



CONSENT TO TREAT

Nature of the clinic

The Wayne State University Psychology Clinic provides a variety of psychological services to individuals and their families. The services are provided by advanced graduate students (M.A. and Ph.D. level) under the supervision of highly qualified, experienced clinical psychologists from the university faculty.

The clinic exists for the following purposes:

- To provide our clients with the most appropriate type of psychological assessment and/or treatment.
- To provide advanced graduate students in clinical psychology with a training setting for mastering the most advanced treatment methods.
- To provide a research setting for the study of mental health problems and treatments.

Supervision of therapist-in-training

Services provided at the clinic are supervised closely by the clinical psychology faculty. Thus, information gathered during the course of a client's contact with the clinic will be discussed confidentially among a limited number of qualified graduate students and supervising faculty.

The process of therapy/evaluation

Participating in therapy can result in a number of benefits to clients, including improving well-being, interpersonal relationships and resolution of the specific concerns that led them to seek therapy. Working towards these benefits requires effort on the client's part, such as active involvement and openness in order to change thoughts, feelings or behavior. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in the client experiencing considerable discomfort or strong feelings such as anger, sadness, worry or fear. The client is encouraged to discuss any such feelings with the therapist or evaluator.

During the process of therapy, clients will likely challenge some of their perceptions and attitudes. This can be liberating and enlightening. Sometimes, such challenges also may contribute to their feeling upset, angry, depressed or disappointed. If these negative feelings occur, it is important for the client to discuss them with the therapist. As a result of therapy, the client may make decisions about changing behaviors, employment, substance use, schooling, housing or relationships, some of which may not have been originally intended. Sometimes a decision that is positive for one family



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member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be a gradual process.

Early in treatment, the therapist and client will develop a set of goals by which to measure progress. During therapy, progress towards these goals will be discussed periodically by the therapist and client and changes and/or modifications to the goals may be made as necessary.

Therapy never involves sexual or business relationships or any dual relationship that has the potential to impair the therapist's objectivity, clinical judgment, therapeutic effectiveness or can be exploitive in nature. Therefore, therapists are not permitted to accept gifts from clients or engage in any relationship outside therapy with the client. The client has the right to terminate therapy at any time.

Recording sessions

As a standard practice, all therapy and assessment sessions (including telehealth sessions) are generally video recorded for training purposes. Recordings of sessions are deleted immediately after being viewed in supervision.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without the client's written permission, except where disclosure is required by law. **Disclosure is required by law in the following circumstances: where there is a reasonable suspicion abuse or neglect of child, elder or gravely disabled person; or where clients present a danger to themselves or to others.** If there is an emergency during the course of therapy or in the future after termination when the therapist becomes concerned about the client's personal safety, the possibility of the client injuring someone else or about the client receiving proper psychiatric care, we are obliged to do whatever we can within the limits of the law, to prevent the client from injuring themselves or others and to ensure that the client receives the proper medical care. For these purposes, the therapist may also contact the person whose name the client provided on the biographical sheet. Disclosure also is required in the unlikely instance where it is ordered by a judge in a court of law. For instance, if the client places his/her mental status at issue in litigation initiated by the client, the defendant may have the right to obtain the psychotherapy records and/or testimony by the therapist. We discourage patients from involving the therapists in legal matters as it may interfere with maintaining confidentiality and the therapist-patient relationship.



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As a patient, clients have the right to review or receive a summary of their records at any time, except in limited legal or emergency circumstances or in the unlikely event when the therapist assesses that releasing such information might be harmful in some way. In such a case, the therapist may provide the records to an appropriate and legitimate mental health professional of the client's choice. Considering all the above exclusions, if it is appropriate, upon the client's written request, the therapists will release any information to any agency/person the client specifies in writing (or other verifiable means). *Record requests during a university closure may be delayed.*

Research

In keeping with the purpose of the clinic to service as a research setting, certain information related to a client's contact with the clinic may be used in research analyses. Such information is used in aggregate form only and never identifies the client by name.

Emergency procedures

Because this is a training clinic with limited resources, we cannot offer emergency services beyond the operating hours of the clinic. In an emergency, we will attempt to contact a client's therapist, but we cannot guarantee that he/she will be available. Under such circumstances, clients need to contact a crisis line or call 911.

Fee for service

The clinic operates on a fee-for-service basis. Such fees are established at the time of the initial contact. At least half of the full fee for an assessment must be paid during the first session. Fees for therapy are quoted for 45-minute sessions. Payments are expected at the beginning or end of each therapy session. Service fees do not currently apply for telehealth services.

Cancellations/missed appointments

Clinicians reserve the scheduled therapy hour for the client and require 24-hour advance notice of cancellations. The client will be responsible for the full fee (up to \$40.00) for reserved hours to which they did not show up or which are not cancelled or rescheduled without adequate advance notice by phone (313-577-2840, please leave a message if no one answers). Clients who do not cancel within 24 hours and do not show up for an initial evaluation will be asked to send in the payment by mail before rescheduling. If a client fails to attend two appointments in a row, an attempt will be made to contact the client via phone or letter. If there is no response, then services may be ended.



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Email communication

Email may be used to send a client documents or information on how to access videoconferencing for telehealth services. Email communication is not considered confidential and is susceptible to security breaches. In accordance with HIPAA regulations, the information transmitted through the clinic email is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. The preferred method of communication at the Wayne State University Psychology Clinic is via telephone in order to protect the privacy of our clients. We can be reached by phone at 313-577-2840 or by fax at 313-577-8949. This email address is not checked regularly unless our clinicians are expecting a message and should not be used for emergency communications. If you are having a mental health emergency, please call 911.

Did client consent to email use?

Yes. Record email address _____

No

Michigan HIPAA notice

A client's record is considered health information and is protected by the Health Insurance Portability and Accountability Act.

Telehealth services

Prior to starting phone or internet-based services, there are some additional risks to confidentiality that needs to be covered and agreed upon:

- There are potential benefits and risks of phone or videoconferencing (e.g. limits to patient confidentiality; for instance, a neighbor might hack into your or their Wifi) that differ from in-person sessions.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problem such as a loss of cell phone service or a dropped call.



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We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation. **Record here:**

If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) in order for you to participate in telepsychology sessions.

In the case where you are participating in an assessment, please also be aware that because tele-assessment requires modifications of standard assessment procedures, there are some limitations to precision and accuracy that may impact the ability to make as specific, conclusions, decisions or recommendations as would be possible in face-to-face assessments. Furthermore, the clinician may need to add more measures to maximize the accuracy of the assessment and evaluate areas that are unclear.

As your clinician, I may determine that due to certain circumstances, telepsychology is no longer appropriate over in-person visits.

There are three telehealth formats we are using, depending on the type of treatment. *Please check which format you will use with the client.*

- Doxy.me:** This is the most secure for health care but is limited to one-on-one meetings.
- Telephone or cell phone:** This is an audio-only meeting.
- Zoom:** This is the least secure but does allow for group meetings and screen sharing for forms. To prevent “zoom-bombing” we are using the waiting room feature and a password.

Emergency contact

Name _____

Phone number _____

Relationship to client _____



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Consent

If consenting via telehealth

Date and time of call _____

Clinician name _____

Clinician signature _____

Client name _____

Did the client acknowledge understanding and agreement with the above conditions? Yes No

Additional comments

If consenting in-person

I have read and understand the above explanation of services. I hereby give my voluntary consent to participate in the evaluation and/or treatment program of the Psychology Clinic of Wayne State University's Department of Psychology.

Client name _____

Client signature _____

Witness _____

Date ____ - ____ - ____