



Informed Consent/Disclosure Statement

Welcome to **CBT Solutions of Long Island** and thank you for choosing our practice. This document is intended to inform you of our policies and your rights.

At **CBT Solutions of Long Island** we strive to provide evidenced based practices through individual, group, couples, and family psychotherapy for children, adolescents, and adults. Each of our clinicians specialize in cognitive behavioral therapies including dialectical behavior therapy, mindfulness training, and solution focused therapy.

Cognitive behavioral therapy is an evidence based practice of psychotherapy which, backed by years of research, has helped many individuals achieve better mental health. We believe in utilizing the latest empirical research and technological advances in the field to provide the best care. The psychotherapy sessions at CBT Solutions of Long Island are typically **time-limited** and focus on **skills acquisition**. Our interdisciplinary team has extensive experience working within school, residential, and medical settings and enjoy collaborating with both medical and academic professionals.

CBT Solutions of Long Island has been treating individuals presenting with a wide spectrum of behavioral, emotional, and developmental difficulties such as anxiety disorders, anger issues, oppositional and depressive disorders, autism spectrum disorders (including youth with Aspergers Disorder or Pervasive Developmental Disorder) and attention deficits. Our team prides ourselves in being empathic, genuine, and creative in our approaches with our clients.



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SERVICES AND PRICING

CBT Solutions of Long Island will bill your insurance company, responsible party, or third party payer. If your insurance company denies payment or does not cover mental health services, we request that you pay the balance due at that time. If you have a deductible to meet, we request that you pay the fee at the current time and keep track of when you have met it.

Intakes, therapy, and assessments/evaluations will be billed to your insurance company however, letters, phone consultations, IEP meeting attendance is the client’s responsibility.

If you miss an appointment or do not give notice within **24 hours** you will be charged a **cancellation fee of \$50** which is not billed to your insurance company. CBT Solutions of Long Island accepts cash, checks, and credit cards. Please ask your individual therapist who checks should be made out to. Any returned checks will incur a fee of \$15.

Services	Length	Rate
Initial Intake Session	45 – 60 minutes	\$150
Individual Therapy Family Therapy Couples Therapy	45 minutes	\$135
Group Therapy	45 minutes 60 minutes 90 minutes	\$40 \$50 \$80
Letters written to schools, doctors, courts		\$50
Phone consultations	15 minutes 30 minutes 45 minutes	\$25 \$50 \$75
IEP meeting attendance	Per Hour	\$100
Psychological Assessments/Evaluations	Please discuss pricing with your psychologist	\$1000+

**Chart reflects full fee for all services. Fees may vary based on a previous agreement with your therapist.*



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ASSIGNMENT OF BENEFITS

I authorize payment by my insurance company to be paid directly to my clinician for services rendered. I understand that I am financially responsible for charges applied to the insurance deductible and for all charges limited by the insurance carrier. I understand that I am responsible for a cancellation fee of \$50 if I do not provide 24 hour notice to cancel an appointment. I authorize the clinicians of CBT Solutions of Long Island to give copies of any records when needed for payment by my insurance carrier and/or its affiliates.

I have received a copy of the fee schedule.

Client Signature

Date



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CONFIDENTIALITY

Client information shared in session is confidential, except in the following circumstances:

- If the client is a minor (under 18 yrs old), parents are entitled to information discussed with the minor in session.
- Diagnosis and dates of services shared with our billing provider and your insurance company to collect payments.
- Mandated reporting of abuse of children or adults.
- Threats of suicide or homicide.
- Cases where you have signed a release of information.
- Information necessary for consultation.
- Information shared with the CBT Solutions of Long Island team for peer consultation, your name and identity will remain confidential.
- Information released as outlined in the HIPAA Notice of Privacy Patients.
- Those required by law.

In case of an emergency outside of CBT Solutions of Long Island office hours please contact any of the following:

1. 911 for immediate emergency care
2. Your local crisis hotline

By signing below you acknowledge and accept conditions as outlined above in this Informed Consent:

Client Signature

Date

Witness

Date

CONSENT FOR TREATMENT OF MINORS

I/we consent that _____ may be treated as a client at CBT Solutions of Long Island.

Parent/Guardian Signature

Date