

316 Physics Road Room 151 Michigan State University East Lansing, MI 48824 517-355-9564 Fax: 517-353-5437 Email: clinic@msu.edu

# MSU Psychological Clinic Informed Consent Regarding Treatment

Welcome to the MSU Psychological Clinic. Psychological services at the MSU Psychological Clinic are provided by licensed clinicians or trainees. Trainees are either at the graduate or post-graduate level in clinical psychology or a related discipline and supervised by Ph.D. licensed psychologists. If your clinician is in training, your clinician will provide you with the name of their supervisor.

Initial sessions with your clinician will involve ongoing assessment to ensure our services are a good match for your needs. If we determine we are not a good match, we will provide you with referrals to other providers. Know that you may experience negative feelings during the course of seeking services. These feelings are a natural and normal part of the process, even though they can also be unexpected and confusing.

## Confidentiality

Michigan law protects the privacy of communications between you and a psychologist. Every effort will be made to keep your medical records strictly confidential. In most situations, we will only release information if you sign a written authorization form. In the following situations, no authorization is required:

- Clinical information may be shared within the MSU Psychological Clinic staff for educational
  and treatment purposes. Information may also be shared within the MSU Psychological
  Clinic for administrative purposes, such as appointment scheduling, billing, and quality
  assurance. All staff members are legally and ethically bound to keep this information
  confidential.
- 2. On occasion, clinicians may find it helpful to consult with outside professionals. Unless authorization is obtained, identifying information is disguised to protect your confidentiality. All consultations are noted in your medical record.
- 3. Disclosures may be required to collect overdue fees.

Additional situations in which we may be legally required or permitted to disclose information without your authorization include the situations below. If any of these situations were to arise, the Clinic would limit disclosure to what is necessary.

- 4. If we have knowledge, evidence or a reasonable concern regarding the abuse or neglect of a child, elderly person or person with a disability, we are required to file a report with the Department of Health and Human Services. Once a report is filed, we may be required to provide additional information.
- 5. If you communicate an explicit threat of serious physical harm to a clearly identifiable victim or victims and have the apparent intent and ability to carry out the threat, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police and/or seeking hospitalization for you.
- 6. If we believe that there is high risk that you will physically harm yourself, we will also take protective actions, such as seeking hospitalization for you.

# Department of Psychology



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- 7. There may be circumstances in which a court would order the MSU Psychological Clinic to disclose personal health or treatment information. We also may be required to provide information about court-ordered assessments or treatments.
- 8. We are required to provide information requested by a parent or legal guardian of a minor child.
- 9. If a government agency is requesting information for health oversight activities or to prevent terrorism, we may be required to provide it.
- 10. If you file a worker's compensation case, the MSU Psychological Clinic may be required, upon request, to provide clinical information relevant to or bearing upon the injury for which the claim was filed.
- 11. If you file a complaint or lawsuit against the Clinic or a professional staff member, the Clinic may disclose relevant information regarding you to defend itself.

#### **Minors**

Please be informed that any person with legal rights pertaining to a child (e.g., legal guardian) may have the legal right to terminate a child's services. In instances of joint legal custody, we therefore prefer that all legal guardians provide consent to services. The MSU Psychological Clinic requires that all minor clients be accompanied to appointments by a parent or legal guardian. Additionally, this parent or legal guardian must remain on-site during the appointment. When the parent or legal guardian and clinician agree, they can sign a waiver permitting minors to attend appointments alone.

Clients under 18 years of age should be aware that the law allows parents or legal guardians to examine their medical records. Because privacy is often crucial to successful assessment and treatment, we ask parents or legal guardians to respect the privacy of their child's psychological services, to the extent recommended by the clinician. Clinicians will always share information with parents/caregivers that is deemed to be crisis-related, including personal risk or physical danger to the minor.

## **Fees**

As a reminder, the MSU Psychological Clinic does not accept insurance. If you have insurance, it is possible you may be able to find services for a lower fee or no fee, elsewhere. If you would prefer to use your insurance and would like referrals, please let us know. You agree to pay the fees established during your phone intake. The fees are set on a sliding scale fee, based on income-level and can be reassessed or changed, as needed.

For consultation and therapy sessions, you are expected to pay the receptionist when you check in for your appointments. If you miss 3 payments in a row, the clinician cannot schedule another appointment until the fees are paid. For assessments, ½ of the total payment is due at the first session and ½ is due at the conclusion of the assessment process. With advance notice, we can work out a six-month payment schedule for the second half of the assessment fee.

# **Cancellation and Missed Appointments**

If you cannot attend a scheduled appointment, please call to cancel the appointment at least 24 hours in advance. For treatment sessions, you are responsible for paying your normal hourly fee for missed appointments, unless they are cancelled 24 hours in advance or in case of an emergency.



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#### **Operating Hours / Emergencies**

The business hours of the MSU Psychological Clinic are Monday through Thursday from 8:00am to 8:00pm, Friday from 8:00 am to 5:00pm, and Saturday, by appointment. These hours are subject to change and will always be updated on our website.

The MSU Psychological Clinic is not equipped to offer services on an emergency, walk-in or crisis intervention basis. When we are not open, persons in crisis are advised to seek emergency services through one or more of the following options: a) go to the Emergency Room of the nearest hospital for an evaluation; b) call Community Mental Health Emergency Services at 346-8460 or their 24-hour crisis intervention service at 1-800-372-8460 c) call 911

In the event of inclement weather or any other university emergency, the MSU Psychological clinic will follow Michigan State University's decisions for closure.

#### **Contact between You and Your Clinician**

To speak with your clinician, please call our front desk during business hours. You will reach our office coordinator or leave a voice mail, but you will unlikely be able to reach your clinician immediately. Our policy is that clinicians will return your call within 48 hours. Our office coordinator may contact you via email or you may contact us via email; however, email is never full confidential and should be used with discretion. You will not be able to exchange emails directly with your clinician.

## Informed Consent to Receive Assessment and/or Treatment Services

This Informed Consent is an agreement between you and the MSU Psychological Clinic. You may withdraw your consent in writing at any time. That withdrawal will be binding, except if a) the Clinic has already taken action in reliance on your consent or b) the Clinic has legal obligations imposed on it by a court. Your signature, below, indicates that you understand the information and freely consent to receive services.

Name of Client (please print)	
Signature of Clients	Date
Signature of Legal Representative of Minor child (if applicable)	 Date