Welcome to the ISU Psychology Clinic. This document/agreement contains important information about: 1) our professional services and special conditions related to being a training clinic, 2) summary information about privacy and confidentiality, and 3) our clinic business practices. Although a bit long and complex, it is important that you read it carefully and ask any questions you might have today or before our next session. We will give you a copy to take home. When you sign this document, it will represent an agreement between us. However, you may revoke this agreement in writing at any time. That revocation will be binding unless a) the clinic has already taken action in reliance on it, b) the clinic has legal obligations imposed on it by a court of jurisdiction or your health insurer in order to process claims made under your policy, or c) if you have not satisfied financial obligations you have incurred. There is no charge for your initial adult screening intakes.

**Purpose and Mission of the ISU Psychology Clinic**
The ISU Psychology Clinic is a training site associated with the ISU doctoral program in clinical psychology. Clinicians are clinical psychology graduate students who are supervised by the clinical faculty. As a patient of the clinic, your therapist will introduce him or herself and provide the name of his or her supervisor. There is a possibility that your therapist and/or supervising clinical faculty member may change during the course of services. You must agree that your evaluation and therapy sessions may be observed and/or recorded (audio/video) for the purpose of student training. The therapist will both view the videos and discuss your case with their supervisor and a small practicum team (typically 3-4 trainees.) All videos will be destroyed as soon as possible and upon termination of your participation as a clinic patient (i.e., case closed). The only exception is if you otherwise grant permission to a faculty supervisor by a separate written consent.

In addition to training, we also have a service mission. The ISU Psychology Clinic is dedicated to providing quality psychological services to the Southeastern Idaho community at low cost. Unfortunately, we are not able to provide all services and may have a waiting list depending upon the availability of clinicians. If we cannot assist you, we will attempt to provide you with several referrals.

**Privacy Practices**
In accordance with laws and ethical standards, the ISU Psychology Clinic provides privacy protections for medical records and new patient rights with regard to the use and disclosure of your health information used for the purpose of treatment, payment, and health care operations. We provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of health information for treatment, payment, and health care operations. The Notice, explains our policies in greater detail. We also require your signature acknowledging that the clinic has provided you with this information.

**Psychological Services**
Psychological interventions including psychotherapy are not easy to describe in a few general statements. Effective treatment depends upon the particular problems you are experiencing, as well as personality factors and establishing a good therapist-patient alliance. In an important respect, psychotherapy is dissimilar to visiting a physician in that it calls for more active effort on your part. For therapy to be most successful, you will have to work on the things we talk about both during the sessions and at home. Psychological treatment includes potential for some risk as well as benefits. Since therapy involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, which may be temporarily discomforting. On the other hand, psychological treatment has been known to produce many personal benefits, such as a reduction
in distress, solutions to specific problems, and better relationships. Although there can be no guarantees, the ISU Psychology Clinic strives to maximize benefits and to minimize risks by providing well-supervised and trained therapists and by frequent evaluations of patient progress/status.

The first few sessions will involve an evaluation of your needs. By the end of this evaluation period, your therapist will be able to offer you an initial impression of your needs and a plan for what treatment might include, if you decide to continue. Research findings suggest that on average it may take 15 therapy sessions for the majority of patients to significantly improve. If you ever have any questions about procedures, you should discuss them whenever they arise.

The ISU Psychology Clinic hours are limited to 9 am to 6 pm during the week, and may be shorter in the summer. The clinic provides full time administrative phone coverage during working hours, but you may not be able to reach your clinician who may be in class or seeing other patients. Your therapist will make every effort to return your call as soon as possible. If you are difficult to reach, please inform the secretary of times you might be available. The clinic does not provide emergency services (see Emergency Care and Crisis Situations).

