

## **North Jersey Center for Cognitive Behavioral Therapy Consent for Treatment and Office Policy Statement**

**Welcome!** Thank you for choosing the North Jersey Center for Cognitive Behavioral Therapy (NJCCBT). We understand that the decision to seek therapy is a very important one, and we are honored that you have decided to work with us. We would like to take this opportunity to acquaint you with information relevant to treatment, confidentiality, and office policies.

**Cognitive Behavioral Therapy:** Cognitive Behavioral Therapy is one of the most state-of-the-art and extensively researched methods of psychotherapy. A central idea in CBT is that perceptions of an event or experience powerfully affect emotional, behavioral, and physiological responses. By modifying your thinking, you can learn to change your mood and behavior. You will reduce emotional distress and develop more effective coping skills that can be used in everyday life. You will make the most gains by playing an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. You will be asked to complete questionnaires and complete “homework” assignments. Your progress in therapy greatly depends on what you do between sessions.

**Financial Terms:** We accept any type of credit/FSA/HSA card to keep on file. Your card will not be charged on the day of the session. It will be charged on the weekend following your session, and you will receive an itemized invoice at that time for you to submit to your insurance company for reimbursement.

Regular sessions are 45 minutes in length. In addition to therapy appointments, your therapist will prorate the session fee for time spent for other professional services rendered in 15 minute increments according to the full session rate. Other services may include telephone conversations lasting longer than 10 minutes, consultation with other professionals you have authorized, and preparation of records or treatment summaries. If you fail to meet your financial responsibilities within 60 days and arrangements for payment have not been agreed upon, we reserve the right to turn your account over to a collection agency or appropriate court. If such action is necessary, you will be responsible for any expenses incurred.

**Insurance Reimbursement:** Please note that services provided by therapists working at the NJCCBT are out of network for your insurance plan. Most insurance plans offer an out of network benefit for mental health. Please check with your insurance carrier regarding the details of your plan. It is your responsibility to find out about your coverage (e.g. deductibles, number of covered sessions, authorization needed to begin therapy, etc.).

**Cancelled/Missed Appointments:** A scheduled appointment means that time is reserved only for you. **If an appointment is missed or cancelled with less than 48 hours notice, you will be billed at your usual fee.**

**Confidentiality:** Issues discussed in therapy are generally confidential. However, there are limits to confidentiality. These situations include: 1) suspected abuse or neglect of a child, elderly person, or disabled person, 2) when your therapist believes that you are in danger of harming yourself or another person, or you are unable to care for yourself or another person, 3) if you report that you intend to physically injure someone, the law requires your therapist to inform that person as well as legal authorities, 4) if your therapist is ordered by a court to release information. You may be asked to sign a Release of Information so your therapist may speak with family members or other professionals involved in your care.

**Contacting Your Therapist:** Your therapist may not be immediately available by telephone. Typically, your therapist will return your call within 24 hours Monday through Friday. However, if it is a clinical emergency and you are unable to reach your therapist, contact your family physician or go to your nearest emergency room.

**Email/Text Policy:** Your therapist and the NJCCBT do not guarantee your privacy for email/text communication, and do not guarantee that your email/text will be read or responded to in a timely manner. You are urged not to send email/text messages that contain clinical information since your privacy could be compromised. If you need to speak to your therapist before your next scheduled appointment, you should contact him or her by telephone. If you do choose to send an email/text communication, you agree to assume full responsibility for the risks, and will not hold your therapist or the NJCCBT liable for any possible breach in confidentiality.

**Client Satisfaction:** We at the NJCCBT are committed to working with you to the best of our ability. We appreciate and welcome feedback about your therapy experience, particularly while you are in treatment. If you have any concerns at any point with the course of your treatment, please do not hesitate to speak candidly to your therapist. If your concerns persist, please call Dr. Tina Sherry, Director of the NJCCBT. It is very important to us that you are comfortable working with your therapist, and that you feel your treatment is going in the direction you wish.

**Consent for Treatment:** By signing this paper, you are consenting to services for yourself or your minor child and agreeing to pay for services rendered. Services are confidential, but you should be aware that if you chose to submit your financial receipts to your insurance company for reimbursement, then certain limited amounts of information will become part of your Personal Health Information and subject to rules of HIPAA.

**I UNDERSTAND AND AGREE WITH THE STATEMENTS ABOVE AND HEREBY SIGN:**

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Patient Signature

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Date

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(Please Print Your Name)