

Gerizim, PLLC
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TREATMENT CONSENT FORM

Please read carefully, initial on each page, sign and date on the last page.

SERVICES OFFERED

COGNITIVE-BEHAVIORAL THERAPY

Cognitive-Behavioral Therapy is an action-oriented form of psychosocial therapy which focuses on changing an individual's thoughts in order to change his or her behavioral and emotional state. The goals of Cognitive-Behavioral Therapy includes benefits which may include improved interpersonal relationships, stress reduction, and a deeper insight into one's own life, values, goals, and development. In order to be effective, any therapeutic relationship requires a great deal of motivation, discipline and work on both parties. Clients will have varying success depending on the severity of their complaints, their capacity for introspection, and their motivation to apply what is learned outside of sessions.

Clients should be aware that the process of Cognitive-Behavioral Therapy may bring about unpleasant memories, feelings, and sensations such as guilt, anxiety, anger, or sadness, especially in its initial phases. It is not uncommon for these feelings to have an impact on current relationships you may have. If this occurs, it is very important to address these issues in session. Usually these unpleasant sensations are short lived.

At your initial session, we will discuss the basic tenets of Cognitive-Behavioral Therapy and establish a positive working relationship. One of the most important curative aspects of a therapeutic relationship is the goodness-of-fit between therapist and client, so, the initial visit is also your opportunity to determine for yourself if I am the right therapist for you. If you feel that I am not well matched to your needs, I would be happy to provide you referrals to other mental health professionals.

BRAIN HEALTH COACHING

I am an affiliate member of the Amen Clinic Brain Health Certification Coaching Program. I utilize the Amen Clinic's preliminary assessment and testing materials to obtain a more comprehensive diagnostic approach than is commonly used. Psychiatric diagnoses are symptom based, not brain based. They do not provide information about the brain or how to help it get better. The Amen Clinic has done over 150,000 functional neuro imaging -SPECT scans of mental illness over the last 30 years. The testing reflects the brain health and its functioning. There is evidence that utilizing scans in complex psychiatric conditions change the diagnosis or treatment plan over 79% of the time. The testing materials I use, have been developed by The

Initials

Amen Clinic from their research on the brain. They realized that functional imaging is either not available or too cost prohibitive for many people as most insurances still do not cover it. The testing does not diagnose, but it adds information that allows for more comprehensive and targeted treatment.

The limitations of the Brain Health Coaching and testing that I provide are that it is not as accurate as the actual SPECT scans or QEEG testing done by the Amen Clinic. It is also not covered by insurance. You might learn information about your brain health that is disturbing and uncomfortable emotionally at least initially. It may lead to more questions and I may recommend a referral to the Clinic. You do not need to act on my recommendation, but if you do it will cost more to them as a separate entity.

Benefits of Brain Health Coaching and preliminary testing are an opportunity for you to learn more about your brain health. It can result in enhanced Brain Health, Brain Reserve and functioning. Your Therapy will be targeted toward not only your symptoms but the identified brain systems. A healthier brain is more likely to help you respond to Cognitive Behavioral Therapy more effectively, improve your overall mental health and resilience depending on how much you want to work on it. You can also request a consult with Psychiatrist from the Amen Clinic and or seek additional testing if you wish. I offer preliminary screening and brain health education.

FREQUENCY AND DURATION OF VISITS

At your initial session, we will decide together the structure of your therapy. Typically, Cognitive-Behavioral Therapy requires an average of 15 sessions. Therapy integrated with Brain Health Coaching may require additional sessions. Average sessions are 50-90 minutes in length.

FEES

My present fee is \$120.00 for each session. If you become involved in any legal proceedings requiring my participation, my fee for participation are \$240.00 per hour regardless of whether I am testifying for another party, which include filling forms, telephone correspondence, court hearings, preparation and travel costs, etc. Fees may be subject to change. If my fees are to increase, I will provide you a thirty-day notice to alert you to the change.

Unless we have agreed otherwise, payment is due at the time services are rendered. Payment may be made using cash, check or major credit cards. Checks should be made payable to "Gerizim, PLLC." I may request you to provide a credit card to kept in a secure file to pay for any session or in the case of any missed session. If payment is 60 days past due, I reserve the right to utilize legal resources such as collection agencies or court in order to obtain payment for my services. Additionally, you would be responsible for any fees associated with collection including attorney fees.