Confidentiality

Idaho law protects the privacy of communications between a patient and a psychologist. Every effort will be made to keep your evaluation and treatment strictly confidential. In most situations, the clinic will only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. In the following situations, no authorization is required:

1. Clinical information about your case may be shared fully within the ISU Psychology Clinic by the students enrolled in clinic practicum and faculty for educational and therapeutic purposes. If clinical staff presents case information at professional conferences, the information will be disguised (de-identified and reported in aggregate form) such that it is impossible to link the information to you or your family.

2. Personal information is also shared for clinic administrative purposes such as scheduling, billing, and quality assurance. Clinic files are also available to program site visitors evaluating the training program. Data contained in your file are available for archival research (i.e., reviews of records to describe clinic referrals, outcomes, and trends) as long as your identity cannot be linked to the data used. All staff members have been given training about protecting your privacy and have agreed not to disclose any information without authorization or approval of the Clinic Director in mandated reporting situations (see Limits to Confidentiality).

3. On occasion, the clinic may find it helpful to consult with another health or mental health professional, e.g., a physician, your prior therapist, etc. During such a consultation, every effort is made to avoid revealing the identity of the patient. The other professional is legally bound to keep the information confidential. If you don’t object, it is our policy to tell you about such consultations only if it is important to you and your therapist working together. All consultations are noted in the patient’s clinic record.

4. Disclosures required to collect prior overdue fees are discussed elsewhere in this agreement.

Limits to Confidentiality

There are situations where the clinic may be required or permitted to disclose information without your authorization. These situations are unusual in this clinic. These include:
a) If the clinic has knowledge, evidence, or reasonable concern regarding the abuse or neglect of a child, elderly person, or disabled person, it is required to file a report with the appropriate agency, usually the Department of Health and Welfare. Once such a report is filed, we may be required to provide additional information.

b) If a patient communicates an explicit threat of serious physical harm to a clearly identifiable victim or victims, and has the apparent intent and ability to carry out such a threat, the clinic may be required to take protective actions. These actions may include notifying the potential victim, and contacting the police, and/or seeking hospitalization for the patient.

c) If we believe that there is an imminent or even, in our judgment, high risk that a patient will physically harm himself or herself, we will also take protective actions (See Care during Crisis Situations).

d) When ordered by a court. Although courts have recognized a therapist-patient privilege, there may be circumstances in which a court would order the clinic to disclose personal health or treatment information. We also may be required to provide information about court ordered evaluations or treatments. If you are involved in, or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order the clinic to disclose information.

e) Requests from a legal guardian of a minor child, including a non-custodial parent.

f) If a government agency is requesting information for health oversight activities or to prevent terrorism (Patriot Act), the clinic may be required to provide it.

g) If a patient files a worker’s compensation case, the clinic may be required, upon appropriate request, to provide all clinical information relevant to or bearing upon the injury for which the claim was filed.

h) If a patient files a complaint or lawsuit against the clinic or professional staff, the clinic may disclose relevant information regarding the patient in order to defend itself.

If any of these situations were to arise, the clinic would make every effort to fully discuss it with you before taking action, and would limit disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions you have with us now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Emergency Care and Crisis Situations
The ISU Psychology Clinic is not able to provide emergency services or psychiatric medications. Individuals, who because of psychiatric difficulties need substantial case management, ongoing medication adjustments, and/or emergency clinician access, are generally not appropriate for a training clinic. Such patients may be seen at the clinic when their situation is more stable.

ISU Psychology Clinic patients who are experiencing a crisis are encouraged to discuss this with their therapist as soon as possible so that a crisis plan can be developed. A crisis may be generally defined as a situation or period in which the person’s usual coping resources fail and they experience a state of psychological disequilibria in which they may be at risk for impulsive or harmful behavior. There are many examples of crisis situations, which may include: a patient who is struggling with suicidal ideation, a teenager who under distress runs away from home, a patient with a Psychotic Disorder diagnosis who experiences severe symptoms, such as hallucinations or
paranoia because they have discontinued medications, and a client with a Substance Use Disorder who relapses to uncontrolled drug use with danger of overdose or serious harm. Such clients may or may not constitute an imminent danger to themselves or others; nevertheless, sometimes a judgment must be made to protect the client.

