



# Anxiety & OCD Center

Dr. Erwin Consulting®

## CONSENT TO TREATMENT AND POLICIES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have reviewed the Notice of Psychologists' Policies and Practices to Protect the Privacy of my Health Information and I authorize the release of any Protected Health Information as described to Anxiety and OCD Center clinicians, administrators, and all third party services for the purpose of evaluation, assessment, treatment, scheduling, payment, health insurance, and health care operations. A copy of the Notice of Psychologists' Policies and Practices to Protect the Privacy of my Health Information is available on [www.anxietyocd.com/forms](http://www.anxietyocd.com/forms). I understand that I will be required to sign an additional authorization before any more specific information is released.

In signing this document I also give my permission and consent to all Anxiety and OCD Center clinicians to provide psychological evaluation and treatment to me and/or \_\_\_\_\_, who is/are my spouse/child/children and I agree to the service agreements already in place regarding fees, payment for services, and scheduling policies. I understand that all Anxiety and OCD Center licensed psychologists are out of network providers. In cases of separation, divorce, and joint legal custody, both parents must sign a consent to treatment and policies.

**Canceling appointments:** I understand that when I schedule an appointment, I am reserving time that cannot be reserved for another client. Should I find it necessary to cancel or change an appointment, I will inform my clinician as soon as possible so that there is adequate time to give the appointment to someone on the waiting list. If I provide less than 48-hours' notice when canceling an appointment, I will be charged the full fee for the appointment.

**Payment:** Payment by check or cash is due at the time of each visit. A late fee will be charged for overdue balances. A fee will be charged for returned checks.

**Insurance:** If you have insurance, you should verify your out-of-network benefits before entering treatment. Psychology residents are practicing under the supervision of Brigette A. Erwin, Ph.D. You will not receive out-of-network healthcare reimbursement for services provided by psychology residents, accordingly the fee is reduced.

**Communicating out of session:** A fee will be charged for telephone and email consultations, as well as administrative and billing services that exceed 15 minutes per week.

**Comprehensive Assessment and Treatment Session Length:** The standard amount of time allotted by insurance companies for treatment sessions is 45 minutes. Although treatment sessions at the Anxiety and OCD Center are reimbursable through insurance at 45 minutes, we make every effort to give you more than the amount of time allotted by insurance companies. However, we are unable to guarantee sessions lasting longer than 50 minutes.

**Comprehensive Psychological Testing and Reports:** Clinicians at the Anxiety and OCD Center routinely conduct comprehensive psychological testing and provide written reports. These services are billed at the hourly rate of comprehensive psychological assessments.

**For clients seeing psychology residents, counseling residents, and psychology interns:** I understand that psychology residents, counseling residents, and psychology interns are practicing under the supervision of Brigette A. Erwin, Ph.D and Erin Roemer, Psy.D. I understand that I will not receive out-of-network healthcare reimbursement for services provided by psychology residents, counseling residents, or psychology interns and accordingly my fee has been reduced. \_\_\_\_\_ (Initial) \_\_\_\_\_ (Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if person is under age 14 or declared legally incompetent

\_\_\_\_\_  
Date