



ICCBT

Indiana Center for Cognitive Behavior Therapy, PC

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OBSERVATION CONSENT FORM

The Indiana Center for Cognitive Behavior Therapy, P.C. (ICCBT) is a research & teaching clinic. In order to provide you with the highest level of treatment and provide clinical education, a supervising provider may have student interns (not directly involved in your care) involved in your care. If you have questions about our observation practices, please ask your attending clinician for more information. In addition to observation, we may request your permission to audiotape and/or videotape you in certain circumstances. You will be notified if this is a request we will be making. If you have additional questions, please discuss them with your attending clinician. It is important to us that all your questions be answered to your satisfaction.

Moreover, if you decline, it will not adversely affect your care at CBT. We ask that you consider participating as it enhances the learning experience for the students who are providing care to you and assists us in providing you with higher levels of care & attention and consideration that we strive for.

I AGREE I DECLINE to participate in AUDIO VIDEO DIRECT

*Student education observations

Patient's Signature

Date

Guardian/Personal Representative's Signature

Date