The policy of the ISU Psychology Clinic to which you consent as a client is to provide conservative treatment during a crisis situation. Your clinician would work with you to establish a plan to restore normal functioning as soon as possible. In addition to coping skills and possible environmental changes, this may include consultation with your physician, or if necessary, a family member or significant others. If you are a student living in university housing, it may mean letting appropriate university officials know of your situation. The clinic may divulge your patient status and the minimal treatment information necessary to protect you during a crisis period. The need for such action will be discussed with you beforehand if at all possible. This exception to normal confidentiality will remain in effect until the crisis is over or your care has been successfully transferred to another mental health provider or treatment program. This crisis policy requires you trust in our professional judgment to balance risks with your rights to confidentiality. The crisis policy is consistent with a training clinic that supervises graduate trainees.

The clinic instructs patients who cannot reach us and are having an emergency to contact their physician, dial 911, or go to their local emergency room. In Pocatello and surrounding areas, community resources such as Portneuf Medical Center, (208-239-1800) or the Adult and Child Community Mental Health Center, (208-234-8685), are also available.

**Professional Records and Patient Rights**

The laws and standards of the psychology profession require that the clinic keep personal health information about you in your clinical record. Generally, you may examine and/or receive a copy of your clinical record, if you request it in writing. There are a few exceptions to this access: 1) some of the unusual circumstances described above, 2) when the record makes reference to another person (other than a health care provider) and we believe that access is reasonably likely to cause substantial harm to that other person, or 3) where information has been supplied confidentially by others. Also, the clinic will not release copyrighted test information or raw data to you directly. Because these are professional records, they can be misinterpreted. For this reason, the clinic recommends that you initially review them in the presence of your therapist, or consent to have them forwarded to another mental health professional so you can discuss the contents. The ISU Psychology Clinic keeps no additional notes (sometimes called psychotherapy or process notes) beyond the clinical record. In most circumstances, the clinic is allowed to charge a copying fee for reproducing your records. If the clinic refuses your request for access to your records, you have the right of a review of this decision (except for information supplied confidentially by others), which the Clinic Director will discuss with you upon request.

Additionally, you have rights regarding the privacy of your health information as outlined in the Notice of Privacy Practices. Your therapist or the Clinic Director will be happy to discuss any of these rights with you.

**Minors and Parents**

Please be informed that according to Idaho law, any person with legal rights pertaining to a child (e.g., legal guardian or non-custodial parent) may have the legal right to terminate the child’s therapy unless that person has given his/her signed informed consent. As stated earlier, the ISU Psychology Clinic will honor requests for information by a legal guardian of a minor child.

Patients under 18 years of age who are not emancipated from their parents should be aware that the law allows parents to examine their clinical records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is clinic policy to request an agreement from parents that they consent to give up their access to their child’s records. If
parents agree, the clinic will provide them only with general information about the progress of the child’s treatment and his/her attendance at scheduled sessions. Parents may be provided a summary of their child’s treatment when it is complete. Other communications will require teenager assent, unless the clinic feels it is a crisis situation including personal risk or physical danger to the minor. If possible, such disclosures would be discussed beforehand with the teenager to minimize his/her objections and concerns.

**Research**
The Psychology Clinic also provides a site for clinical research conducted by doctoral students and the clinical faculty. Patients may be approached for participation in clinical research studies conducted by ISU Psychology Clinic faculty and/or their graduate students who have received prior approval for the specific study from the Idaho State University Human Subjects Committee (Institutional Review Board). Prior to any research participation, a separate informed consent fully explaining the study must be provided, and the individual can chose either to participate or not to participate. Any patient who decides not to participate in a study will not be penalized (i.e., services to which they are ordinarily entitled through the ISU Psychology Clinic will not be withheld if you chose not to participate in any research study). Research participation may reduce your clinic session fees.

**Fees, Billing and Payment Policy**
The ISU Psychology Clinic charges reduced fees with a discount to ISU students and staff. There is no charge for the initial intake session(s). If your concerns can be addressed in the clinic and you decide to seek services, you will be asked to sign a fee contract with specific fee arrangements depending upon your family size and income. It is clinic policy that you must pay at least half of the evaluation fee at the first evaluation session. Thereafter, patients are billed monthly but are encouraged to pay regularly at the time services are delivered. You may pay by check or cash at the Clinic office where you will receive a receipt, or by check via the mail, which will be reflected in your final billing statement. As well, you may pay via credit/debit card online (https://commerce.cashnet.com/isupsycclinicalacctfees). It is clinic practice to bill you for missed appointments unless you cancel 24 hours in advance of the appointment. If your financial circumstances change or you have financial difficulties, you are encouraged to discuss a payment plan with your clinician intern.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, the Psychology Clinic has the option of using legal means to secure payment. This may involve contracting with a collection agency which requires us to disclose otherwise confidential information. In most collection situations, the only information the clinic releases is the patient’s name, contact information (such as address), the nature of the services provided, and the amount due.

If you wish to apply for payment under a health insurance policy, the clinic can assist you upon request in completing an application for the benefits to which you are entitled under the policy. The Clinic is unable to bill your insurance agency directly. It is very important that you understand what your insurance covers and does not cover. Sometimes prior authorization is required for mental health services or the services are limited to a specific number of sessions. If necessary, call your plan administrator to have your questions answered. Ultimately, you (not your insurance company) are responsible for full payment of the clinic fees.

**Summary of Patient Responsibilities**
As a patient of the ISU Psychology Clinic, you agree to:

1) Keep regular appointments and actively participate in your treatment. Remember, attending 15 therapy sessions may be a reasonable commitment to obtain benefits.
2) Attempt any therapeutic assignments you agree to perform.

3) Make a commitment to living and using clinic and community resources to solve difficulties. You agree to disclose to your therapist whenever you feel in crisis and/or suicidal, to work with them to come up with a crisis plan, and to give the clinic discretion regarding needed disclosures in a crisis situation.

4) Not to come to the clinic under the influence of alcohol or other drugs. At your therapist’s request, if you appear intoxicated, you agree to refrain from driving yourself. Failure to do so would require the Clinic to immediately submit a DUI report to the ISU Public Safety office.

5) Never bring a weapon of any sort to the clinic. If you have been issued a license to carry a concealed weapon by the State of Idaho, you agree to store your weapon in the locked trunk of your car or at the ISU Public Safety Office (625 E. Humbolt; S.E. corner of Humbolt and 5th Ave.) during each and every visit to the ISU Psychology Clinic.

6) Ask your therapist questions right away if you are uncertain about your evaluation, therapeutic process or any clinic policy.

7) Pay agreed upon evaluation and treatment fees or make arrangements to do so.

**ISU Psychology Clinic Informed Consent**

*Your signature below indicates that you have read this agreement and agree to its terms.*

These matters have been explained to you and you fully and freely give consent to receive clinic evaluation and/or treatment services.

Name of Client(s) Please Print

________________________________________

Signature of Client(s) and/or Minor Child ____________________________ Date __________

Signature of Legal Representative of Minor Child ____________________________ Date __________

Witnessed By ______________________________________________ Date __________

**Questions or Concerns?**

For questions or concerns regarding this form or our privacy practices, please contact the ISU Psychology Clinic as listed below:

ISU Psychology Clinic Director: Nicki Aubuchon-Endsley, Ph.D.
Idaho State University Psychology Clinic, Stop 8021, Pocatello ID 83209-8021
Telephone: (208) 282-2129

Appendix H_Informed Consent Form
UPDATED 7.23.18 nae