



## ***Intensive Outpatient Program for Adolescents Orientation Information***

*Welcome to the Eating Disorders Treatment Center. We are glad you are here and hope that your time with us will be a positive, challenging, learning and growing experience. In order to provide a safe and healing environment, there are guidelines EDTC will be following and guidelines we ask you to follow as well. This Orientation Document must be reviewed and signed by all participants, including the parent/guardian of minor participants.*

### **Program Requirements**

#### **Prior to Admission:**

If you have not completed one prior to being admitted to this IOP, you will be asked to complete a Medical History form and obtain lab work with your Primary Care Physician. If you are not currently working with a physician, we can help you schedule an appointment with an urgent care physician or provide you with names of physicians in the community. You **must** be medically stable and cleared by a physician in order to participate in the IOP.

#### **Within the first week of the Program:**

You will meet with your IOP Therapist within the first week of treatment to complete an initial assessment and establish treatment goals. You will work with your Therapist once a week. These sessions will occur outside of program hours. Please arrive on time for individual sessions and provide 24 hours for any necessary rescheduling.

You will be assessed by the EDTC's outpatient Dietitian. You are encouraged to continue weekly to bi-monthly individual Dietitian sessions to optimize your individual treatment plan and to achieve your recovery goals. These follow up individual sessions must be scheduled outside of the IOP and are not included in the price of the program.

#### **Throughout the Program:**

- Participants are expected to participate in blind weigh-ins upon arrival to the IOP, and during the group time. Your weight will be closely monitored by your therapist and dietitian.
- Frequency of weigh-ins will be determined on an individual basis, based on the recommendations of a Registered Dietician.
- Participants are expected to obtain lab work, as determined by a physician. Frequency of lab work will be decided on an individual basis.
- Participants are expected to attend all sessions unless excused or arrangements have been made for a higher level of care. The IOP will meet on Monday, Tuesday, Wednesday, and Thursday from 4:15 – 7:15 pm.
- Parents/Guardians are expected to attend the Tuesday evening sessions for meals with the patients and participate in planned activities. Parental support is an extremely important factor in the success of the treatment. Parents will learn ways to support their adolescents, receive support from clinicians, the dietitian, and other families, and will get the opportunity to voice concerns about a variety of issues.
- Participants are expected to TURN OFF CELL PHONES, and leave them off while at IOP.



*Intensive Outpatient Program for Adolescents  
Orientation Information*

- Participants are expected to bring their Program binder and/or a journal to each session.
- Participants (including parents on Family Nights) are expected to eat a meal with the group about midway through each session. Parents and patients are expected to bring a brown bag meal that has been established as nutritionally sound by either your personal Dietitian, or the EDTC Dietitian. Please follow the Meal Guidelines that are provided on separate sheet. If you have any questions this, please discuss them with your Dietitian and your Therapist prior to attending the program.
- Participants are expected to refrain from utilizing the restroom upon completion of the meal. Everyone will be provided an opportunity for a restroom break prior to dinner. If an emergency arises and you cannot wait until after program hours, please consider asking a peer or a staff member to accompany you to the restroom.
- Participants are expected to refrain from chewing gum and drinking diet or caffeine drinks while at the Center. Food isn't allowed in the group room, but water bottles will be permitted.
- Participants are expected to dress appropriately (no midriffs, low-cut shirts, etc.) while in program. Feel free to wear comfortable clothing, but be thoughtful about any logos or designs. Remember you are participating in a recovery program and we want to promote health and self-acceptance whenever possible.
- Participants are expected to refrain from utilizing illicit substances or alcohol while participating in the IOP. You may be asked to participate in random breathalyzers or urine drug screens. If there is evidence that you are not sober during program hours, you will be separated from the other program participants and asked to have a relative or peer pick you up from program. **If you struggle with remaining abstinent your treatment plan will be evaluated, and you may be asked to transition to a higher level of care.**
- Participants are expected to remain in the group room for the duration of each session, and in the program for the entire duration of the program. We recognize that treatment can at times be difficult due to exploring issues that are of a negative or uncomfortable nature. We ask that you do your best to experience these feelings and to talk with your IOP Therapist and the group about what you are experiencing. **These uncomfortable feelings can be very helpful in the therapeutic process and are sometimes necessary to resolve issues.** Your recovery process requires a commitment to yourself and to the program. If you are unable to attend the program consistently, or if you have 3 or more unplanned absences, your actions may be interpreted as a lack of motivation for treatment. Additionally, repeated absences interfere with the safety of the group process. If this occurs, you may be asked to discharge from the program until you are ready to make a more solid commitment to treatment.
- Participants are requested to avoid bringing any additional materials into the group room. If it is helpful for you to carry a stress ball or similar item for grounding purposes, that is acceptable. Otherwise, you will be asked to remain attentive and focused during group time.
- Participants are expected to follow the Group Therapy Guidelines provided in this packet. This is a safe, confidential group and each member agrees to maintain that confidentiality.
- Participants are asked not to engage in romantic relationships with other participants.



***Intensive Outpatient Program for Adolescents  
Orientation Information***

- Sometimes participants choose to have friendships with other participants outside the group. Therapeutically, relationships outside the group are an extension of the group process and will be treated as such. In other words, relationships and friendships outside the group will serve as material to be processed inside the group.

**Absences:**

- Participants are expected to arrive early enough to be ready to start promptly at 4:15 pm.
- Life is messy and unpredictable, hence we know there are times when a group member will miss IOP. In the instance when an upcoming absence is anticipated, please discuss this in advance with your Primary Therapist. A 24 hour cancellation notice must also be provided to EDTC if for some reason you find yourself unable to attend.
- Please note that "no-shows" or last minute cancellations will be subject to our cancellation policy with regard to payment and continued participation in the program. Additionally, EDTC's no-show fee for the IOP Program is \$100 per day.
- In addition to no-show fees, participants that no-show will be expected to answer a call from the Higher Level of Care Case Manager, if the case manager cannot reach the participant directly after two phone calls, the Higher Level of Care Case Manager will call for a wellness check from city officials. This may result in a police officer being sent to the participants' residence to check on their wellbeing.
- Upcoming absences will be discussed and deliberated on by the team members during staff meetings, which are held on Thursdays prior to IOP. If an absence is deemed "unexcused," the group member may choose to attend to avoid the no-show fee. If the absence is deemed "excused," the member may be absent and will not be charged the no-show fee.

**Discharge:**

- Upon discharge from the IOP program, patients are expected to maintain regular appointments with a dietitian in order to continue to monitor their progress and health. As patients approach their discharge/graduation date, the dietitians will work with them (and their family members, when applicable) to schedule a follow-up appointment. Frequency and duration of nutrition counseling following discharge will be determined by patients and their dietitian based on their needs and goals. If a patient leaves the program before an official discharge date can be set, he/she will also be expected to meet with a dietitian in order to assess their needs and goals outside of the IOP program.



***Intensive Outpatient Program for Adolescents  
Orientation Information***

**Program Policies**

Visitors are prohibited during program hours. If a family member or peer is providing transportation to the facility, we ask that this individual wait in a separate location in order to maintain the privacy and confidentiality of everyone in the program.

Smoking is not permitted in this facility. For security, the exterior doors are automatically locked at 5:30 pm. Since we have so much to cover in every session and we do not have staff available to escort you outside to smoke, participants are not permitted to take breaks to exit the building to smoke.

The group process can be an intense experience and it is normal that you may begin to feel close to your peers in the group. However, it is important to maintain healthy emotional boundaries with those around you. If you feel uncomfortable at any time and feel that you are unable to confront boundary issues on your own, please talk with your IOP Therapist to receive assistance in resolving the problem.

If at any time you struggle with your safety, with making progress toward your recovery goals, or with complying with the IOP guidelines and protocols, you may be asked to step-up to a higher level of care. Your therapist or psychiatrist will discuss this directly with you, if the need arises. If you refuse to be admitted to a higher level of care, and are unable to commit to the recovery process at an intensive outpatient level of care, you may be asked to discharge from the IOP.

The Eating Disorders Treatment Center follows the snow day attendance policy of the Albuquerque Public Schools. If schools in the APS district are closed because of snow, then the Eating Disorders Treatment Center will be closed as well. Most radio stations and TV stations carry this information on the morning broadcasts. Additionally, EDTC will post closure information on the website, [www.eatingdisordersabq.com](http://www.eatingdisordersabq.com), as soon as that decision is made. If you are unsure if the Center will be open or closed, you may call the Center at 505-266-6121 to get clarification on the schedule for the evening.

We are committed to establishing and maintaining a healthy and empowering healing environment for every patient at The Eating Disorders Treatment Center. To that end, we ask that you do not bring the following items to program:

- Diet pills, laxatives, or diuretics
- Over-the-counter medications or supplemental herbs
- Any food or drinks including gum, mints, and candy
- Sweeteners, food additives, or spices
- Alcohol or street drugs
- Magazines that focus on diet or fitness
- Weapons of any kind or anything that can hurt yourself or others
- Razor blades

Please understand that staff will confiscate and dispose of any of the above brought into program. Thank you for your cooperation!



