

The University of Alabama Psychology Clinic

INFORMED CONSENT STATEMENT

Welcome to The University of Alabama Psychology Clinic, a nonprofit center that provides mental health services to the University community and the general public. This form provides important information about our services including professional and business policies. Please read it carefully and discuss any questions or concerns you may have during your first session.

VOLUNTARY PARTICIPATION. All treatment and services at the Psychology Clinic are voluntary. The client is an active participant in the setting of treatment/evaluation goals, the treatment/evaluation process, and the termination of services.

CONFIDENTIALITY. All information about a client is kept confidential among the Psychology Clinic's professional staff in accordance with legal and professional ethical requirements. If you are transferred to another therapist, the new therapist and supervisor will have access to all records. No information can be released to any outside person or agency without signed permission by the client or client's guardian. **In case of an agency contracted service, the agency is considered the client.**

However, there are exceptions to a client's privilege to confidentiality that are required by law: (1) when a client threatens, or is at risk of, significant harm to himself/herself (e.g., suicidal), (2) when a client's statements or actions threaten to harm others, (3) when there is reasonable suspicion of child abuse or neglect, (4) when there is reasonable suspicion of abuse or neglect of a dependent adult, (5) when records are court ordered by a judge compelling disclosure, (6) in the event of a third party, such as an agency, school, or insurance company, being responsible for the payment of the bill, the third party often reserves the right to review the services received and receive information such as diagnosis, treatment plan, effectiveness of services, etc., and (7) in the event of an unpaid bill, the bill will be turned over to the University Accounting Office for collection.

This Clinical Program is accredited by the American Psychological Association (APA), and on rare occasions one of the accreditation visitors will ask to see client records to determine compliance with clinical care standards. The site accreditation visitors are obligated to maintain client confidentiality.

MAINTAINING QUALITY SERVICES. Generally, services at the Psychology Clinic are provided by graduate student trainees who are under the supervision of licensed psychologists. Clinical supervision and consultation with other staff or psychologists is used to assure the best quality services possible.

For supervision and consultation purposes, sessions typically are electronically recorded or observed live and discussed with a clinical supervisor. Information shared with supervisors and consultants is treated confidentially. All tapes of recorded sessions will be erased within three months of the session, unless written consent is given by the client to keep the recorded tapes for a longer period of time. If you would like to know when, or if, a session is being observed, please discuss this with your clinician. These recordings are not part of the Clinic's record for the client.

RESEARCH. Since the Psychology Clinic also participates in research training of graduate students, data from client records may be used for research projects or you may be asked to participate in additional research projects. You may refuse to participate in the additional research projects without any penalty. If archival data from your record is used (e.g. number of sessions attended, intake data, treatment outcomes, questionnaires, assessment data, etc.), all identifying information will be removed from the data prior to its use. Your confidentiality will be protected. Research that does not fall under this category of archival data will require a separate consent.

OUTCOME OF SERVICES. Psychological assessment and treatment have both benefits and risks. Benefits can include positive changes in thoughts, feelings, behaviors, and relationships. However, some people may not find these services beneficial, and a few may have a negative experience. Even the most successful treatment may at times be uncomfortable, as you become aware of certain thoughts, feelings, or memories. As you make changes in your own life, potentially stressful changes may also occur in your relationships with others. It is important to discuss with your clinician any questions or concerns you may have. You also may address any concerns about your services to your clinician and/or his or her supervisor or the Clinic Director.

When receiving services at the Clinic, you may be asked to complete various questionnaires concerning symptoms, feelings, etc. These outcome measures are used to monitor the progress and effectiveness of your treatment at the Psychology Clinic. Also, after services are completed, you may be asked to complete a questionnaire about the services received and your satisfaction with those services.

See Reverse Side

INFORMED CONSENT STATEMENT (continued)

POLICIES:

ATTENDANCE. It is the client’s responsibility to inform the therapist/evaluator or Clinic staff at least 24 hours in advance of a scheduled appointment if he/she is unable to come to the appointment.

- If a therapy appointment is missed without notifying the Clinic, this will be considered a “no-show,” and the client is expected to pay half of the therapy fee for the missed session. If a client misses two consecutive appointments without calling, the record may be closed without further notification.
- If the appointment is for an evaluation, the full evaluation fee is due at the time of the first appointment. Any “no show” (missed appointment) for subsequent evaluation appointments is \$25 and must be paid before the evaluation can continue.

EMERGENCIES AFTER-HOURS. The Psychology Clinic is not able to provide services on a 24-hour basis. If you have an immediate, severe crisis such as suicidal plans or intent to harm others, you need immediate help. You should contact your primary physician, call 911, or go to the emergency room of the nearest hospital. University students can contact the UA Counseling Center for assistance.

FEES. We endeavor to make our services affordable. For adults, assessment services generally are a fixed fee. Therapy services are based upon the client’s household income, except University students’ therapy fee is a set fee per session. For children, assessment and therapy services are based upon household income. To receive a sliding scale fee, proof of income must be provided. All fees are due and payable at the time of services. The Clinic does not accept insurance assignment. Please be aware that most companies do not reimburse for services provided by students in training. In the event your financial circumstances change, you should discuss the issue with your therapist/evaluator. In the event of an unpaid balance, after reasonable attempts at collection, the bill will be turned over to the University Accounting Office for collection. **NOTE: If this is an agency contracted service, the agency is considered the client and is responsible for payment of fees.**

RECORDS. Ethical and legal requirements result in the maintenance of records regarding client services. If you wish to view your records, we recommend you discuss content in the clinician’s presence to reduce chances of misinterpretation and/or distress.

If you are under 18 years old, the law may permit your parents/guardians the right to examine your records. Before sharing information with them, we will discuss the matter with you.

If a report summarizing a psychological evaluation with you is prepared, a written request by the client is required to send this to another agency, doctor, or school. After sending one copy of the psychological report to a specific individual/agency without charge, each additional copy will be charged \$1.00 per page to the client.

All other requests for copies of the client’s record will be charged \$1.00 per page to the client. **Exception: If this is an agency contracted service, requests for any information must be directed to that agency.**

QUESTIONS/PROBLEMS/FOLLOW-UP. The Psychology Clinic periodically contacts clients and former clients to assess their satisfaction with the services provided. If at any time you have any questions or problems with respect to the services you have been provided, please bring your concerns to the attention of your therapist, your evaluator, the supervisor, or the Director of the Clinic.

ACKNOWLEDGMENT AND CONSENT:

I have read and understood the above information in its entirety, and any questions I had about the content have been answered to my satisfaction. On the basis of this agreement, I give my informed consent to receive mental health services for myself and/or my child(ren) at The University of Alabama Psychology Clinic.

Print Client Name

Print Guardian Name (if Client is a minor)

Signature of Client (or Guardian if Client is a minor)

Signature of Child Client (if Client is 14-18)

Witness Signature

Date

The therapist/evaluator assigned to work with you is: _____.

His/Her supervisor is: _____. The supervisor may be contacted by calling 348-5000 and asking to speak to this person regarding your services. Or, you may ask to speak to the Clinic Director at 348-5000.