Brief Evidence-Based Psychotherapy (BEBP) Clinic
Ochsner Department of Psychiatry
Informed Consent

1. **Confidentiality.** All information is kept confidential within Ochsner Health. There are exceptions to confidentiality that are required by law. We have a duty to report any information if you are a danger to yourself or someone else, or that a dependent child or adult is being abused or neglected. You can view Ochsner’s privacy policies online: https://www.ochsner.org/patients-visitors/privacy-policies/ochsner-privacy-policy.

2. **Voluntary Participation.** The BEBP Clinic model is not the best fit for every patient. Please remember that engagement in treatment and services with the BEBP Clinic is voluntary. You may terminate services in the BEBP Clinic at any time.

3. **Research and Quality Improvement.** Archival data from treatment may be used for research and quality improvement purposes. If archival data from your record is used (e.g., number of sessions attended, treatment outcomes, questionnaires, assessment data, etc.), all identifying information will be removed and your confidentiality will be protected. You may be asked to participate in additional research projects, which would require a separate consent form. You may refuse to participate in additional research without penalty.

4. **Short-Term.** Services in the BEBP Clinic are offered for time-limited treatments usually between six and 12 weeks, and for no longer than 16 weeks maximum. This model is consistent with BEBP treatments and allows us to continue offering services to future patients in need. Long-term therapy will not be offered. If you schedule a follow-up with your BEBP provider after treatment graduation/termination, your appointment will be cancelled in accordance with these guidelines.

5. **Attendance.** Treatment in the BEBP Clinic requires consistent, weekly attendance to promote fidelity of evidence-based manuals. You must cancel at least 24 hours in advance or it will be considered a late cancellation or no-show. If there are two unexcused consecutive absences, you may be asked to restart treatment in the clinic or return to your referring provider.

6. **Manual-Based.** Treatment in the BEBP Clinic is based on manualized evidence-based psychotherapy. Each session has a predetermined agenda, topic, skill/strategy, and practice assignment and must be followed to promote fidelity of treatment. Some patients have difficulty adhering to this model and find that a treatment outside of the BEBP Clinic
is a better fit. If you have difficulty adhering to this model, your provider will discuss options outside of the BEBP Clinic that may be a better fit for you.

7. **Partnership Agreement.** All patients admitted to the BEBP Clinic agree to the Partnership Agreement with the Health Care Team of the BEBP Clinic, Department of Psychiatry, and Ochsner Health. This agreement fosters a collaborative environment of care and comfort with behavioral expectations, and will be signed separately in a separate document.

8. **Wait List.** There may be a wait for treatment after admission to the BEBP Clinic based on availability. Please make arrangements if you need services in the interim.

9. **Limitations.** The BEBP Clinic is not built to accommodate alternative scheduling requests (i.e., requests for psychotherapy every other week or every month). The clinic is also unable to manage high-risk conditions or crises (i.e., substance abuse, psychosis, severe cognitive issues, suicidal or homicidal ideation, non-suicidal self-injury, etc.), and patients with these issues will be referred out. The clinic is unable to provide services on a 24-hour basis. Please do not use MyOchsner messaging for high-risk or crisis situations. If you have an immediate and severe crisis, please call 911 or go to an emergency department or urgent care.

10. **Re-Admission.** Patients who are graduated or terminated from treatment in the BEBP Clinic may be required to re-start the admission process if a substantial amount of time has lapsed since prior admission (over one year) or if there is need for re-assessment due to significant life events, emerging symptoms, etc. Re-admission should be discussed with and approved by your referring provider.

Acknowledgement and Consent:

I have read and understand the above information, and any questions I had about the content have been answered to my satisfaction. I give my informed consent to receive mental health services for myself in the BEBP Clinic.

Patient Signature: _______________________________ Date: __________

This document does not replace the patient’s bill of rights which can be found at: