

AppState Psychology Clinic

Informed Consent for Clinical Services

Welcome to the AppState Psychology Clinic, a division of clinical services through the AppState Psychology Department. The AppState Psychology Clinic is committed to providing the highest quality clinical services to members of the community, providing education and training for students, and expanding the knowledge base for best practice standards through research. Clinical services are provided by faculty members and/or students under supervision, as appropriate. All clinical services provided by graduate student clinicians in training may be audio/video taped or involve direct observation by a supervisor as part of our quality assurance procedures. As we proceed to work together, the following information may be helpful.

For assessment clients, we will spend several sessions conducting a thorough psychological evaluation to answer the referral question. At the conclusion of the assessment, we will provide you with comprehensive feedback on test results and recommendations for future services based on the results. For clients receiving therapy, our first few sessions might be spent exploring and assessing your problems and the possible reasons for them. This might include written or oral testing and evaluation. Once we understand your concerns to the best of our ability, you and we will agree on the goals you want to accomplish. Together, we may also agree to change the goals as we move along. We may set some time frames for action.

The AppState Psychology Clinic providers/faculty and students will work to ensure that the theoretical perspectives, assessment procedures, interventions, and treatments used are considered the best practice methods, supported by research, and are appropriate for your needs. However, it is important for you to know that there are often many different approaches to similar problems. We will talk with you about the pros and cons of each approach before a decision is made to go ahead with any treatment plan. Successful treatment or problem resolution requires a commitment from you for optimal outcomes to be achieved. There is always the possibility that our work will not result in the progress we hope to make. Because we are committed to using best practice methods, we may collect information from clients in a deidentified way (e.g., symptom measures) to be used in research. Identifying information will be removed. By signing this form, you are expressing your willingness to allow your data to be used for research. Please let us know immediately if you have any questions or concerns, by calling the clinic at (828) 262-6639.

CONFIDENTIALITY

Ordinarily, anything and everything you share with us is strictly confidential—whether you say it in person, on the telephone, or write it. Some of the information you give us about yourself and matters we discuss will be recorded in your clinical record. If we mutually decide that, in your interests, the AppState Psychology Clinic should provide some part of your confidential information to another professional, your insurance company, your attorney, or even you, you will sign a specific and time-limited release of information. You will know what is to be released, to whom, and how the information will be used. You will be able to stipulate the time period in which the release is to be in effect.

There are some circumstances in which AppState Psychology Clinic faculty and/or students would be required to reveal confidential information about you without your consent. One situation would be if we learned that you were at imminent risk of harming yourself or another person. Another situation would be if there is reasonable suspicion of abuse or neglect of a child, elder, or dependent adult. A third situation would be in the event of a court order compelling us to release your clinical record to a court of law. Other situations would be based on federal or state laws. Some of these situations are discussed in a separate document, the Notice of Privacy Practices, which we are providing as required by federal law.

Sound clinical practice and teaching includes consultation and discussion with other interdisciplinary providers, faculty members, and students, sometimes regarding specific cases. All those affiliated with the AppState Psychology Clinic are also legally bound to keep the information confidential. For supervision and training purposes, we require permission to use direct observation of client sessions while in progress and to video record sessions. These recordings belong to the AppState Psychology Clinic and are used by students and AppState Psychology Clinic personnel for instructional,

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supervision, and research purposes; they are not considered part of your clinical record. The AppState Psychology Clinic endeavors to use reasonable efforts to prevent unauthorized access to, and to protect the confidentiality of, clinical records and session recordings. Audio/video recordings of sessions are considered confidential material and will not be viewed by anyone outside of AppState Psychology Clinic personnel. If you do not object, we will not tell you about these consultations and discussions unless they are important to our work together. Additionally, due to their necessary involvement in maintaining our clinic technology, trained Information Technology (IT) specialists associated with the university do occasionally have access to clinic cameras. However, they do not watch the videos, as it is not necessitated by their work. These IT specialists undergo specific training on privacy laws and, in their association with the AppState Psychology Clinic, are also legally bound to keep all client information private and confidential. By signing this form, you grant permission to graduate students and AppState Psychology Clinic personnel to directly observe your sessions while in progress, to video record your sessions, and to use the recordings as described above.

HOW TO REACH AppState PSYCHOLOGY CLINIC PERSONNEL

If it is necessary to cancel or reschedule an appointment, please do so at least 24 hours in advance. Please cancel your appointment by calling (828) 262-6639, between 9:00 a.m. and 5:00 p.m., Monday through Thursday. If you have an imminent emergency, you may contact the local Daymark 24-Hour Crisis Hotline at (866) 275-9552, the Suicide Prevention Lifeline at 988 call 911, or go to any hospital emergency room, depending on the nature of your emergency. We will discuss other ways of dealing with crisis situations relevant to your personal situation, as needed.

Feel free to contact Dr. Jacqueline Hersh, Director of the AppState Psychology Clinic, at (828) 262-6639 if you have questions or comments regarding clinical services. The physical address is AppState Psychology Clinic, 400 University Hall Drive Boone, NC 28608.

Check one:

- ☐ I **give** permission for the AppState Psychology Clinic to use video recordings of my sessions for training purposes. I acknowledge that these videos will not be shared and will never leave the clinic.
- ☐ I do **not** give permission for the AppState Psychology Clinic to use video recordings of my sessions for training purposes.

Check one:

- ☐ I **give** permission for the AppState Psychology Clinic to contact me in the future about potentially relevant *treatment* opportunities.
- ☐ I do **not** give permission for the AppState Psychology Clinic to contact me in the future about potentially relevant *treatment* opportunities.

Check one:

- ☐ I **give** permission for the AppState Psychology Clinic to contact me in the future about potentially relevant *assessment* opportunities.
- ☐ I do **not** give permission for the AppState Psychology Clinic to contact me in the future about potentially relevant *assessment* opportunities.

Check one:

- ☐ I **give** permission for the AppState Psychology Clinic to contact me in the future about potentially relevant *research* opportunities.
- ☐ I do **not** give permission for the AppState Psychology Clinic to contact me in the future about potentially relevant *research* opportunities.

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I have received and been given the opportunity to read a copy of this Informed Consent for Clinical Services sheet.

Signature of Client or Legally Responsible Person: _____ Date: _____

Specify Relationship to Client and Print Name in Full: _____

Additional Signature of Child or Parent, if relevant: _____ Date: _____

Witness (optional): _____ Date: _____

___ Copy given to Client ___ Client declined copy

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