

Feeling Good Institute
2660 Solace Place, Suite A, Mountain View, CA 94040
Dedicated to Better Therapy

Consent Form for Collection of Brief Mood Survey and Evaluation of Therapy Scales

PART I: Information

This Informed Consent Form is for adults who receive TEAM Therapy at the Feeling Good Institute.

By signing below, you are indicating your consent for some forms (listed below) that you use in therapy to be used in anonymous format, by the Feeling Good Institute to provide quality therapy. Your participation will assist us in understanding implementation and effectiveness of TEAM CBT therapy. Your therapist is giving you this information as all adult individuals who receive psychotherapy services from TEAM-CBT therapists are invited to be a part of our efforts. You do not have to participate and services provided to you are not conditional on your participation. Before you decide, we encourage you to ask your therapist any questions that arise.

As part of our efforts to improve your experience and satisfaction we would like your permission to measure whether our therapy model and service delivery produce positive results for you.

This effort will involve collecting information from each of your “**Brief Mood Surveys**” and “**Therapist Evaluation**” forms that you fill out before and after each session with your therapist. We ask that the information collected will not include your name or any identifying information about you.

The information that we collect will be kept confidential. The information gathered from your forms will have an identification (ID) number on it instead of a name. The staff will not have access to your patient file. Findings will be shared within the Institute to help maintain and/or improve our therapy model.

Your participation is entirely voluntary. Participation on your part entails only your consent to the use by Feeling Good Institute of your forms. There are no additional efforts or measures asked of you. You may change your mind later and stop participating even if you agreed earlier. All original data will be coded for confidentiality. It will be handled within the Feeling Good Institute by staff that is trained to handle confidential information and shredded after collection.

PART II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for the aforementioned forms to be used as described.

Name(Print)_____ **Signature**_____ **Date**_____