



Network Biofeedback Services ~ Unlock Your Mind
Biofeedback, Mental Health Counseling & Creative Arts Therapy, PLLC
Clinical Director: Susan E. Antelis, MPS, LMHC, LCAT, BCB, BCN

CONSENT FOR TREATMENT

My Background

I, Susan E. Antelis, am a NYS Licensed Mental Health Counselor and Nationally Board Certified through the Biofeedback Certification International Alliance (BCIA) as a Biofeedback Senior Fellow and Neurofeedback Associate Fellow. I am also a board certified, NYS Licensed Creative Arts Therapist. I hold Diplomate status in the American Psychotherapy Association. I am the former Executive Director of the Northeastern Regional Biofeedback Society (NRBS), founding officer of the Biofeedback and Behavioral Health Practitioners Guild (BBHPG) and former Board member of the Association for Applied Psychophysiology and Biofeedback (AAPB) and of the Biofeedback International Certification Alliance (BCIA). I am a Professional member of the American Art Therapy Association (AATA) and the New York Art Therapy Association (NYATA). I am also an Adjunct Professor at Hofstra University in the School of Helping Professions for Counseling and Art Therapy.

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. I would be more than happy to review any of my credentials with you upon your request.

The Practice

My practice is comprised of clinicians who are Licensed and/or Board Certified in Mental Health Counseling or Biofeedback and/or Neurofeedback, as well as trained in the modalities listed below. In addition, the practice staff includes interns of mental health counseling and/or biofeedback, as well as those who are provisionally licensed in mental health counseling. Clinical interns at the practice are working towards certification and/or full licensure. All staff are under my direct clinical supervision and guidance.

Intake Process

The initial session begins with a review of the detailed intake history form you have filled out prior to your session. Together, we will go over the forms and provide a space for you to voice your concerns and personal goals for seeking treatment.

During the intake process, you will be matched with the clinician and services within our practice that best fit your needs. If we find that additional services are recommended that we do not provide, we will refer you to one of our licensed associates in our network. Throughout any time in your therapy process, it is within your power to decide if the clinician or treatment process is not suitable for you. We would then be happy to review and/or provide you with a referral source as necessary.

Therapeutic Approaches

Our therapists offer different approaches. This allows our practice to be multi-faceted and suitable for your individual needs. Our therapeutic approaches and specialties include: Biofeedback and Neurofeedback training, Eye Movement and Desensitization Reprocessing (EMDR) trauma therapy, play therapy, sand-tray therapy, art therapy, solution-focused therapy, anger management, mindfulness training, stress-management, Person-Centered, and cognitive-behavior therapy (CBT).

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Biofeedback and Neurofeedback

(Note: all references below to Biofeedback include Neurofeedback as well, as it is a type of Biofeedback that measures and trains brain waves and brain activity)

Biofeedback is one of our main training modalities used to address stress-related disorders which include migraine headaches, tension headaches, sleep issues, hypertension, trauma-related symptoms, gastrointestinal difficulties, TMJ, anxiety, muscle spasms, and ADHD with or without hyperactivity. 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. There are some assessments that will be recommended for you prior to starting training, such as encrypted online questionnaires and/or qEEG Brain mapping that can be done in our offices.

Many times, the goal of biofeedback therapy is to reduce the need for medication and alleviate symptoms. You are strongly advised to speak with your physician about all prescription related concerns. With your written consent, we are also happy to communicate with your doctor. *Please note that my Licensure does not provide for prescription privileges and I am limited by law regarding the information I can provide for you. We encourage you to discuss any symptom changes that arise, and will check in with you during each session. *Your responsibility is to be honest and open in reporting your health progress and concerns.

More detailed information about Biofeedback and Neurofeedback can be found on the following web sites: www.bcia.org, www.aapb.org, www.isnr.org and www.nrbs.org.

EMDR and Bio/Neurofeedback

As in any new learning situation or therapy process, it takes consistent commitment for there to be fruitful change. Once progress has taken place, new behaviors should be easier to maintain with less effort. You are therefore responsible for following through with appointments and at-home practice in order for you to experience optimal self-growth and maintain symptom relief.

Safety in the treatment rooms is a main priority. The room is carefully arranged for you to feel comfortable. The room is also arranged to ensure little environmental interference with the bio/neurofeedback equipment. In addition, the equipment and software programs we use have built in safety monitoring devices. The EMDR equipment is research-based and purchased through Neurotek.

Sessions

Sessions can vary between 30, 45, or up to 60 minutes long, once or twice a week based on your individual condition and needs. You should evaluate my recommendations along with your own assessment about whether you feel comfortable working with me and my team. 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.

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PROFESSIONAL FEES

Typically all fees are arranged on the telephone when setting up a first appointment, or during the intake session.

CONTACTING ME

Our clinicians and I, am usually with clients when in the office. The phone is answered by our front desk administration and/or a confidential automatic answering machine, which we monitor frequently. My office staff is trained in maintaining confidentiality. I will make every effort to return your call within the same day with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you can be reached. If it's a life-threatening emergency, please call 911, your family physician, or the emergency room at the nearest hospital and ask for the psychiatrist on call.

*Please be advised that if you use email and/or Mobile texting, it may not be confidential and is not the preferred method of contact.

PROFESSIONAL RECORDS

Both law and the ethical standards of my profession require that I keep appropriate treatment records. 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.

As some of us at the practice present at conferences and/or teach, some cases will be anonymously discussed with other consultants/supervisors who are also credentialed or licensed mental health practitioners. 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

Signing this document will acknowledge your understanding of the type of care you can expect from me, and what is expected of you. 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 at any time.

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

Susan E. Antelis, MPS, BCB-Sr. Fellow, BCN, ATR-BC, ATCS, LCAT, LMHC

Patient Signature: _____ Date: _____

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