



**Community Mental Health Services
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ASSESSMENT & PSYCHOTHERAPY SERVICES AGREEMENT

Welcome to West Chester University (WCU) Community Mental Health Services (CMHS). This agreement contains important information about 1) our professional services and special conditions related to being a training site, 2) summary information about the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality, 3) our communication policy, 4) our grievance procedures, and 5) our business practices. It is important that you read it carefully before our next session and ask any questions you might have when we meet again. You will receive a copy of this notice. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of Protected Health Information (PHI) for treatment, payment and health care operations. The Notice, which is attached to this agreement, explains HIPAA and its application to your PHI in greater detail. The law requires that we obtain your signature today acknowledging that we have provided you with this information. In addition, when you sign this document, it will represent an agreement between us; you may revoke this agreement in writing at any time. That revocation will be binding unless a) WCU CMHS has already taken action in reliance on it, b) has legal obligations imposed on it by a court of jurisdiction, or c) if you have not satisfied financial obligations you have incurred.

PURPOSE AND MISSION

The WCU CMHS is a training site associated with the WCU doctoral program in clinical psychology. Clinicians are clinical psychology graduate students who are supervised by clinical staff and faculty. Your student clinician will provide you with the name of his or her supervisor. All evaluation and therapy sessions are video recorded for the purposes of student training. The student clinician, supervisor and small team of clinical graduate students may view the recordings and discuss your case as part of their training. All recordings will be deleted within 60 days. The only exception is if you otherwise grant permission by a separate written consent.

In addition to training, we also have a service mission. WCU CMHS is dedicated to providing quality psychological services to the greater West Chester community at low cost. Unfortunately, we are not able to provide all services and may have a waiting list depending upon the availability of student clinicians. If we cannot assist you, we will attempt to provide you with several referrals.

ASSESSMENT SERVICES

Providing a thorough assessment/evaluation will include direct, face-to-face contact, interviewing, testing and/or completing questionnaires. It may also include time required for the reading of records, consultations with other psychologists/professionals, scoring of tests, interpreting results, and any other activities to support these services. In order for the evaluation to provide valid results, it is important that you help as much as you can by providing full answers and making an honest effort. If you have questions or concerns about the assessment or any of the procedures, the student clinician is available to discuss them.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easy to describe in a few general statements. Effective treatment depends upon a number of factors, including the establishment of a good student clinician-patient alliance, as well as active participation by the patient. 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. On the other hand, psychological treatment has been known to produce many benefits such as a reduction in distress, solutions to specific problems, and better relationships. There can be no guarantees of what you will experience. WCU CMHS attempts to minimize risk by providing well-supervised and trained student clinicians and by conducting frequent evaluations of patient progress.

The first few sessions will involve an evaluation of your needs. By the end of this evaluation period, your student clinician 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 with therapy. If psychotherapy is begun, sessions are usually scheduled weekly as 50-minute sessions (one appointment hour of 50 minutes duration), unless you and your student clinician agree to a different length or frequency. If you ever have any questions about procedures, you should discuss them with your student clinician.

CONTACTING US, EMERGENCY CARE, AND CRISIS SITUATIONS

WCU CMHS hours are limited during the week, and may be shorter in the summer. Please refer to our website at www.wcupa.edu/CommunityMentalHealth for our current hours of operation. WCU CMHS provides full time administrative phone coverage during working hours, but you may not be able to reach your student clinician, as s/he may be in class or seeing other patients. Your student clinician will make every effort to return your call as soon as possible. If you are difficult to reach, please provide us with times you will be available. If you cannot reach us and are having an emergency, you should contact your physician or other community resources directly. We can provide you with a list of community resources upon request.

WCU CMHS is not able to provide emergency services or psychiatric medications. Individuals who, because of psychiatric difficulties, need substantial case management, on-going medication adjustments, and/or emergency clinician access, are generally not appropriate for a training site, but may be seen at WCU CMHS when their situation is more stable.

Therapy patients who are experiencing a crisis are encouraged to discuss this with their student clinician as soon as possible so that a crisis plan can be developed. A crisis may be defined as a situation or period in which your usual coping resources are not adequate to manage your current situation. There are many examples of crisis situations, which may include: a patient who is struggling with suicidal ideation; a teenager under distress who runs away from home; a patient who experiences severe symptoms such as hallucinations or paranoia; or a patient who relapses to uncontrolled alcohol/drug use with danger of overdose or serious harm.

