Baylor Psychology Clinic

Consent for Assessment Services

Child Client

Welcome to the Baylor Psychology Clinic of the Department of Psychology and Neuroscience at Baylor University. This consent document contains important information about our services and special conditions related to being a training clinic. Please read it carefully and ask any questions you might have. You will be given a copy to take home.

**Baylor Psychology Clinic Purpose and Mission:** The Baylor Psychology Clinic is a training site associated with Baylor University’s doctoral program in clinical psychology. Clinicians are psychology graduate students who are supervised by the clinical faculty. As a client of the Baylor Psychology Clinic, your clinician will provide you with the name of his or her supervisor. In addition to training, we also have a service mission. The Baylor Psychology Clinic is dedicated to giving high value psychological services to the nearby public at low cost. We usually have a waiting list depending upon the availability of clinicians. If you cannot regularly attend scheduled sessions, you may be placed on our waiting list so that our clinicians may serve families who are able to attend regularly scheduled appointments. If we cannot assist you, we will attempt to provide you with some recommendations.

**How work is supervised:** Video recording of sessions is routine. These recordings are used for giving feedback to the student clinicians about their work and to ensure that all work is skilled and qualified. These recordings are protected and are for private oversight only. The clinician will both view the recordings and discuss your case with his or her supervisor. In some cases, these recordings may be observed by other students and supervisors as well. All such recordings will be erased as soon as possible and upon the end of your involvement as a Baylor Psychology Clinic client, unless you agree to the contrary **in writing.** These recordings are for training purposes only and are not counted as part of your child’s clinical record.

**Receiving services within a training clinic:** Your child’s clinician may share information about your child’s treatment in case meetings and other treatment team meetings. When information is shared among clinic staff (i.e., supervisors and student clinicians), it is shared in an anonymous manner to the extent possible. But, this cannot be certain, mainly when direction of care is required. For instance, this may occur in cases where clinicians treating family members are part of the same treatment team or need to consult with each other to come up with treatment plans. Please note that while information may be shared among clinic staff, it will not be shared with other family members or friends who may be in treatment at the clinic, unless you have clearly agreed to this in writing. Yearly summaries of clinical data averaged across all clients will be used at the Clinic for private program evaluation purposes. This outcome data might also be used for research using large numbers of clients, but only in approved projects that have had a formal ethics review and only when the identifying information of all clients has been removed.

**Assessment services:** It is important to arrive on time, as appointments cannot be extended beyond the selected appointment time. Appointment availability varies, but it is usually suggested that testing be done during the earlier part of the day for best performance. Please be sure that your child has slept well the night before, is taking prescribed medication, is wearing his/her glasses, and has eaten breakfast, lunch, or has a snack.

The assessment may consist of meetings with the parents and child, surveys, educational tests and/or mental health tests. Areas to be assessed may include intellectual and academic ability, attention and concentration, mental status and emotional state.

Your clinician wishes to answer all questions clearly. You and your child can ask for more information for any results, opinions, findings, or recommendations at any time.

Child clients seen for an assessment usually follow this process:

1. An interview. The interview occurs during the first few sessions and includes an assessment and evaluation to find out your child’s specific assessment needs. This usually means meeting with the child and with the parents/caregivers, both together and separately. The goal of these sessions will be to find the best assessment measures. You may be asked to provide detailed information about your child’s academic standing. For example, your clinician may ask you to provide a copy of your child’s report cards, standardized test scores, and paperwork explaining academic accommodations.

Since the clinician can best serve clients when up-to-date medical, educational, developmental, and psychological information is offered, your clinician will ask for your consent to have all records reviewed dealing with care, growth, and progress of the client, which may include your child’s medical, psychological, and/or educational records. Your clinician will ask you to provide all important information such as: personal knowledge, intake summaries, treatment plans, progress notes, psychological and developmental history, medical records, physical checkups, psychiatric and psychological evaluations, consultation reports, psychological test results, diagnostic records, educational, social, vocational, speech, occupational and physical therapy records, and legal records. Records can only be obtained from other treatment and/or educational providers with written consent provided by the parent(s) and/or legal guardian.

If for some reason, the interview reveals to the clinician that your child’s assessment needs would be better addressed by some other type of program, your clinician will discuss this with you and attempt to provide referral information for better assessment options

1. Later assessment sessions are usually 90 minutes in length; but, the given time for each assessment session will depend on your child’s ability to tolerate the testing context. During the assessment process, your child’s clinician may meet with you and other guardians either separately or together. Your child’s clinician may also contact your child’s school to complete an in-class observation or interview with selected teachers. Please know that, always, the patient is your child – not the parents/guardians nor any siblings or other family members or teachers of the child. If your child’s clinician meets with you, other family members, or teachers in the course of your child’s assessment, he/she will make notes of that meeting in your child’s treatment records. Please know that those notes will be available to any person or place that has legal access to your child’s treatment record. If your clinician determines that it is necessary to complete a school observation or interview your child’s teachers, he/she will discuss this with you first and you will need to provide a release of information.

The usual length of time it takes to complete psychological testing depends on several factors, like the assessment test and the number of scheduled sessions per week. A typical assessment can take at least 8 weeks. If you need this report to be completed for your child to be considered for an initial or continuous 504 plan or special education services, it is important that you let your child’s clinician know as soon as possible so that he/she can do their best to meet the school deadlines. It is also important to tell your clinician because the state requires certain tests and results be recorded in report findings that are used as part of 504 or special education services planning.

While finishing this assessment, you may still ask for therapy services for him/her from the BPC. These services may or may not be offered by the clinician giving the assessment.