***Intensive Outpatient Program for Adolescents  
Orientation Information***

**Affirmation of Program Requirements and Policy Acceptance**

I have read, do understand, and have accepted all of the Orientation Information outlined above for the Intensive Outpatient Program.

PATIENT SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

EDTC THERAPIST: \_\_\_\_\_

Date: \_\_\_\_\_



***Intensive Outpatient Program for Adolescents  
Orientation Information***

***Group Guidelines***

**Confidentiality:** Anything that is said in the group room stays in the group room. When outside of the program please DO NOT reveal the names or identities of patients attending the program. Please do not engage in conversation about what was discussed during the program day. Please refrain from blogging, posting on Facebook, Twitter, etc., any details about individuals or events that have occurred at the IOP.

**Participation:** Please be prepared to engage fully in the group (right here, right now). Please remain honest, open, and willing to participate in the process. Remember, *if you want to get something out of the process, you have to put something into it.*

**Mindfulness:** You will learn more about mindfulness skills while in this program, including Mindful Listening and Mindful Speech. Practice actively listening to others, be able to paraphrase what someone is saying, and set aside judgments. Utilize "I" statements, speak about your own experience, and notice *your* intention in speaking.

**Grounding:** Please work to remain grounded and present during group. Utilize all 5 of your senses to remain in the here and now. Ask questions or for clarification if you feel lost.

**Communication:** Maintain eye contact and speak directly to others. Try to refrain from "cross talk" or engaging in side conversations. Silence is OK in group and may happen from time to time. Please refrain from rescuing or speaking for another group member. Speak up and be direct when appropriate and help to create space for everyone in group to be able to do so.

**Respect:** Please honor your boundaries and the boundaries of others. Please be respectful when addressing staff, when providing feedback to peers, and when talking about yourself. Refrain from profane language, name calling, and judgmental speech.

**Conflict:** Open discussion is encouraged and all questions are important. However, conflicts may occasionally occur. It is OK, even safe, to have conflict in this group setting. It can be an opportunity for growth if dealt with directly and honestly.

**Safety:** Please refrain from disclosing details of harmful events or harmful behaviors. Please refrain from discussing numbers, weight, calorie counts, etc.

**Triggers:** You may hear something or be exposed to something that is a "trigger" for you. Please use this as an opportunity to directly work on your trigger and your management of this trigger. It is also normal to have people in group remind us of people in our lives or our families-of-origin whom we may have struggled with in relationship. Use this trigger as an opportunity to identify and understand yourself and your reactions, not to project onto the other.



***Intensive Outpatient Program for Adolescents  
Orientation Information***

***Meal Guidelines***

There will be a short break prior to the meal. Please use this time to go to the restroom since there will be no restroom break during or directly after the meal.

We primarily utilize the exchange system. Please follow these exchanges to plan comparable dinners on the days you are not in program:

- 2 grain exchanges
- 1-2 vegetable exchanges
- 3 protein exchanges
- 1 milk exchange
- 2 fat exchanges
- 1 small dessert

Please adhere to the following meal guidelines while in program (they are also beneficial for every meal)

- Dinner will last approximately 45 minutes. This includes an opportunity to check-in prior to the meal, 30 minutes to consume your meal, and time to process any struggles or success with your meal. Please wait for the entire group to begin eating. You will be given a reminder when there are 5 minutes remaining.
- The expectation is that you will eat 100% of your meal. If you are unable to complete your meal in the allotted timeframe, you will be supplemented with a Boost. If you are unable to complete 100% of your meal, you will be supplemented with a Boost (based on the amount remaining).
- Please do not get up from the table once the meal has started. Refrain from utilizing additional condiments (excessive salt/pepper/seasonings), repeated use of the microwave, requesting additional beverages, etc.
- Please do not negotiate or exchange items from your meal at meal time. If concerns about your meal or food choices do arise, please utilize your individual dietitian sessions to address these concerns.
- Please be honest with your behaviors during your meal. Do not engage in hiding, sneaking, throwing away, or other disordered eating patterns. We can only help you if you are honest with your struggles.
- Please refrain from discussing food items, sharing judgments/opinions about the food served or additional "food talk" during the meal. Please be respectful that others may be struggling with their food choices and deserve support.



***Intensive Outpatient Program for Adolescents  
Orientation Information***

- Please do not discuss disordered eating behaviors during the meal. Refrain from providing "tips" or encouraging others to utilize unhealthy behaviors. If you are concerned that your peer may be struggling, consider asking directly if you can be supportive in any way or utilize group time to express your concerns.
- Our overall goal is to provide a safe, comfortable environment for you to be able to complete your meal. Ideally, we would like to help you reach the point of enjoying the meal experience if not tasting and enjoying the food you are eating. It is ok for the meal time to be fun. Feel free to bring up various discussion topics or games that may spark conversation.