CANCELLATIONS AND NO-SHOWS

If you must cancel or reschedule an appointment, I require at least 24-hour notice (weekends not included). If your appointment is on a Monday, the cancellation must be made by the same hour on the preceding Friday. Cancellations that occur with less than 24-hour notice or failure to show to an appointment **will be charged the full fee for the session.**

INSURANCE POLICIES

I do not currently accept insurance policies. If you are on a PPO plan, I will be considered “out of network.” If you wish to be reimbursed for your sessions, you will need to consult your insurance company to determine their policies regarding mental health benefits for out of network providers. I will provide you a paper “super bill” that you can submit to your insurance company for reimbursement. Most PPO plans will reimburse between 20%-60% of the fee.

Many insurance companies have limitations on the number and frequency of visits. Occasionally, certain forms of treatment, or large number of sessions require a prior authorization. If this is the case, I may need to provide information about your diagnosis, history, and treatment plan to your insurance company. Once provided, this information will be subject to the privacy policies of the insurance provider and is out of my control.

MEDICAL RECORDS

I am required by law, to keep complete medical records. Most of my medical records will be electronic, encrypted, and under security. Any written records including the initial consent forms, letters, outside medical records, will be kept locked. You are entitled to review your medical record at any time, unless I feel that by viewing your records, your emotional or physical well-being will be jeopardized. If you wish to view your records, I recommend that we review them together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, and providing written summaries of the medical record will be charged the hourly fee discussed above payable in six-minute increments.

CONFIDENTIALITY

The security of your sensitive information is of utmost importance to me, and I am bound by law to protect your confidentiality. Any disclosure of your treatment to others will require your explicit written consent. As described above, basic information about your treatment may be disclosed to your insurance company for purposes of prior authorization if necessary.

There are exceptions to this confidentiality, where disclosure is mandatory. These include the following:

- If there is a threat to the safety of others or to real property, I am required by law to take protective measures including reporting the threat to the potential victim, notifying police, and seeking hospitalization.
- When there is a threat of harm to yourself, I am required to seek immediate hospitalization, and will likely seek the aid of family members or friends to ensure your safety.
- In legal hearings, you do have the right to refuse my involvement in the hearing. There are rare circumstances, however, in which I may be required by a judge to testify on your emotional, or cognitive condition.
- If a mental illness prevents you from providing for your own basic needs such as food, water, shelter, I am required to disclose information to seek hospitalization.

These situations rarely occur in an outpatient setting. If they do arise, I will do my best to discuss the situation with you before taking action. In rare circumstances I may find it helpful to consult with other professionals specialized in such situations (without disclosing your identity to them)

MY PRACTICE

While I may share an office with other mental health professionals or refer you to other medical professionals, I am in no way part of a group practice. My medical records are kept secure, and separate from theirs. No person operating in my office suite will have access to your records without your written consent. I am fully responsible for the services I provide you.

If I refer you to another therapist/physician, we may find it helpful to collaborate and coordinate your care, and this will require your written consent. Any clinician to whom I refer you will be responsible for the care they provide to you.

As part of your therapy, I may take audio or video recordings of your session. These recordings will be used solely for supervision as part of my training and requirements to obtain and maintain certification in Cognitive Behavioral Therapy. These recordings may be shared for this purpose.

CONTACT INFORMATION

My phone number is (603) 758-1728, and is the best way to contact me outside the office. I do carry a cell phone with me at all times, and check my voicemail regularly. When you leave a message, please state your name clearly, your phone number(s) (even if you think I have it), reason for calling, and let me know when is the best time to contact you. Please note that I may be with a client, but I will make every effort to address your issue as soon as possible.

For non-urgent matters, please allow 24 business hours for a response. Messages left late in the day, on weekends or holidays, may not be returned until the next business day. If you or someone close to you is in immediate danger, please call 9-1-1 or proceed to the nearest emergency room.

If you choose to contact me via e-mail at mary@gerizimpllc.com, you will need to check the “encrypt” option and obtain a pass code. Please be aware that unencrypted e-mail is not a secure means of communicating sensitive mental health information. For non-time sensitive communications, you may use the patient portal. Please contact me by phone if you need to cancel an appointment or you cannot make your scheduled appointment for any reason.

TREATMENT CONSENT

By signing below, you certify that you have read and understand the terms stated in the Treatment Consent Form. You indicate that you understand the scope of my services, session structure, fees, cancellation/no-show policies, payment policy, insurance reimbursement, confidentiality, the nature of my practice, and my contact information, and that you agree to abide by the terms stated above during the course of our therapeutic relationship.

Client name (please print): _____ Date: _____

Client’s signature: _____

Cognitive Behavioral Therapist: Mary M. Fieler, LCMHC Date: _____

Cognitive Behavioral Therapist signature: _____