1. All assessments include a written report and feedback session. Your clinician will meet with you and your child to discuss the findings of the report and the specific recommendation. The results from this assessment and the written report will not be shared with anyone unless you agree in writing for such a release of information.

**Confidentiality:** While the information shared by you and your child is confidential and we will not share your information without written permission, there are some situations, your child’s clinician is required by law or by the guidelines of his/her job to disclose information, whether or not you have agreed.

Confidentiality cannot be maintained when:

* Child clients tell clinician they plan to cause serious harm or death to themselves, and clinician believe they have the intent and ability to carry out this threat in the very near future. The child’s clinician must take steps to inform a parent or guardian or others of what the child has told him/her and how serious he/she believes this threat to be and to try to prevent the occurrence of such harm.
* Child clients tell clinician they plan to cause serious harm or death to someone else, and clinician believes they have the intent and ability to carry out this threat in the very near future. In this situation, child’s clinician must inform a parent or guardian or others, and he/she may be required to inform the person who is the target of the threatened harm [and the police].
* Child clients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, clinician will need to use his/her professional judgment and consult with his/her supervisor to decide whether a parent or guardian should be informed.
* Child clients tell clinician, or clinician otherwise learns that, it appears that a child is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, your child’s clinician [may be] required by law to report the alleged abuse to the appropriate state child-protective agency.
* Your child’s clinician is ordered by a court to disclose information.

**Potential Risks and Benefits of Psychological Services:** Most children find psychological assessment to be an interesting experience as well as a means of learning more about themselves. It is usually thought of as a benign process, but sometimes people can be disappointed or unsettled by the results. Also, talking about problems may bring about some emotional strain or distress. You and your child are welcome and encouraged to discuss with the clinician any and all questions or concerns that we have regarding the assessment.

**Court Involvement:** Our clinicians do not provide forensic or custody evaluations, nor do our clinicians recommend custody or visitation arrangements. Also, our clinicians and supervisor do not take part in court proceedings unless required to do so in accordance with a lawfully-issued subpoena. To this end, we are not able to provide services to clients seeking these services.

**Fees and Payment Policy:** Assessment services are charged based on a flat fee of $500. You will discuss this rate and agree on a payment plan with your child’s clinician. An assessment services deposit, generally $100 or more, should be paid to the clinician or the clinic’s office staff on the date of your first session.The remaining fee can be paid in agreement with the clinician over the course of the assessment with the final payment to be received at the time of your assessment results feedback session.You will be charged a "**failure to cancel" fee** ($25 per assessment session) if you fail to cancel your scheduled appointment in advance. You are entitled to receive a copy of the records and to request an appropriate summary although there may be a charge for extra documents created. The clinic may use and share your information to bill for your services if payment is not received.

**How to reach your clinician:** You can reach your clinician by calling 254-710-2470. If your clinician is in the office and available, you will be connected with him or her right away. Because this is a training clinic and your clinician is involved in coursework, research, and clinical training at other locations in the community, it is often the case that you will need to leave a message with the clinic’s staff. If you leave a message, please allow 48 hours or two business days for a return call from your clinician. If you have an emergency, you may call 911 or take your child to the nearest emergency room.

It is against Baylor Psychology Clinic policy for clinicians to communicate with clients and their parents via email, text messaging or via any form of social media. These rules are based on the lack of privacy afforded by email, text messaging, and social media sites. Because of this policy, if you email your clinician, he/she will not respond.

**Legal authority to provide consent:** As children are part of a family system, decisions about psychological, medical, and/or educational care, etc. must be made by the child’s legal guardian(s), who must be physically present to provide consent, have an opportunity to be fully informed of the assessment process, be provided with an opportunity to ask questions, and in order for identity to be confirmed. If you are separated or divorced from the child’s other parent and documentation shows that you have joint authority to authorize treatment, please be aware that it is the BPC’s policy that you notify the other parent of your child’s services in our clinic. Both parents are invited and encouraged (as they are able) to participate in the process of assessment and treatment planning. If one parent retains sole legal custody, this parent MUST provide legal documentation of this in order for assessment to proceed. Both parents, regardless of custody, have a legal right to records*.*

**Statement of consent:**

Please initial after each line and sign below, agreeing to the privacy limitations:

I understand my rights of confidentiality and the legal and ethical limits of confidentiality as described above. I know this decision to breach confidentiality in these circumstances is up to the clinician’s professional judgment, unless otherwise noted above. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

I understand that it is not appropriate or effective to conduct assessments or treatment when an individual is under the influence of alcohol, under the influence of a mind-altering substance, or otherwise impaired. I know that if I appear to be impaired, a scheduled session may be rescheduled; should this occur, I will be charged for the original and the rescheduled appointment and actions deemed necessary by my clinician to ensure my safety will be taken. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

I understand, that firearms or other weapons are not permitted in the clinic. If I am observed to have a weapon in my possession, I will be asked to leave the building and secure the weapon. I may be permitted to return once the weapon is secured. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

I understand that if a client is in possession of a weapon or commits or threatens to commit a crime while on clinic premises, staff may seek the assistance of an appropriate law enforcement agency or report the crime. Staff may provide the law enforcement with the circumstances of the crime, the suspect’s name, address, last known whereabouts, and status as a client of the Clinic. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

By signing below, you show that you have read and understood the policies described above. If you have any questions as the assessment progresses, you can ask the clinician at any time.

Parent/Guardian of Minor Client:

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Clinician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Child/AdolescentClient:

Minor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_