

## CONSENT FOR TREATMENT

This document contains important information about my professional services and business policies. Once you sign it will acknowledge your understanding of the type of care you can expect from me, and what is expected of you.

### MY BACKGROUND

I am a NYS Licensed Mental Health Counselor, and Nationally Certified as a Biofeedback Sr. Fellow. I also am licensed as a NYS Creative Arts Therapist, Board Certified. I hold Diplomate status in the American Psychotherapy Association. I have specialized my training, supervision, and work experience in stress management counseling and in the application of this in the medical area also known as health psychology or behavioral medicine. My initial training was in Expressive Creative therapies. I hold a Masters Degree from Pratt Institute in New York. I would be more than happy to review any of my credentials with you upon your request.

I also direct my own Biofeedback Training Institute and Student Clinic, am the Executive Director of the Northeastern Regional Biofeedback Society (NRBS), founding officer of the Biofeedback and Behavioral Health Practitioners Guild (BBHPG) and Board member of the Association for Applied Psychophysiology and Biofeedback (AAPB). I am a Professional member of the American Art Therapy Association (AATA) and the New York Art Therapy Association (NYATA).

My overall goal in treatment is to facilitate your healthy adjustment in relation to your life circumstances using timely and effective interventions. I value qualities such as competence, autonomy, self-identity, emotional statement, respect, and wisdom in my practice. My task as a therapist is to help you bring about the changes you wish to make. My focus is on the here-and-now and has been called by the research literature as cognitive behavioral therapy and interpersonal psychotherapy. These principles place a strong emphasis on how one learns and the concept of teaching new skills to overcome a patient's presenting symptoms.

To facilitate learning, I may need to adopt different roles. These roles have been as teacher, consultant, counselor, and evaluator. Many times these roles overlap. As teacher, I would expect questions and inquiry that reflect a desire to learn and change. You can expect readings, writing and/or process assignments, and maintaining logs of behaviors between sessions during the treatment process. These learning tasks will be discussed in sessions and feedback provided. As a consultant, I see this as a collaborative process. I expect you to be able to bring forth barriers you may be having in initiating and maintaining change as well as successes. I will provide direction, but I do expect you to make certain judgments regarding the direction you want to move toward. As evaluator, I am responsible to share with you my professional opinion regarding your progress, its validity based on my training and experience. You do not have to agree with my recommendations. I always say to take what you need from treatment. You are the ultimate judge of what will work for you given your present circumstances.

### BIOFEEDBACK

Biofeedback is a training modality used to treat stress-related disorders such as migraine headaches, tension headaches, insomnia, hypertension, gastrointestinal difficulties, tinnitus, TMJ, anxiety, muscle spasms, and ADD, ADHD to name a few. It is not a substitute for the benefits of medication and psychotherapy and you are free to explore such options in tandem with this biofeedback training.

Many times the goal of biofeedback therapy is to reduce the need for medication and alleviate symptoms. I will likely contact your prescribing physician to insure that your current state of health merits biofeedback training and to insure your safety and coordinate care. I strongly advise that any changes to prescriptions already in use should be consulted first with your prescribing physician before implementing the change yourself despite symptom alleviation as a result of the biofeedback. I would be glad to

discuss the matter with your prescribing physician upon your written consent to do so. Please note that my Certification credential does not provide for prescription privileges and I am limited by law regarding the information I can provide for you.

Since biofeedback is non-invasive, no adverse effects have been observed. However, committing oneself to personal change and self-regulation is an intensive, interpersonally focused process. You are responsible to keep me informed of any reactions you may be having that are unusual to you.

Symptom intensification, whereby your symptom(s) may increase as a result of working to reduce their effect on you, may also occur in sessions as well as during in-home practice. This is more typical during the initial phases of treatment and also normal, if it occurs. I encourage you to discuss any symptom intensification if it arises. In the event of any reported discomfort, I will make every effort to be supportive and provide feedback as to proper action (which can include but not limited to suspending biofeedback treatment, recommending psychotherapy, and/or recommending a medication referral.) You can expect timely feedback in this regard. Possible benefits to you from this include improvement of your own self-understanding and increasing awareness of triggers to your presenting symptoms.