***Intensive Outpatient Program for Adolescents  
Orientation Information***

***Guide to Eating Behaviors***

<b><i>EATING DISORDERED BEHAVIORS</i></b>	<b><i>REPLACEMENT BEHAVIORS</i></b>
Use of utensils to eat a sandwich.	Use hands to eat a sandwich
Cutting food into small pieces.	Cutting into appropriate, bite size pieces. Cutting a few pieces at a time, eating those pieces, and then cutting more food.
Mixing of, or separation of, foods from format they are meant to be eating in.	Eating foods as they are served on the plate
Pouring beverages on solid food.	Consume food and beverages from their original containers.
Consuming condiments such as salt or sugar to excess on menu items.	Using condiments in moderation to enhance, not hide flavor of food.
Not touching lips to silverware.	Allowing your lips to silverware to reinforce that you have permission to eat food.
Drinking all fluids prior to meal.	Alternate between eating and sipping fluids.
Isolating/staring into space.	Engaging in conversation with peers.
Spitting food out or hiding in napkin or clothing.	Allowing yourself to consume all food. Refrain from wearing coats, clothing with pockets, etc. during the meal.
Wiping utensils with a napkin.	Participating in normalized eating which includes waiting until the end of meals to clean utensils.
"Checking" or "Playing" with foods.	Eating food in a timely manner and reminding yourself the more you fixate (play, etc.) on food, the harder it actually is to consume.
Eating foods in a certain, rigid order.	Eating foods in random order.
Counting chews, excessive chewing.	Chewing in normal manner to decrease focus and fixation on food.
Eating too fast or slow.	Finishing meal in allotted time/normal pace. This allows you to fully connect with your meal.
Engaging in profanity or abusive talk.	Engage in normal social conversation. If you are feeling anxious or uncomfortable, ask a peer for support.
Regurgitating food.	Give yourself permission to consume all food and digest it.
Asking to substitute food at meals.	Eat all foods as served and ask for support or help with re-framing your fears.
Distraction of peers with gestures.	Utilize appropriate body language and allow your peers the opportunity to have a successful meal experience.
Talking about calories, food, fats, etc.	Refrain from "food talk" and suggest that you and your peers find alternative topics to discuss.
Patting foods with a napkin to remove grease.	Eat the food as prepared and served to you.



***Intensive Outpatient Program for Adolescents  
Orientation Information***

Welcome to the EDTC Intensive Outpatient Program!

As the nutrition side of this program, we excited to help you reestablish a healthy relationship with food. The following is an outline of how the nutrition side of IOP works including the meal plan, obtaining weights, and supplementation.

**The Meal Plan:**

We recognize that the meal plan can initially be the most difficult aspect of recovery, and we hope to make this road as smooth as possible for you. We are happy to answer any questions along the way and serve as your meal support system. At IOP, we eat together. All who attend are required to follow the individualized meal plan assigned by your dietitian. Your other meals will be introduced as recommended by your dietitian or based on your current meal plan.

Together we will build meal plans, or “road maps,” using the exchange system. Each food group is represented and a serving is defined as a “unit.” This is a method of **estimation** based on rough approximations of grams of protein, fat, and carbohydrates, rather than calorie counting. Calorie counting is only used in this system as a guide to establish minimum intake. (For example: 8oz of almond milk is only 40 calories and as such the “unit” is increased to 16oz to meet minimum energy needs.) Servings vary depending on nutrient density and you will find detailed lists on the following pages in your EDTC manual. To get you started please see the table below:

<b>Food Group</b>	<b>What constitutes a unit?</b>	<b>Examples</b>
Grains/Carbs	1/2-1 cup or 1 tennis ball	1 slice bread OR 1/2 cup rice
Proteins	1oz of protein	1oz of chicken OR 1 slice of cheese
Fats	1- 2 tbsp or 1/2 - 1 golf ball	1/2 golf ball of peanut butter OR 1 golf ball of salad dressing
Fruits and Veggies	1 tennis ball	1 apple OR 2 Clementine’s
Calcium	8-16oz	8oz milk OR 16oz almond milk

The meals at IOP begin with an individualized meal plan. Below is an example of a dinner meal plan. The column on the right is the meal example.

