



Anxiety & OCD Center

Dr. Erwin Consulting®

CONSENT TO TREATMENT AND POLICIES

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email address: _____

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. 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. Please note in cases of separation, divorce, and joint legal custody, I understand that both parents must sign a consent to treatment and policies.

Canceling appointments: I understand that, when I schedule an appointment, I am reserving a 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, cash, or credit card is due at the time of each visit. I understand that, if I pay for my appointment by credit card, there is an associated convenience fee that will be added to the appointment cost. I understand that a late fee will be charged for overdue balances and a fee will be charged for returned checks.

Insurance: I understand that all Anxiety and OCD Center licensed psychologists are out of network providers. If I have insurance, I should verify my out-of-network benefits before entering treatment. I understand that psychology residents and interns are practicing under the supervision of Brigette A. Erwin, Ph.D., Erin Roemer, Psy.D., and Bridget Hirsch, PsyD. I will not receive out-of-network healthcare reimbursement for services provided by psychology residents and interns and I understand that, as such, their fees are reduced.

Communicating out of session: I understand that 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: I understand 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, Anxiety and OCD Center clinicians make every effort to provide me more than the amount of time allotted by insurance companies. However, Anxiety and OCD Center clinicians are unable to guarantee sessions lasting longer than 50 minutes.

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DrBrigetteErwin.com | AnxietyOCD.com | DrErwinConsulting.com



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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 testing and reports.

In-office appointments: I understand there are clinical benefits as well as risks associated with coming to the office due to the ongoing threat of COVID-19 and/or other public health risks in the United States. In-office appointments are available if I would prefer meeting with my clinician in person and there are clinical benefits associated with in-person appointments. I understand that by having in-office appointments, I am assuming the risk of exposure to the COVID-19 virus and/or other public health risks. Forty-eight hours prior to my appointment, I will receive an email and/or text appointment reminder in which I will be asked to review a COVID-19 symptom checklist. By attending the appointment in person I am certifying that all parties entering the Anxiety and OCD Center do not show any of the symptoms listed on the COVID-19 symptom checklist. If I answered 'yes' to any of the questions on the COVID-19 symptom checklist, I will not enter the Anxiety and OCD Center and I will notify my clinician directly and my appointment will be changed to a telehealth or phone appointment.

Telehealth appointments: I understand that I am always welcome to meet with my clinician via phone or telehealth and that I may choose phone or telehealth appointments at any time. Research shows that tele-medicine is just as effective as in-person appointments, allowing for the continuation of my care without interruption. I understand that there are potential benefits and risks of phone and telehealth that differ from in-person sessions. The following is the phone number on which I can be reached in the event of technical problems _____. I understand that my clinician may request a safety plan that includes at least one emergency contact and the closest emergency room to my location in the event of a crisis situation.

For clients seeing psychology residents, counseling residents, psychology interns, and counseling interns:

I understand that psychology residents, counseling residents, psychology interns, and counseling interns are practicing under the supervision of Brigette A. Erwin, Ph.D and Erin Roemer, Psy.D., and Bridget Hirsch, Psy.D. I understand that I will not receive out-of-network healthcare reimbursement for services provided by psychology residents, counseling residents, psychology interns, or counseling 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