The ultimate success of biofeedback training is in large part your responsibility and the degree of motivation you place in making and maintaining the changes you are seeking. As in any new learning situation, it takes about 10 to 12 training sessions for there to be fruitful change. The treatment requires strict adherence to between session practices because the benefits of treatment diminish without regular practice. However, once learning has taken place, new behaviors should be easier to maintain with less effort.

My first and most important consideration is safety in the Biofeedback room. Since the equipment is sensitive to temperature and other environmental influences, the room is carefully arranged and monitored to ensure that readings are accurate and are measuring what they should be measuring. In addition, the manufacturer of the equipment has built in safety monitoring devices that promote safety.

### **MEETINGS/PSYCHOTHERAPY**

Our sessions begin with a review of the detailed intake history form you have filled out prior to your session. This is the time to voice your concerns and personal goals for seeking treatment. If indicated, I usually begin Biofeedback training during the first session, which involves training in breathing and an introduction to the instruments. I will provide you with additional materials in the first session, including a relaxation CD. Sessions are approximately 45 minutes to one hour long, once or twice a week. After our initial meeting, I will offer you some initial impressions of the work we will do and an initial treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. If you do not wish to continue after the first session or thereafter, I will be more than happy to arrange a referral to another clinician who can better meet your needs. Should early termination be a necessity, I strongly recommend having a closing session. If I need to terminate services with you, I will also make every effort to arrange for the continuation of your care.

### **EXPRESSIVE CREATIVE ARTS THERAPY**

This is the use of simple art materials to help children and adults with self-esteem, self-expression and the development of personal insight. It is helpful when used in combination with counseling and biofeedback to effect a more global change in a person's attitude and behavior. I may use such art materials, as: clay, play dough, markers, paint, collage and others to facilitate the healing process during session, especially with children and adolescents.

### **PROFESSIONAL FEES**

Typically all fees are arranged on the telephone when setting up a first appointment. I will make every effort to enable you to have the care you seek from me; I will also help you to obtain insurance

reimbursement by providing paid bills, office summary notes and securing letters of medical necessity from physicians. Finally, I regard your time as very important and work very hard to make sure that I am available when you say you want to see me. This also means that others cannot be treated at that time either. I have the expectation, as a result, that you regard your time seriously. This means that if unforeseen circumstances arise which prevent your attendance on a particular prearranged date; a 24-hour notice is required for a cancellation. If this notice is not given, full payment will be expected for the missed session. After two missed appointments in a row, I will initiate a conversation with you regarding the status of your treatment and your desire to continue.

### **CONFIDENTIALITY**

In general, the confidentiality of all communication between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. However, there are some exceptions.

I am mandated by law, to file a report if I simply suspect that a child, an elderly person, or disabled person is being abused. I am also mandated to inform authorities if I believe that a client is threatening serious bodily harm to another. I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a patient threatens self-harm, I may be required to seek hospitalization for the patient, to contact family members and/or others who can help provide protection.

### **CONTACTING ME**

Because I am usually with a patient when in my office, my phone is answered by an automatic answering machine, which I monitor frequently. The number is 516-825-6567. I will make every effort to return your call within the same day with the exception of weekends and holidays. My cell phone number is provided on the tape for a non-life threatening emergency. If you are difficult to reach, please leave some times where you can be reached. If it's a life threatening emergency, call your family physician or the emergency room at the nearest hospital and ask for the psychiatrist on call.

### **PROFESSIONAL RECORDS**

Both by law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of the records, but if you wish, I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or misunderstood. If you wish to see your records, I recommend that you review them in my presence so that we can discuss what they contain. You will be charged an appropriate fee for any preparation time, which is required to comply with any information request.

I find it in the patient's best interest to discuss some cases with other consultants/supervisors who are also credentialed or licensed mental health practitioners. In these consultations, I avoid revealing the identity of my patient. The consultants are, of course, also legally bound to keep the information confidential as discussed above. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

## CONCLUSION

This written summary is but a brief summary to help you understand some of the rights and responsibilities of the patient-therapist relationship. It is my most ethical way of making sure you are aware of how I practice and its implications beyond symptom relief. It is important that we discuss any questions or concerns that you may have.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Susan E. Antelis, MPS, BCIA-C Sr. Fellow, ATR-BC  
LCAT, LMHC

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized Susan Antelis to speak to my other designated health care providers about my case.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_