Your student clinician will work with you to establish a plan to restore normal functioning as soon as possible. In addition to coping skills and environmental changes, this may include consultation with your physician, or if necessary, a family member or significant other. If you are a student living in university housing, it may mean letting appropriate university officials know of your situation. WCU CMHS 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 would 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.

LIMITS TO CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a mental health provider. In most situations, we can only release information about your treatment or assessment to others if you sign a written Authorization. There are other situations that require only that you provide written, advance consent. Your signature on this agreement provides consent for those activities, as follows:

- Clinical information about your case may be shared fully within WCU CMHS by the students enrolled in clinic practicum and staff/faculty for educational, evaluation and therapeutic purposes. If clinical staff

present case information at professional conferences, the information will be disguised such that it is impossible to link the information to you or your family.

- We employ administrative staff who have access to some of your protected information for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of WCU CMHS.
- On occasion, WCU CMHS may find it helpful to consult with another health or mental health professional. 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. All consultations are noted in the patient record.
- If a patient seriously threatens to harm him/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where we are permitted or required to disclose information without your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services we provided to you, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against WCU CMHS, we may disclose relevant information regarding that patient as part of our defense.
- If we are treating a patient who files a worker's compensation claim, we may, upon appropriate request, be required to provide otherwise confidential information to the employer.

There are some situations in which we are legally obligated to take actions to protect others from harm and which may require us to reveal some information about your evaluation/treatment:

- If we have reason to believe that a child is the victim of abuse or neglect, the law requires that we file a report with the Pennsylvania Department of Child Welfare (i.e. ChildLine). Once such a report is filed, we may be required to provide additional information.
- If we have reason to believe that an elderly person or other adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we are required to report this to the Pennsylvania Department of Aging. Once such a report is filed, we may be required to provide additional information.
- If we believe that a patient presents a specific and immediate threat of serious bodily injury regarding a specifically identified or a reasonably identifiable victim and he/she is likely to carry out the threat or intent, we are required to take protective actions, such as warning the potential victim, contacting the police, or initiating proceedings for hospitalization.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will 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 we discuss any questions or concerns that you may have 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.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep Protected Health Information (PHI) about you in your Clinical Record for six (6) years. You may request in writing to examine and/or receive a copy of your Clinical Record, except in unusual circumstances, such as 1) danger to yourself and/or others, 2) where information has been supplied to us confidentially by others, or 3) the record makes reference to another person (unless such other person is a health care provider) and we believe that access is reasonably likely to cause substantial harm to the other person. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with your student clinician, or have them forwarded to another mental health professional so you can discuss the contents. We do not provide copies of testing protocols or test scores directly to patients; however we will provide them to another professional if requested. In most circumstances, we are allowed to charge a fee to cover any expenses incurred providing this information. If we refuse your request for access to your records, you have a right of review (except for information that has been supplied to us confidentially by others).

PATIENT RIGHTS

HIPAA provides you with several rights with regard to your Clinical Record and disclosures of PHI. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this agreement, the attached Notice form, and our privacy policies and procedures. We are happy to discuss any of these rights with you.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment/evaluation records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, we may request an agreement from parents that they consent to give up access to their child's records. If they agree, during treatment we will provide parents with only general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

RESEARCH

WCU CMHS also serves as a site for clinical research conducted by doctoral students and faculty. Patients may be approached for participation in research studies that have received prior approval from the West Chester University Institutional Review Board. Prior to any research participation, a separate informed consent fully explaining the study must be provided, and you can choose either to participate or not to participate. You will never be penalized for choosing not to participate in research (i.e., services to which you are ordinarily entitled will not be withheld if you choose not to participate in any research study).

BILLING AND PAYMENTS

You will be expected to pay for each therapy session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. **Once an appointment hour is scheduled, you will be expected to provide 24 hours advance notice of cancellation to avoid the \$10.00 late cancellation charge.** We reserve the right to discontinue services if your unpaid account balance is greater than \$50.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court, which will require us to disclose otherwise confidential information. In most

collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

WCU CMHS is considered an out of network provider for all insurance policies. If you wish to apply for payment under a health insurance policy, WCU CMHS will provide you with a claim form that you can send to your insurance company for reimbursement. 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 our fees. **WCU CMHS is not a Medicare Provider. You are responsible for any costs associated with the services you receive.**

COMMUNICATION POLICY

We would like to thank you for choosing WCU CMHS as your provider. The following outlines limits we have set for communication with patients in order to maintain privacy.

