

CONSENT FOR TREATMENT

Psychology Clinic
Washington State University
P.O. Box 644820
Pullman, WA 99164-4820
509-335-3587 Fax: 509-335-1030

Services

The Washington State University Psychology Clinic (Clinic) is a mental health service and training center that provides the following services: a) Psychological assessment (neuropsychological testing, psychological evaluation, and personality assessment); and b) therapy for individuals, couples, and veterans and their family members. Assessments are provided to help clients identify specific areas of cognitive strength, difficulty, and concern, as well as diagnose specific conditions (e.g., ADHD) that are consistent with clinical and cognitive data. Therapy is a cooperative process in which a therapist and client meet regularly to clarify issues of concern, discuss options, and work toward meeting goals by developing effective problem-solving skills and greater self-understanding. Parents/guardians/authorized adults will participate in an initial interview with a minor client. The initial interview is a process designed to gather specific information about the minor's needs. Following the initial interview, a treatment plan will be developed, and therapy will begin shortly thereafter.

If you are receiving therapy services, you will be asked to complete a brief (5-10 minute) questionnaire at the beginning of each session to update information important to you and your therapist, including your assessment of how therapy is going and how you feel about your relationship with your therapist. Your therapist may share the results of this questionnaire with you at the beginning of each session so that the two of you can make sure you are addressing your most important concerns, making progress toward your goals for treatment, and attending to issues that might be interfering with your work together. Feedback can also help your therapist improve his or her clinical skills, an important part of the training mission of the Clinic. (Note: Clients age 13 and older will complete their own assessment of services. Parents/guardians/authorized adults will complete assessments for clients under the age of 13.)

Staff

Doctoral students in the Clinical Psychology Program at WSU, under the close supervision of licensed psychologists in the Department of Psychology, provide the majority of therapy and assessment services to the community.

Attendance

The Clinic may suspend or terminate therapy or assessment services in response to two consecutive missed appointments or a pattern of excessive cancellations and/or missed appointments. *You must call (509) 335-3587 to cancel appointments at least 24 hours in advance.* Missed therapy appointments or late cancellations (less than 24 hours prior to your appointment) are charged at the rate you established for services at the beginning of treatment. Clients who fail to attend an initial assessment appointment will have their names moved to the bottom of the assessment waiting list. Subsequent assessment appointments that are missed or cancelled late will be charged a \$25.00 fee. **Please Initial _____**

Payment

Payment is due prior to services being rendered. We accept payment by cash, check, and money order. We also accept MasterCard and Visa for purchases over \$40.00. *Late Payments:* If you are unable to provide payment for more than two weeks, your treatment may be suspended until payment is received.

Scheduling & Cancellations

Appointments are scheduled directly by therapists or the Patient Services Coordinator and can be arranged during business hours. Messages regarding treatment, billing, and cancellations can be left at (509) 335-3587 at any time.

After Hours, Weekends, Holidays

If you feel you or your child are in crisis: Please call 911, your primary care physician, or go to your local emergency room. Crisis hotlines: Psychology Clinic crisis line (800-663-2810), Alternatives to Violence 24-hour crisis lines in Pullman (509-332-4357) and Moscow (208-883-4357).

Parking

All parking spaces on campus require a permit. Illegal parking fines are costly. The Clinic will provide 60-minute parking for therapy clients in the Smith Center for Undergraduate Education Parking Garage. Contact the clinic at 509-335-3587 with any questions regarding parking.

Confidentiality

Clients have privileged communication with a therapist under state and federal law. [RCW 18.83.110] We understand that personal health information is very sensitive. We will not disclose a client's personal information to others without written consent, unless the law requires or permits us to do so. [RCW 70.02.230] You will receive a copy of our *Notice of Privacy Practices*, which outlines in detail how we use and disclose your protected health information.

Minors, Ages 13-17. Under Washington state law, minors, ages 13-17, can request and receive outpatient mental health treatment without parental consent. [RCW 71.34.530] Although a minor's treatment records are confidential, the records can be disclosed to the minor's parent if the parent requests the record. We will not disclose a minor's treatment records without the written consent of either the minor or the minor's parent, unless the law requires or permits us to do so. [RCW 70.02.240]

Reporting Requirements/Authorizations. We disclose information to the appropriate authorities under the following conditions:

- a) To report a reasonable belief that a child has suffered abuse or neglect [RCW 26.44.030]. For reporting purposes, a child is anyone under the age of 18 [RCW 26.44.020].
- b) To report a reasonable belief that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred [RCW 74.34.035 and RCW 5.60.060(9)(d)].
- c) To prevent or minimize an imminent danger to the health or safety of the patient or any other person [RCW 5.60.060(9)(e)].
- d) To comply with a court order or subpoena.

If you have any questions or concerns about the reporting criteria, please talk with your therapist.

Supervision & Training. The Clinic is staffed by graduate student therapists in the Clinical Psychology Ph.D. program under the direct supervision of licensed faculty members. For the purpose of supervision, training, and quality assurance, supervisors will review your medical records and recordings of your therapy to assess the performance of our student therapists and to ensure you are receiving the appropriate treatment. Therapists may also consult with one another regarding your therapy.

