MSU Psychological Clinic
Informed Consent Regarding Treatment

This Informed Consent provides information about our professional services, special conditions related to services at a training clinic, and our Clinic business practices.

This Informed Consent is an agreement between us. It is important that you read this document carefully and ask any questions you have. 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.

Professional Services: Purpose and Mission of the MSU Psychological Clinic

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

In addition to training, we also have a service mission. The MSU Psychological Clinic is dedicated to providing quality psychological services to the Mid-Michigan community at an affordable cost.

You will meet with a clinician for initial consultation and assessment sessions to determine whether the services offered by the MSU Psychological Clinic are a good match for your needs. After these initial sessions, you and your clinician will be better able to decide whether the Psychological Clinic is the right place for you. We will consider whether to continue services at the Clinic – either with the clinician who conducted your consultation or another clinician – or whether to refer you to another agency within the community.

It is not uncommon to experience feelings of sadness, anger, anxiety, or guilt while describing what prompted you to seek services. These feelings may be a natural and normal part of determining what form of help will be most useful to you, but they can also be unexpected and confusing. You are encouraged to discuss with your clinician any feelings or concerns that arise during your meetings.

Confidentiality

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

a) Clinical information may be shared within the MSU Psychological Clinic for educational and therapeutic purposes. All staff members are legally and ethically bound to keep this information confidential.
b) Information may also be shared for administrative purposes such as appointment scheduling, billing and quality assurance. All staff members have been given training about protecting your privacy.

c) On occasion, the Clinic may find it helpful to consult with an outside health or mental health professional. During a consultation, identifying information is disguised to protect your confidentiality. The other professional is legally bound to keep the information confidential. All consultations are noted in your Clinic record.

d) Disclosures may be required to collect overdue fees.

There are other 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 a 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 Human Services. Once a report is filed, we may be required to provide additional information.

b) 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, the Clinic may be required to take protective actions. These actions may include notifying the potential victim, contacting the police and/or seeking hospitalization for you.

c) 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.

d) 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 assessments 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) The Clinic is required to provide information requested by a parent or legal guardian of a minor child.

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

g) If you file a worker’s compensation case, the Clinic may be required, upon request, to provide clinical information relevant to or bearing upon the injury for which the claim was filed.

h) 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.

If any of these situations were to arise, the Clinic would limit disclosure to what is necessary. While this written summary of exceptions to confidentiality should be helpful, 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.

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. And, as stated earlier, the MSU Psychological Clinic will honor requests for information by a parent or legal guardian of a minor child.
The 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. There are some instances in which this may not be necessary. When the parent or legal guardian and clinician agree, they can sign a waiver permitting minors to attend appointments alone. However, parents and/or legal guardians and minors must understand that the Clinic may revoke this waiver at any time.

Clients under 18 years of age who are not emancipated from their parents should be aware that the law allows parents or legal guardians to examine their clinical records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is Clinic policy to ask parents or legal guardians to respect the privacy of their child’s services. Depending on the nature of treatment, the clinician may provide only general information about the progress of a child’s services. With teenagers, more detailed disclosures are typically discussed to minimize his or her objections and concerns, unless the Clinic feels it is a crisis situation, including personal risk or physical danger to the minor.

In the context of family therapy, if family members are seen individually, material discussed may be shared with all family members when your clinician believes it to be in everyone’s best interest. In this circumstance, your clinician would encourage the individual to initiate sharing the information, but the clinician reserves the right to bring up the information if he or she thinks it is useful for the whole family.

Fees

You agree to pay the fees established during your intake. The fees are set on a sliding scale fee based on your total annual household income before taxes and the number of people supported by that income. You are expected to inform the Clinic of any changes in household income, so that fees can be adjusted appropriately. Fees are reassessed annually.

For consultation and psychotherapy 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, the Clinic can work out a six-month payment schedule for the second half of the assessment fee.

Please note that we do not accept insurance, and you should be aware that many insurance companies do not reimburse for psychotherapy services provided by clinicians in training.

