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Intake Packet and Informed Consent

Welcome to CBT Solutions of Baltimore. In this packet, you will find a number of questions that will help us to learn more about you and your symptoms.

We specialize in cognitive-behavioral therapy (CBT). CBT differs from other forms of psychological therapy in several ways. First, CBT is an active therapy, meaning that you and your therapist will work toward reducing your symptoms, often out in the community. Second, CBT emphasizes learning how to eliminate, reduce and manage your symptoms. Third, CBT is designed to be time-limited rather than ongoing like some other forms of therapy.

CBT has been proven to be an effective treatment for many psychological problems, including anxiety-related and obsessive-compulsive spectrum conditions. CBT focuses on teaching new skills and behaviors, helping you practice those skills in a variety of situations, learning healthier ways of coping with stressful situations, increasing awareness of the way you think in critical situations, and helping you make changes in your thinking patterns.

Please note that CBT is not for everyone. Some individuals would prefer other types of treatment approaches, such as supportive psychotherapy, interpersonal psychotherapy, or psychodynamic psychotherapy. That is, please be aware that CBT is not the only option of therapy and that you may seek alternative approaches elsewhere. Your CBT Solutions provider may determine that CBT is not the only or best approach for your care, and at his or her discretion, may utilize other approaches for facilitating your treatment. Please do not hesitate to ask about treatment techniques if any questions arise.

Your first visit will consist of a thorough assessment of your problems. This is done in order to make sure that you receive the right kind of treatment. After the assessment, your

clinician will recommend a course of treatment for you. You will have the opportunity to ask questions, and to decide whether you agree with the clinician's recommendations.

We want you to know as much as possible about your condition and the treatment you are receiving. Your therapist will provide you with information, but you are also encouraged to ask questions such as the following: What is the name of my condition? How common is it? What kinds of treatment are available for this condition? What evidence is there to show that this treatment will be helpful? We believe that people who are well informed will make the best choices and will benefit the most from treatment.

Confidentiality

All of the information that you provide to us, whether verbal, written, or on tape, is considered confidential by law and by the ethical principles of the American Psychological Association. This means that if you are aged 18 or older, information cannot be given out to other parties without your written permission. The exceptions to this rule are if there is an immediate risk of harm to you or to other people, if abuse of a child or elderly individual is suspected, if you threaten the safety or wellbeing of the therapist, or if your records are subpoenaed by a court of law. Information may be disclosed to third parties for payment purposes (e.g., billing third parties, sending delinquent accounts to a collection agency). Individuals who are age 16 and 17 may elect to be treated as an adult when it comes to confidentiality (e.g., including what can and cannot be disclosed to parents), although this decision is ultimately made at the discretion of the provider and can be changed at any time.

Electronic Communication

The extent to which technology and electronic communication is used as part of psychological services is based on the discretion of the individual provider. It can be instituted or revoked at any time. Some clients prefer the use of technology (e.g., email, text messaging, video conferencing) as part of clinical services, whereas others do not. Please consult with your individual provider about your preferences on this matter. However, by signing this consent form, you are providing your approval for corresponding with staff of CBT Solutions via electronic means, such as text and email. You also agree not to use electronic means for communicating with staff of CBT Solutions while you travel outside the State of Maryland.

Please be aware of several limitations of electronic communication that may affect your confidentiality and psychological services.

1. Most forms of electronic communication are not encrypted, do not meet the standards of HIPAA, and are may be freely available in the public domain (e.g., some forms of email). CBT Solutions will apply standard security techniques to protect your health information (e.g., smart phone security for access; password protection), but please note that CBT Solutions cannot guarantee the protection of certain electronic communication (e.g., text messages) in the event that electronic devices are stolen or hacked. It is also possible for your health information to be

- disseminated to others on accident due to malware, viruses, user-error, etc. Also, since electronic communication requires at least two parties, the extent to which you secure electronic messages and devices on your end and are comfortable with associated software (e.g., email program) and hardware (e.g., smart phone) also affects your treatment and the protection of your medical information. CBT Solutions is not responsible for data breaches that occur as a result of client error.
2. Please also note that electronic communications are part of your medical record and can be subpoenaed.
 3. Many electronic forms of communication can be unreliable (e.g., loss of internet connection or cell services), which means services can be disrupted. This can have an impact on your psychological services.
 4. Never use electronic communication, such as email or text, in the event of a mental health emergency. Please go to your nearest emergency room or call 911.
 5. Note that many third party payers (e.g., insurance companies) will not reimburse you for services rendered electronically (e.g., phone sessions, video conferencing sessions, email fees).
 6. Other people can assume your identity (i.e., identity theft) during electronic communication as part of psychological services. CBT Solutions may require confirmation of your identity if we suspect identity theft.
 7. Most forms of electronic communication (e.g., text messaging, emailing) lack verbal and non-verbal communication cues, like facial expressions and tone. This can cause messages to be misinterpreted.
 8. Asynchronous communication (i.e., messages that are NOT received and communicated in real-time) require at least 48 business hours for turnaround.

Childcare

We regret that our staff cannot provide child care. Therefore, if you have young children, please arrange to have someone take care of them during your appointment.

If you have questions about CBT Solutions, CBT, or other issues, please ask your provider.

Emergencies

CBT Solutions is a group of outpatient mental health service providers. We are not designed to provide emergency mental health services. That is, CBT Solutions does not have an emergency pager or message service system; nobody is on-call. In the event of a mental health emergency, please go to your nearest emergency room or call 911.

Please sign below to indicate that you have read and agree with the above information and consent to the procedures described above:

Not working Part-time Full-time On disability Student Retired
What is your job? _____

Highest level of education completed? (circle one):

Ph.D., MD, or equivalent MA, MS, or equivalent Some graduate school BA, BS, or equivalent AA or some college High school graduate Some high school Grammar school

Current household income (circle one):

\$150,001 and up \$140,001-150,000 \$130,001-140,000 \$120,001-130,000 \$110,001-120,000 \$100,001-110,000 \$90,001-100,000 \$80,001-90,000

\$70,001-80,000 \$60,000-70,000 \$50,001-60,000 \$40,001-50,000 \$30,001-40,000 \$20,001-30,000 \$10,001-20,000 \$10,000 and less

How many persons are dependent on this income? (indicate number) _____

PROBLEM DESCRIPTION

Please briefly tell us about the problem(s) you would like help with.

How long have you been experiencing the problem(s)? (circle one)

One month or less 1 to 6 months 6 months to 1 year 1 to 5 years 5 to 10 years More than 10 years

How old were you when you began having the problem(s)? _____

CGI SELF RATING

Over the past week, how severe is the problem for which you are seeking help? (Circle one)

1 2 3 4 5 6 7