<b>Meal Plan</b>	<b>Example</b>
2 Carbohydrates	1 large (16”) tortilla
3 Proteins	2oz chicken and 1 slice cheese



***Intensive Outpatient Program for Adolescents  
Orientation Information***

<b>Meal Plan</b>	<b>Example</b>
2 Fats	1 golf ball serving of avocado 1 golf ball size serving of almonds
1 Veggie OR Fruit	1 cup fresh spinach on spinach wrap
1 Calcium	8oz of milk
“Extras”	Ketchup, buffalo sauce, syrup, honey, etc.
Dessert or 10% fun	This includes an item such as dessert, chips, cookies, etc. that total 150-250 calories

You are asked to meet the meal plan every night at IOP and at home. The first week we will work together to become acquainted with the meal plan. The second week you are asked to finish your meals and anyone who is unable to finish his/her meal will be asked to complete the meal with a liquid supplement (for example Ensure Plus) based on the total percentage of food eaten. We have 30 minutes to eat and any necessary supplementation will be provided at the 30-minute mark. Please review the manual for appropriate table talk and behavior.

**Important Considerations:** There are several aspects we wish you to take into consideration when beginning the IOP meal plan. Please note that vegan and vegetarian diets are acceptable as long as weight is within recommended range, you are medically stable, and meeting nutrient needs (example: protein, iron, B12, vitamin D, etc.). Recommendations on diet alterations may be made based on your individual diagnosis and situation. Accommodations for vegan diets will not be made for supplementation needs. Any other food elimination diets (such as gluten-free or sugar-free) are not supported by EDTC unless medically recommended. Any food allergies or diet specific diagnoses are to be reported prior to the start of IOP with a letter or test result from your physician. We are happy to help obtain this documentation if needed.

It is important to remember that patients at EDTC may be prescribed various meal plans with various eating strategies as the program progresses. We believe strongly in individualizing treatment recommendations. As such, we ask that you do not compare plates at dinnertime as each individual has different needs. Please also keep in mind that the therapists, dietitians, and interns often choose to eat dinner with the group. However, some nights EDTC employees may choose to eat with their families. Thank you for your understanding that we too would like to practice healthy family dinner dynamics in our personal lives. If you have any concerns or feel triggered by the dinner process, we encourage you to discuss this in process group.

**Weekly Weights**

Weight-ins and the meal plan go hand-in-hand. Weights are obtained by a dietitian at various times during program. We understand that your weight may hold significant power within your recovery which is why we give each patient the option of seeing their weight or being weighed without seeing their weight (“blind weight”). If we feel it is necessary, we may recommend to begin with blind weights to assist in your recovery.



*Intensive Outpatient Program for Adolescents  
Orientation Information*

**Supplements**

Liquid nutritional supplements can be a helpful tool, particularly in the beginning of treatment when the meal plan is particularly difficult. Make sure to discuss the use of liquid supplements with your dietitian in order to make sure your nutritional needs are being met.

Micronutrient supplementation is also an integral part of nutrition therapy. We will discuss your individual needs for supplementation. At a minimum, we recommend patients take a general multivitamin every day.

We look forward to getting to know you and working together. It is a beautiful day when food is reestablished in someone's life as fuel, not the enemy. The best part about this process is that we are here to **help you** and create a meal plan specific to **your** needs. Please let us know any questions you may have and keep in mind this is a journey (not a test) where you learn a little more each day. We will be working closely together over the next few weeks to reinstate the fact that today's food is tomorrow's fuel.

Signed with a smile,

Your dietitians at EDTC



***Intensive Outpatient Program for Adolescents  
Orientation Information***

***Nutrition Services***

The Eating Disorders Treatment Center provides nutrition therapy as a part of your treatment. The dietitian oversees the patient's nutritional status, lab work, eating behaviors, weight monitoring, and collaborates with the treatment team to encourage healthy thinking and behaviors. The dietitian also assists the patient in selecting a healthy, nutritious diet that meets nutritional needs by meeting with the IOP groups weekly. During IOP meetings, the dietitians cycle through the following curriculum monthly:

- Week 1: Nutrition topic
- Week 2: Nutrition topic and preparation for challenge
- Week 3: Challenge Night
- Week 4: Gentle and Mindful Eating

Patients are required to meet individually with the dietitian within the first two weeks of their start date. The initial nutrition assessment (30 minutes) is included as a part of the IOP package and free of charge to the patient. You will meet weekly with your dietitian for weigh-ins and check ins during the program. Patients may choose to attend fifty-five minute individual sessions with the nutrition therapist as needed outside of program. Additional sessions are not included in the Intensive Outpatient Program and will be provided for an additional charge (some insurances accepted).

Individual sessions will address a patient's nutrition questions, provide tailored nutrition education and recommendations, explore patient's relationship to food and body image, and set appropriate goals in working toward intuitive, healthy eating. If you wish to make individual appointments with the dietitian please contact her directly.