Psychotherapy: Cancellation and Missed Appointments

Psychotherapy has the most benefit for you when you meet regularly with your clinician. Your clinician cares about you and your treatment and saves time in his or her schedule for your appointment. When you book your appointment and then fail to come to the Clinic, that time cannot be used to help someone else. Because of this, Clinic policy requires payment for missed appointments. If you cannot attend a scheduled appointment, you should call to cancel the appointment at least 24 hours in advance. You are responsible for paying for missed appointments unless they are cancelled 24 hours in advance or in case of emergency (e.g., car accident, hospitalization). Missed appointments for reasons other than emergencies will be billed at your normal hourly fee. You will be expected to pay the missed
appointment fee and the current appointment fee at the beginning of your next scheduled appointment.

**Contact between You and Your Clinician**

During the time the Clinic is open, you may leave a voicemail or a message with our receptionist (517 355-9564). It is important to be aware that the Clinic receptionist does not keep the clinicians’ time schedules and generally cannot answer questions regarding clinician availability. It may take your clinician 24-48 hours to return your call.

Your clinician and administrative personnel from the Clinic may need to use your name, address, phone number, and your clinical record to contact you. If this contact is made by phone and you are not at home, a message will be left on your answering machine. If you would prefer not to be contacted by the Clinic by phone or if you would prefer that we do not leave a message on your answering machine, please inform your clinician of this.

_Given that email is never fully confidential, it is our policy not to use email for communications of any kind with Clinic clients._

**Operating Hours /Emergencies**

The operating hours of the Psychological Clinic are Monday through Thursday from 8:15am to 8:00pm, on Friday from 8:15am to 5:00pm, and Saturday by appointment. The phone is answered by the receptionist or by voicemail during open hours and by voice mail after hours.

The MSU Psychological Clinic is _not_ equipped to offer services on an emergency, walk-in or crisis-intervention basis. When the Clinic is 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. Clients are encouraged to check the MSU website (www.msu.edu) for up-to-date information.
Informed Consent to Receive Assessment and/or Treatment Services

Your signature below indicates that you have read this document, had the opportunity to ask questions, and that you fully and freely consent to receive assessment and/or treatment services here.

____________________________________________________________
Name of Client(s)  please print

____________________________________________________________  ______________
Signature of Client(s)        Date

____________________________________________________________  ______________
Signature of Legal Representative of Minor child (if applicable)   Date

____________________________________________________________
Witnessed by         Date
Future Research Participation Form

The MSU Psychological Clinic has a training mission which involves conducting research relevant to psychological issues and clinical services. Researchers in the Psychology Department use data from our Clinic at times for this research. This can occur in one of two ways.

1. We can aggregate or collate data that clients provide, making it de-identified, for the purpose of future, anonymous research. In this case, none of your identifying information would be included in the data used by the researcher. If you agree to your de-identified data being available for this type of research, future researchers would not be required to ask for your consent prior to the use of your data.

2. Researchers may wish to contact particular clients (such as all individuals with a particular diagnosis or from a particular demographic group) to request their participation for research. This type of research would first be reviewed and approved by the MSU Institutional Review Board, a body responsible for ensuring ethical research practices for the purposes of protecting the rights of research participants. If you agree to be contacted to see if you would like to participate in a research study sometime in the future, a researcher may contact you and ask you to consent to participate in a specific research project. In other words, signing this form does not mean that you are consenting to participate in future research involving identifying information; it only means that you are okay with a researcher contacting you to see if you are interested in participating.

On the next page you may give your permission for either or both of two things: a) for researchers to combine your data with that of other clients where your information is completely de-identified (anonymous) and your name is not connected to any of the information and b) to allow us to provide researchers with your contact information for participation in future research. You are free to agree or to decline to participate. Your decision will not affect current or future services at the MSU Psychological Clinic or your relationship with your clinician. You are also free to withdraw your agreement at any time.
Agreement for Anonymous Data to be Used for Research Purposes

Your signature below indicates that you agree for your de-identified data to be used for research purposes.

Name of Client(s)  please print

____________________________________________________________ ______________
Signature of Client(s)                                        Date

____________________________________________________________ ______________
Signature of Legal Representative of Minor Child (if applicable)  Date

____________________________________________________________ ______________
Witnessed by                                                Date

Agreement for MSU Psychological Clinic to Provide your Contact Information for Future Research

Your signature below indicates that you agree that the MSU Psychological Clinic can provide interested researchers with your contact information in the future.

Name of Client(s)  please print

____________________________________________________________ ______________
Signature of Client(s)                                        Date

____________________________________________________________ ______________
Signature of Legal Representative of Minor Child (if applicable)  Date

____________________________________________________________ ______________
Witnessed by                                                Date