Audio/Video (A/V) Recording

Faculty supervisors need to review the treatment our student therapists provide to clients. For the purpose of supervision, training, and quality assurance, clients' treatment sessions will be A/V recorded. A/V recorded material is confidential and has the same security protections as other electronic records. A/V recorded material is password protected and is only accessed by authorized therapists and supervisors. A/V recorded material is erased at the end of supervision use, which typically occurs within two weeks of

the treatment session. You will be asked to sign a separate release authorizing A/V recording of your treatment sessions. Your decision to authorize A/V recording of treatment sessions is voluntary, and you may withdraw your consent for continued A/V recording at any time.

Paper & Electronic Records

Written and electronic records are kept of the services provided to clients. Written records are stored in locked file cabinets within a locked room in the Clinic and are destroyed in a confidential manner after a period of ten years of inactivity. Electronic records are maintained on a file server that is stored in a physically secure facility. The file server is also password and firewall-protected. You may request a copy of your medical records as outlined in our *Notice of Privacy Practices*.

Right to Refuse Treatment

You have the right to refuse treatment. If you consent to treatment, you have the right to withdraw your consent and discontinue treatment at any time. If you have questions or concerns about confidentiality, therapy, assessments, procedures, or any other aspect of the services you or your child/ward receive, please speak with your therapist, the Clinic Director, or the Privacy Officer. If you become dissatisfied with your treatment and would like a referral elsewhere, the Clinic will assist you with a referral to another therapist or agency.

Treatment Risks, Benefits & Alternatives

Possible Risks. Clients undergoing therapy might experience the following side-effects and other known risks associated with mental health treatment: Because therapy often involves discussing unpleasant aspects of your life, you may sometimes experience uncomfortable feelings such as sadness, anxiety, guilt, anger, frustration, loneliness, or helplessness. You may recall unpleasant memories or experience flashbacks to traumatic events. These feelings and memories may, for a time, bother you at work or in school. Making changes in your thoughts, feelings, and behaviors may feel disorienting or frightening at first and is sometimes disruptive to your important relationships. This can be stressful and may affect sleep, appetite, energy, and ability to concentrate at times. You may be asked to complete homework assignments that take time and effort. It is also possible that despite the best efforts made by you and your therapist, you may not achieve the results you want. Change may also require more time than you initially intended. It is important that you carefully consider whether these potential risks are worth the possible benefits of making changes in your life.

If you are participating in psychological or neuropsychological assessment, you may experience some fatigue as a result of the time required and your effort to perform your best on tests. You may achieve results that are unexpected or disappointing to you.

Possible Benefits. Clients undergoing therapy might experience the following known benefits associated with mental health treatment: You may experience significant reductions in symptoms such as depression or sadness, anger, anxiety, hopelessness or helplessness. Therapy often leads to more satisfying relationships, more effective coping skills, improved stress management, solutions to specific problems, and significant reductions in feelings of distress. Life satisfaction often improves, along with performance at work or school. Personal goals and values may become clearer. Therapy may also contribute to feelings of self-acceptance and confidence in your ability to achieve your goals. There is no guarantee that you will experience these benefits as a result of your participation in therapy; however, you will be better equipped to make the life changes you desire with the help and support that therapy can provide.

The benefits of assessment may include more accurate diagnosis of mental health disorders, which helps you and your therapist develop a more effective treatment plan. You may learn about aspects of your personality, thoughts, feelings and behaviors that will help you make the changes you desire.

Neuropsychological assessment may identify the presence of specific learning disorders, memory problems, or other disorders, which can help you locate specialized treatment or receive school or work accommodations.

Alternatives to Therapy Treatment. Reasonable alternatives to therapy include: Psychiatric consultation and psychotropic medication to address symptoms related to depression, anxiety, bipolar disorder, schizophrenia and other mental health concerns when research supports the efficacy of such medication; self-help support groups such as Alcoholics Anonymous; psycho-educational groups that focus on specific concerns, such as anger management, social skill development, or insomnia; or self-help books and on-line programs.

I understand and accept the possible risks and benefits associated with mental health treatment. I also understand the available alternatives to treatment. If I have any questions or concerns about the risks, benefits, and/or alternatives to treatment, I will discuss them with my therapist. **Please initial** _____

Termination/Transfer of Care

The Clinic reserves the right to terminate treatment if it becomes evident to the Clinic Director that the client: a) has care requirements that exceed the capabilities/expertise of a student therapist in the clinical training program; b) will not benefit from continued service; c) no longer needs the services of the Clinic; or d) missed two consecutive sessions or has a pattern of excessive cancellations or missed appointments. In the case of termination of care, the Clinic will provide you with a list of mental health providers in the community from whom you can seek assistance. **Please initial** _____

Consent for Services

I understand and agree to the conditions described in this document and consent to treatment. I agree to pay for the services received at the rate indicated on the Fee Worksheet. I have received a copy of this consent form.

Print Client's Name

Client's Date of Birth

Client Signature (if age 13 or older)

Date

If the Client is under the age of 18, please also complete the following:

Print Parent/Guardian/Authorized Adult's Name

Relation to Client

Parent/Guardian/Authorized Adult Signature

Date