***Intensive Outpatient Program for Adolescents  
Orientation Information  
Facility Disclosure Statement***

**Facility Name and Address**

Eating Disorders Treatment Center, LLC  
5203 Juan Tabo Blvd, NE  
Suite 2A  
Albuquerque, NM 87111

National Provider Number: 1871881326  
EIN: 452772387

**Regulation of Licensures**

The New Mexico Regulation and Licensing Department has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Counseling and Therapy Practice Board, 2550 Cerrillos Road, Santa Fe, NM 87505 (505) 476-4610.

**Patient Rights and Important Information:**

- 1) Patients are entitled to receive information from me about our methods of therapy, the techniques we use, the duration of your therapy (if we can determine it), and our fee structure. Please ask if you would like to receive this information.
- 2) Patients can seek a second opinion from another therapist or terminate therapy at any time.
- 3) In a professional relationship (such as ours), sexual intimacy between a therapist and a patient is never appropriate. If sexual intimacy occurs, it should be reported to the Counseling and Therapy Practice Board.
- 4) Confidentiality Rights.
  - a) Generally speaking, according to the statutes of the state of New Mexico (Title 16, Chapter 27, Part 18), the information provided by and to a patient during therapy sessions is legally confidential. This applies also to any employees or professional associates of the licensed or registered counselor or therapist. A licensed or registered professional shall inform a patient of limitations of confidentiality. These limitations include, but are not limited to:
    - i) Limitations mandated by the law.
    - ii) When the counselor or therapist judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the patient on the patient or another person(s).



***Intensive Outpatient Program for Adolescents  
Orientation Information***

- iii) When the counselor or therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case, patient confidences may be disclosed in the course of that action.
- iv) When a written waiver has been obtained, all information revealed must be in accordance with the terms of the waiver. If there is more than one party involved in the therapy, the waiver must be signed by all members legally competent to execute such a waiver (i.e., couples, marital couples, family, and group).
- v) When release of information pertaining to a patient under the age of consent is requested, it must be signed by a parent or guardian. The counselor or therapist, to the extent the patient can understand, shall inform the minor patient of the limit the law imposes on his/her right of confidentiality.
- vi) Reporting of abuse of children and vulnerable adults. The counselor or therapist shall be familiar with any relevant law, and shall comply with such laws.
- vii) Limitations mandated by employing agencies.
- b) A licensed or registered individual shall ensure that all records and written data are stored using reasonable security measures that prevent access to records by unauthorized persons.
- c) A licensed or registered individual shall ensure that the content and disposition of all records is in compliance with the relevant state laws and parts.
- d) A licensed or registered individual shall continue to treat information regarding a patient as confidential after the professional relationship between the counselor or therapist and the patient has ceased.
- e) A licensed or registered individual shall exercise reasonable care to ensure that confidential information is appropriately disguised to prevent patient identification when used as a basis of supervision, teaching, research or other published reports.
- 5) You are entitled to receive the following information at any time about any other therapist in the employ of The Eating Disorders Treatment Center who provides psychotherapy to you during your time here (for example, if you are assigned a separate family therapist):
  - a) The name, business address, and business phone number of the psychotherapist.
  - b) A listing of any degrees, credentials, certifications, and licenses held by the psychotherapist.

If you have any questions or would like additional information, please feel free to ask your Therapist.

I have read the preceding information and understand my rights as a client / patient.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_



***Intensive Outpatient Program for Adolescents  
Orientation Information***

***Primary Therapist Disclosure Statement***

**Primary Therapist, Founder, and Clinical Director:**

Holly A. Finlay, MA, LPCC, CEDS, CSP  
5203 Juan Tabo, NE Suite 2-B  
Albuquerque, NM 87111  
(505) 266-6121

**Primary Therapist Credentials**

Masters of Arts in Counseling, University of New Mexico, 1992.

- Licensed Professional Clinical Counselor, (LPCC) in New Mexico, License # 1291
- Board Certified by National Board of Certified Counselors, NBCC, 1994
- Certified Eating Disorders Specialist (CEDS) through the International Association of Eating Disorders Professionals since 1993.
- Certified Sensorimotor Psychotherapist (CSP) through the Sensorimotor Psychotherapy Institute, 2011.
- Teacher in Training for Sensorimotor Psychotherapy Institute
- Fellow of International Association of Eating Disorders Professionals (F.iaedp)
- Member, American Psychotherapy Association
- National Provider Number: 1396831319

**Regulation of Licensures**

The New Mexico Regulation and Licensing Department has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Counseling and Therapy Practice Board, 2550 Cerrillos Road, Santa Fe, NM 87505 (505) 476-4610.

