

2009

# Adult Consent Form

Psychological Services Center

Follow this and additional works at: [http://scholarworks.umass.edu/psc\\_forms](http://scholarworks.umass.edu/psc_forms)



Part of the [Psychology Commons](#)

---

Psychological Services Center, "Adult Consent Form" (2009). *Exemplary Forms*. 1.  
[http://scholarworks.umass.edu/psc\\_forms/1](http://scholarworks.umass.edu/psc_forms/1)

This Article is brought to you for free and open access by the Psychological Services Center at ScholarWorks@UMass Amherst. It has been accepted for inclusion in Exemplary Forms by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact [scholarworks@library.umass.edu](mailto:scholarworks@library.umass.edu).



Psychological  
Services  
Center  
UMass.edu/PSC

## ***An Agreement and Consent for Outpatient Psychotherapy***

The Psychological Services Center (PSC) is a community mental health clinic operated by the Division of Clinical Psychology, in the Department of Psychology at the University of Massachusetts. The PSC engages in *Evidenced Based Psychological Practice*, the highest standard of care in the field of mental health. Your treatment represents a partnership with your therapist that combines your unique characteristics and preferences, a thorough understanding of current clinical research, and the expertise of your therapist and his/her clinical supervisor. Our services are provided in a context of academic scholarship, psychotherapy research, and ongoing evaluations of the quality and effectiveness of your treatment. The PSC is also a teaching clinic, and services are provided by graduate therapists-in-training, under the supervision of our senior staff of licensed clinical psychologists. Your case material is reviewed for the purposes of supervision by your therapist, his/her supervisor(s), and PSC consulting clinicians.

### **Psychological Interventions**

How well psychotherapy works depends upon the particular problems you are experiencing, personality factors, establishing a good therapist-client alliance, and your ability to play an active role in your treatment. Psychological treatment includes benefits as well as potential for some risk. In an effort to monitor the effectiveness of your treatment, we will ask you for regular feedback about your symptoms, the progress of your treatment, the relationship you have with your therapist, and other related items. This information will be extremely useful to your therapist as he/she will be able to adjust treatment in ways that make it more productive and effective. Psychotherapy has been shown to be effective in the treatment of a variety of mental health symptoms, and can also help you reduce distress, solve problems, and develop better interpersonal and family relationships. Still, there are no guarantees about the outcome of psychotherapy. Since therapy may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings, which may be temporarily disconcerting. The PSC attempts to minimize risks by providing well-supervised and trained therapists and by conducting frequent evaluations of your progress. In cases where your symptoms are not improving, we may recommend additional interventions or collaborations with other mental health and medical professionals.

### **Emergency Services**

The PSC is open Monday-Friday from 8:30am to 5:00pm, and does not provide emergency or on-call services. Your therapist may not be available to you during an emergency, but PSC clinicians make every effort to respond to phone messages in a timely way. In emergency situations, PSC clients who are employees or students at the University of Massachusetts should contact Mental Health Services at 413.545.2337. Community clients who need emergency services should contact 911 or your local emergency response team. If you access emergency services, it may be important to contact your PSC therapist so he/she can provide assistance or records relevant to your treatment.

### **Confidentiality**

We maintain a strict and firm policy of confidentiality about your personal information and matters related to your treatment. No information about you or your family will be passed on to another person or agency without your written authorization. The only exceptions include life-threatening emergencies, a court subpoena of records, or instances involving our ethical and legal duty to report abuse of children, elder adults, or disabled individuals. Your case material is reviewed in the normal process of clinical supervision and consultation, but in all other cases any personally identifying information will not be used without written permission. The PSC has a fax machine and email address, but due to continuous changes in technology, we cannot guarantee the confidentiality of electronic communications. Along with this consent form, we will give you a copy of the Psychological Services Center's *Notice of Privacy Practices*, a copy of which can also be found in our waiting room and on our website ([www.umass.edu/psc](http://www.umass.edu/psc)).

### **Videotaping**

Our therapy rooms are equipped with video cameras and microphones. Video/audio recordings are reviewed for the purposes of clinical supervision or case consultation, and remain confidential. Video/audio recordings do not become part of your clinical record and ARE NOT used for other purposes without your written authorization. By signing this form, you are giving permission for video/audio recording of your treatment for supervision and case consultation. All video/audio recordings are kept securely locked when not in use, and are physically destroyed on a monthly schedule. Services delivered off-site may also be audio-taped for supervisory purposes and your signature to this form indicates your consent to this as well.

### **Evaluation of Treatment Outcome and Progress**

The PSC regularly collects information about the effectiveness of your treatment. This information is used to improve the services you receive, and to contribute to the body of knowledge about effective mental health treatment. Information about your treatment will be

used in two ways. Most importantly, your therapist will monitor the progress of your treatment, often sharing this information with you in an effort to improve your working relationship and progress. Secondly, after removing all identifying information about you, information about therapy outcomes and progress becomes part of a research initiative designed to gather information about the effectiveness of psychotherapy. This research supports the development of improved therapy techniques for a variety of psychological symptoms. Video/audio recordings are NOT used for any research purposes unless you have agreed and indicated your consent on a separate written authorization.

**Working with Minors**

Clients under 18 years of age who are still under guardianship should be aware that the law allows parents or legal guardians to examine their clinical records. This is generally not a concern with young children, but because privacy in psychotherapy is often crucial to successful progress with adolescents and young adults, your child’s therapist may request that the parent/guardian agree to keep your child’s records private. If parents or guardians agree, PSC clinicians will only discuss general information about the progress of your child’s treatment and his/her attendance at scheduled sessions, though parents may also be provided a summary of their child’s treatment when it is complete. Other communications will require your child’s assent, except in emergencies or situations involving personal risk or physical danger. If possible, such disclosures would be discussed beforehand with your child to minimize his/her objections and concerns.

**Fees and Policy on Missed Appointments**

The Psychological Services Center has a standard fee of \$85 per 50-minute session, but we have a scale that adjusts depending on your financial situation. We are not able to accept third-party payers as a form of payment, but can assist you with paperwork for reimbursement when this arrangement has been pre-approved by your insurance company. Your session fee is determined at the time of your initial evaluation. Payment is due at the time of service, and failure to make regular payments may necessitate the suspension until you have cleared your outstanding balance. You are financially responsible for missed appointments unless they are cancelled at least 24-hours in advance or are the result of an unexpected emergency. Payments can be made in cash, with credit/debit cards, or with checks made out to UMass/PSC.

I have read, understood, and agree to the above policies and have also been given a copy of the Psychological Services Center’s *Notice of Privacy Practices*.

\_\_\_\_\_  
**Client** **Date**

\_\_\_\_\_  
**Parent/Guardian** **Date**