- **Email** - WCU CMHS staff, student clinicians and supervisors do not communicate about clinical matters via email.
- **Text Messaging** – WCU CMHS student clinicians and supervisors will not text message you, nor respond to text messages from you.
- **Social Media** -WCU CMHS staff, student clinicians and supervisors do not communicate with, or contact, any of our patients through social media platforms such as Twitter and Facebook. In addition, if WCU CMHS staff, student clinicians or supervisors discover that they have accidentally established an online relationship with you they are required to dissolve the relationship immediately.
- **Website** – WCU CMHS has a website that you are encouraged to access at www.wcupa.edu/CommunityMentalHealth. If you have any questions about any information on the website please discuss them during your therapy or assessment appointment.
- **Web Searches** - WCU CMHS staff, student clinicians and supervisors will not use web searches to gather information about you without your permission. If you encounter information about your student clinician through web searches, or in any other fashion, please inform him/her so that any potential impact on your treatment may be discussed.
- **Phone** – In the event of a true emergency please call 911 or go to your nearest hospital emergency room. To schedule or reschedule an appointment or to leave a message for your student clinician please call our main office number at 610-436-2510.
- **Inclement Weather** – Anytime inclement weather impacts travel in the community, please check the West Chester University website at www.wcupa.edu to determine if the University will be open; WCU CMHS will follow University guidelines at these times.

Although we will do our best to respond promptly to communication from you, usually by the next business day, we cannot guarantee response within a particular period of time. This means that the main office phone number should not be used for emergencies or other time-sensitive matters. In an emergency, please call 911 or go to your nearest hospital emergency room.

If you have not received a response from us within a reasonable time period, please follow up to determine whether the intended recipient received your communication and when the recipient will respond.

GRIEVANCE PROCEDURE

WCU CMHS is fully committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. WCU CMHS will comply with all legal and ethical responsibilities to our patients.

While WCU CMHS goes to great lengths to assure ethical treatment for all patients, we recognize that an issue or concern may arise. If you ever have concerns about the treatment/services you are receiving we encourage you to speak directly with your student clinician about your concerns.

If, after speaking with the student clinician directly, you feel that your concerns have not been resolved, you may ask to speak with the student clinician's supervisor. You are provided the supervisor's name when you are enrolled in the clinic; however if you no longer have that information, any of the office staff can provide it to you.

If after speaking with the supervisor you continue to have concerns that have not been addressed, you may ask to speak with the Clinic Director (Michele Pole, Ph.D.) or Director of Clinical Training (Angela Clarke, Ph.D.).

All faculty/staff can be reached at the clinic's main number, 610-436-2510.

SUMMARY OF PATIENT RESPONSIBILITIES

As a patient of the WCU Community Mental Health Services, you agree to:

- 1) Keep regular appointments and actively participate in treatment.
- 2) Attempt any therapeutic assignments you agree to perform.
- 3) Make a commitment to living and using CMHS and community resources to solve difficulties. You agree to disclose to your student clinician whenever you experience a crisis and/or suicidal ideation, to work with your student clinician to come up with a crisis plan, and to give the clinic discretion regarding needed disclosures in a crisis situation.
- 4) Never come to WCU CMHS under the influence of alcohol or other drugs. If you appear intoxicated your student clinician will ask you to refrain from driving yourself. Failure to do so will require a DUI report.
- 5) Never bring a weapon of any sort to WCU CMHS.
- 6) Ask your student clinician 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.

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

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

Name of Patient (Please Print)

Signature of Patient or Minor Child

Date

Signature of Legal Representative

Date

Signature of Student Clinician

Date

Name of Student Clinician's Supervisor (Please Print)

Signature of Supervisor

Date

ACKNOWLEDGEMENT OF RECEIPT OF THE ASSESSMENT & PSYCHOTHERAPY SERVICES AGREEMENT

I, _____, have received a copy of the Assessment / Psychotherapy Services Agreement.

Signature of Patient (or Legal Representative)

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You May Refuse to Sign This Acknowledgement)

I, _____, have received a copy of the Notice of Privacy Practices.

Signature of Patient (or Legal Representative)

Date

For Office Use Only

We have made a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

Name of Patient: _____ Date of Refusal: _____

Communication barriers prohibited obtaining an acknowledgement.

An emergency situation prevented us from obtaining an acknowledgement.

Other

Attempt was made by: _____

Date: _____

Signature of Supervising Psychologist

Date: _____