**Patient Rights and Important Information:**

- 1) Patients are entitled to receive information from me about our methods of therapy, the techniques we use, the duration of your therapy (if we can determine it), and our fee structure. Please ask if you would like to receive this information.
- 2) Patients can seek a second opinion from another therapist or terminate therapy at any time.
- 3) In a professional relationship (such as ours), sexual intimacy between a therapist and a patient is never appropriate. If sexual intimacy occurs, it should be reported to the Counseling and Therapy Practice Board.





***Intensive Outpatient Program for Adolescents  
Orientation Information***

- 4) Confidentiality Rights.
- a) Generally speaking, according to the statutes of the state of New Mexico (Title 16, Chapter 27, Part 18), the information provided by and to a patient during therapy sessions is legally confidential. This applies also to any employees or professional associates of the licensed or registered counselor or therapist. A licensed or registered professional shall inform a patient of limitations of confidentiality. These limitations include, but are not limited to:
    - i) Limitations mandated by the law.
    - ii) When the counselor or therapist judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the patient on the patient or another person(s).
    - iii) When the counselor or therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case, patient confidences may be disclosed in the course of that action.
    - iv) When a written waiver has been obtained, all information revealed must be in accordance with the terms of the waiver. If there is more than one party involved in the therapy, the waiver must be signed by all members legally competent to execute such a waiver (i.e., couples, marital couples, family, and group).
    - v) When release of information pertaining to a patient under the age of consent is requested, it must be signed by a parent or guardian. The counselor or therapist, to the extent the patient can understand, shall inform the minor patient of the limit the law imposes on his/her right of confidentiality.
    - vi) Reporting of abuse of children and vulnerable adults. The counselor or therapist shall be familiar with any relevant law, and shall comply with such laws.
    - vii) Limitations mandated by employing agencies.
  - b) A licensed or registered individual shall ensure that all records and written data are stored using reasonable security measures that prevent access to records by unauthorized persons.
  - c) A licensed or registered individual shall ensure that the content and disposition of all records is in compliance with the relevant state laws and parts.
  - d) A licensed or registered individual shall continue to treat information regarding a patient as confidential after the professional relationship between the counselor or therapist and the patient has ceased.
  - e) A licensed or registered individual shall exercise reasonable care to ensure that confidential information is appropriately disguised to prevent patient identification when used as a basis of supervision, teaching, research or other published reports.
- 5) You are entitled to receive the following information at any time about any other therapist in the employ of The Eating Disorders Treatment Center who provides psychotherapy to you during your time here (for example, if you are assigned a separate family therapist):
- a) The name, business address, and business phone number of the psychotherapist.
  - b) A listing of any degrees, credentials, certifications, and licenses held by the psychotherapist.



***Intensive Outpatient Program for Adolescents  
Orientation Information***

If you have any questions or would like additional information, please feel free to ask your Therapist  
I have read the preceding information and understand my rights as a client / patient.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_



***Intensive Outpatient Program for Adolescents  
Orientation Information***

***Informed Consent***

*Please read the following carefully. If you have questions, discuss them with your provider.*

*Your signature below indicates you understand and accept the terms of treatment.*

I have chosen to receive psychological services from the Eating Disorders Treatment Center, LLC (EDTC). My choice has been voluntary and I understand that I may terminate therapy at any time.

I understand that my participation in the Intensive Outpatient Program requires that I fulfill the Participation Requirements outlined in Treatment Overview & Requirements.

I understand that there is no assurance that I will feel better. Because psychological treatment is a cooperative effort between me and my therapeutic team, I will work with them to the best of my ability to resolve my difficulties.

I understand that during the course of my treatment, material may be discussed that is upsetting in nature and that this may be necessary to help me resolve my problems.

I understand that the ability of my therapeutic team to provide useful feedback and guidance to me is dependent upon the accuracy of the information I provide about myself.

I understand that records and information collected about me will be held or released in accordance with state and federal laws regarding confidentiality of such records and information.

I understand that state and local laws require that my therapeutic team report all cases of abuse or neglect or minors or vulnerable adults.

I understand that state and local laws require that my therapeutic team report all cases in which there exists a danger to self and/or others.

I understand that there may be other circumstances in which the law requires my therapeutic team to disclose confidential information.

I understand that I may be contacted by my therapeutic team to ensure continuity and quality of my treatment and/or after the completion of treatment, to assess the outcome of treatment.

I understand that EDTC will be required to provide basic clinical information, including diagnoses, to my insurance company in order to receive payment for services, and that EDTC has no control over how my insurance company handles my private information and that neither EDTC, nor the members of my therapeutic team, can be held liable for the actions of the insurance company.



