addition to weekly appointments, your therapist may charge fees for other professional services that you may need, though you will be notified of the costs beforehand. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for all of his/her professional time, including preparation and transportation costs, even if your therapist is called to testify by another party. Because of the difficulty of legal involvement, your therapist will charge \$200 per hour for preparation and attendance at any legal proceeding. If you would like to request that your therapist attend an off-site meeting, you will need to complete an Off-Site Meeting Request Form. Off-site meetings are not billable by insurance and, thus, will be billed at your therapist's usual hourly rate to be paid in advance of the meeting. The form must be completed at least one week prior to the scheduled meeting.

Limits on Confidentiality: Confidentiality means that any information that is shared with a therapist during the course of treatment will not be shared with others. This helps to promote a trusting relationship between you and your therapist. Generally, your therapist can only release information about your treatment to others if you provide written consent for specific information to be released. However, there are important exceptions to confidentiality. Your therapist may be required by law to break client-therapist confidentiality if:

- ◆ there is reason to suspect that a minor has experienced maltreatment through abuse or neglect
- ◆ there is a strong possibility that you might harm yourself or others if action were not taken, or
- ◆ records are subpoenaed by a court of law.

Contacting Your Therapist: Due to the nature the work, your therapist may not be immediately available by telephone. When your therapist is unavailable, his/her telephone is answered by voice mail. Your therapist will make every effort to return your call within 24-48 hours, with the exception of weekends and holidays.

Emergencies: The New England Center for Anxiety is not a full-service, 24-hour mental health clinic. Therefore, your therapist may not be able to adequately respond to psychological, medical, or other emergencies. Examples of such situations include, but are not limited to, potential suicide attempts, acute psychosis, severe panic attacks, severe distress, adverse reactions to psychiatric medications, violent anger reactions, or any other situation in which you or others feel that you are in need of immediate help. If at any time during the course of your treatment, you experience an emergency, you must call 911 or phone the emergency number of your local hospital or community mental health center.

Cancellations: Once an appointment is scheduled, you will be expected to pay a \$50 missed appointment fee unless you have provided 24-hour notice of cancellation. Although we realize that situations arise that can make late cancellations or missed appointments unavoidable, we

require reimbursement for the time that had been reserved for you. Clinicians will be unable to hold a routine time slot for clients who have more than two late cancellations/no shows. We hope you understand and appreciate this policy.

Payment by credit or debit card for outstanding balances including no show/cancellation fees:

Card number: # _____

Expiration date (MM/YY): ____/____

CVV security code: _____

Name on card: _____

Billing street address: _____

City, State, Zip code: _____

Amount to be charged: outstanding balance

"I request that the above charge card transaction be processed in accordance with the card issuer agreement."

Signature: _____

I hereby acknowledge that the above issues have been explained fully to me, and that all my questions have been answered. I hereby consent to receive treatment at the New England Center for Anxiety. I understand that consent is ongoing so that I may ask questions or withdraw my consent at any time during treatment by letting the therapist know. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), and providers of any services or treatments I receive. I understand that if payments for the services I receive here are not made, the therapist may stop my treatment.

I have received a copy of the New England Center for Anxiety Notice of Privacy Practices effective 10/30/2014.

Therapist Contact Information:

Name:

Phone:

E-mail:

Your Name (print): _____

Signature

Date

Therapist

Date