***Intensive Outpatient Program for Adolescents  
Orientation Information***

My rights include:

- The right to be informed of the steps and activities involved in receiving services
- The right to confidentiality under federal and state laws relating to the receipt of services
- The right to humane care and protection from harm, abuse, or neglect
- The right to make an informed decision whether to accept or refuse treatment
- The right to contact and consult with counsel at my expense
- The right to select practitioners of my choice at my expense

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_



***Intensive Outpatient Program for Adolescents  
Orientation Information***

***Participant IOP Recovery Contract***

*Welcome and Congratulations!* You have taken the first step in your recovery process by committing to treatment at the Eating Disorders Treatment Center. Your treatment team brings compassion, knowledge, and understanding to your healing process. We believe that an integrated, multidisciplinary approach is important in creating recovery that lasts. We accomplish this with a wide treatment approach including individual, family, and group therapies, psycho-education, and collaboration with your medical providers. We focus on eating behaviors, emotions, thinking patterns, mindfulness, and coping strategies to help you move beyond your eating disorder and live with freedom and health.

We view your recovery as a piece of your life story, and each person's story is different. As you move through treatment, we strive to help you discover your personal values, goals, and dreams. We will provide a safe place for you to connect with many emotions, thoughts, and memories. We will teach you to label, manage, and process your feelings, to replace eating disordered behaviors with healthy coping skills, and to come to a greater understanding of all that is within you. When your recovery feels difficult, as it will be at times, we will support you and help you reach out to others.

However, we cannot do this alone. *We need you to make a commitment to yourself, your healing, and your life after completing this program.* Your heart, soul, and full intention *are* key components in creating change and writing a new story for your own life.

By signing this, you are committing to that change by:

- Attending every scheduled session and arriving on time.
- Being focused, attentive, and active during sessions.
- Honestly expressing your experiences with your therapist and the group.
- Trusting the process of your treatment.

I, \_\_\_\_\_, commit to myself, my peers, and my treatment team at the Eating Disorders Treatment Center to follow expectations as described above throughout my treatment. I have read and understand the following documents in this packet:

Document	Initials	Document	Initials
IOP Orientation Information		IOP Meal Guidelines	
Facility and Therapist Disclosure Statements		Eating Disordered Behavior List	
Group Therapy Guidelines		EDTC Outpatient Office Policies	

My Signature indicates that I have read, understand, and agree with the Eating Disorders Treatment Center's Intensive Outpatient Program Recovery Contract.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_



***Intensive Outpatient Program for Adolescents  
Orientation Information  
Financial Responsibility Contract***

A sincere commitment to one's recovery is necessary to help ensure a positive therapeutic experience with the Eating Disorder Treatment Center IOP. That sincere commitment is demonstrated not just by putting as much energy and focus as possible on one's recovery, but also by responsible behavior with regard to attendance at group meetings and individual therapy sessions and payment for treatment services.

Eating Disorder Treatment Center will file insurance claims on the patient's (or the financially responsible party) behalf. However, the client (or the financially responsible party) is responsible for all co-payments or co-insurance payments, deductibles, and any outstanding balance in the event of no insurance, insurance disputes, insurance denials, etc. Please note that no insurance claims can be filed in the event of a missed appointment and payment for any and all missed appointments is solely the responsibility of the client (or the financially responsible party).

*My signature below confirms that I have read, understand, and agree with the following statements.*

I have been informed of the EDTC fee for services I require, and that it is my responsibility to contact my insurance provider to learn what my expected co-payment or co-insurance is under my policy, and the amount of any insurance deductible remaining on my account (if any).

I understand that if I provide my insurance information to EDTC, EDTC will bill my insurance provider on my behalf for services provided, and apply due diligence to obtain payment for billed services.

I understand that it is my responsibility to make the required insurance deductible payments, and co-payment or co-insurance payment to EDTC at the time services are rendered unless other arrangements have been made in advance and approved in writing with EDTC.

I understand that it is my responsibility to render payment in full to EDTC for services provided should EDTC be unable to obtain payment in full from my insurance provider within 45 days of the date of service.

I understand that payment to EDTC for services provided may be made with check, cash, MasterCard or Visa, (including insurance issued Visa/MasterCard benefit cards). Financial questions should be directed to, or special arrangements for payment should be discussed with the EDTC Billing Manager, Gloria Gordon. She can be reached at 505-266-6121, ext. 121.

I understand that after 45 days from date of service, it is my responsibility to attempt to recoup from my insurance provider any payments I have made to EDTC to cover balances due.

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

Financially Responsible Party (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

