



## AUBURN UNIVERSITY

### PSYCHOLOGICAL SERVICES CENTER

#### **Client Services Agreement**

Welcome to Auburn University Psychological Services Center (AUPSC). This document (the Client Services Agreement) contains important information about the professional services and business policies at AUPSC. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that AUPSC provides you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which accompanies this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that AUPSC obtains your signature acknowledging that AUPSC has provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully and ask any questions that you may have. 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 on AUPSC, unless AUPSC has taken action in reliance on it; if there are obligations imposed on AUPSC by a third party that is responsible for paying for the services you have received at AUPSC; or if you have not satisfied any financial obligations you have incurred to AUPSC.

#### **OVERVIEW**

AUPSC is a training clinic for the doctoral (Ph.D.) program in Clinical Psychology at Auburn University. AUPSC ensures confidentiality and operates under the ethical guidelines of the American Psychological Association (APA) and HIPAA. The Auburn University Department of Psychology has been accredited by the APA since 1976. For more information on our accreditation status, you may contact the APA Committee on Accreditation: 750 First Street, NE, Washington, DC 20002-4242, (202)336-5979, [www.apa.org](http://www.apa.org). AUPSC is open to all community residents and provides services for individuals, couples, families, groups, and organizations. New clients are accepted for services based on both the training needs of AUPSC and the needs of the client. Since this is a training clinic, clients will be seen by a graduate student in clinical psychology (referred to as graduate clinicians). Each graduate clinician is carefully supervised by a licensed psychologist. AUPSC is a non-profit organization; however, fees will be charged to help offset operation costs.

#### **PROCEDURES**

There are several steps to becoming a client at AUPSC:

1. Individuals should contact the AUPSC receptionist at (334)844-4889 to discuss setting up an initial intake appointment. Individuals seeking psychological evaluations specifically related to Attention-Deficit/Hyperactivity Disorder and/or Learning Disorders do not complete an intake. These individuals contact AUPSC and speak with the coordinator of these evaluations to discuss the evaluation and obtain paperwork regarding their specific difficulties. Once this paperwork is completed and returned, the evaluation will be assigned to the next available graduate clinician.

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2. The individual or family who is seeking services comes to AUPSC for an intake. Necessary paperwork is completed, and individuals have the opportunity to ask any questions about the clinic procedures. Next, a graduate clinician conducts a clinical interview, generally lasting 1-2 hours. During the interview, individuals can explain the problems they are having. The interview will also focus on the relevant social, family, medical, and treatment history. All involved family members should attend this session. There is a standard \$75.00 fee, which is due at the time of the intake. This \$75.00 covers the cost of the intake and the initial paperwork.

3. Information gathered in the intake is discussed with the Clinic Director and AUPSC Staff at weekly meetings. If the Clinic Director and AUPSC Staff agree that AUPSC is the appropriate agency to serve the client's needs, the new client will be assigned to a graduate clinician. This usually will not be the same graduate clinician who conducted the intake. In cases where the client may be better served in another setting, the Intake Clinician or the Clinic Director will try to help the client or parent(s) find services elsewhere.

4. If the client is assigned to a graduate clinician, the graduate clinician will call and set up an appointment to begin psychological services. Clients in therapy are encouraged to take an active role in determining the focus and goals of their treatment. Therapy sessions are typically scheduled once a week for 50 minutes. Clients receiving psychological evaluations should expect the entire evaluation process to take between four and six weeks. Each evaluation session typically lasts between two and four hours.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy and psychological evaluations are not easily described in general statements. They vary depending on the personalities of the psychologist and client, and the particular problems you are experiencing. There are many different methods your graduate clinician or evaluator may use to deal with the problems that you hope to address. Psychotherapy and assessments are not like medical doctor visits. They call for a very active effort on your part. In order for them to be most successful, you will have to work on things that are discussed both during our sessions and at home. Also, you will have to be honest about the subjects we talk about and put forth good effort on the tests you are asked to complete as part of therapy or your evaluation. Therapy and evaluations involve a commitment of time, money, and energy.

Psychotherapy and psychological evaluations can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Assessment often leads to a better understanding of yourself, your relationships, solutions to specific problems, and significant reduction in feelings of distress. However, there are no guarantees of what you will experience when you take part in therapy or a psychological evaluation.

### **MEETINGS**

If you chose to seek therapy services at AUPSC, the graduate clinician will usually schedule one appointment hour (50 minutes duration) per week at a time you and your graduate clinician agree on, although some sessions may be longer or more frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless you and your graduate clinician both agree that you were unable to attend due to circumstances beyond your control).** If you do not show for two appointments without calling **24 hours in advance**, AUPSC reserves the right to terminate services. If it is possible, your graduate clinician will try to find an alternate appointment time if you need to reschedule an appointment.

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**PROFESSIONAL FEES**

Therapy fees at AUPSC are based on the yearly income of the person(s) responsible for paying for your services. Based on the income information you provided, your hourly fee for therapy will be \$ \_\_\_\_\_. This rate will be charged for the first 20 sessions. If it is determined that therapy should continue beyond 20 sessions, the therapy fee will increase by \$15 per session, unless a waiver of this fee is approved by the Clinic Director. Payment is required at each appointment. In addition to weekly appointments, AUPSC will charge this amount for other professional services you may need, though AUPSC will break down the hourly cost if your graduate clinician works for periods of less than one hour. Other services include, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of AUPSC. You will be made aware of any services that you will be charged for before the services are rendered. If you become involved in legal proceedings that require your graduate clinician or your graduate clinician's supervisor's participation, you will be expected to pay for all of your graduate clinician's and your graduate clinician's supervisor's professional time, including preparation and transportation costs, even if your graduate clinician or your graduate clinician's supervisor is called to testify by another party.

Fees for psychological evaluations will include the cost of administering, scoring, and interpreting psychological tests. In addition, the assessment fee covers a feedback session, at which the results of your testing will be discussed, and a written psychological report. The estimated fee for your evaluation is \$ \_\_\_\_\_. At least one half of this fee must be paid at the first appointment. The remainder of this fee is due at or before the final session.

In cases of hardship, AUPSC will work with clients to arrange a payment plan or reduced fee that meets the needs of the family, while assuring that fees for services are paid. Any special arrangements for payment will be renegotiated after 20 sessions. Clients with outstanding balances will receive a financial summary statement at the end of each month, which will detail all transactions that are made. AUPSC does not file insurance for evaluations or therapy services. Clients may independently pursue insurance reimbursement for the services they have received at AUPSC.

**CONTACTING YOUR GRADUATE CLINICIAN**

You may contact your graduate clinician or their supervisor by calling AUPSC at (334)844-4889. Due to your graduate clinician's work and class schedule, he or she will often not be immediately available by telephone. The AUPSC receptionist is available to take a message from 7:45 a.m. to 4:45 p.m. Monday through Friday, except during Auburn University holidays. At other times, you can leave a message on the AUPSC answering machine. Your graduate clinician will do his or her best to return your message as soon as possible. If you are difficult to reach, please inform your graduate clinician of times when you will be available. In the case of an emergency, you may ask to speak to another AUPSC graduate clinician. In case of an emergency that occurs when AUPSC is closed (from 7 p.m. until 8 a.m. Monday through Thursday and from 5 p.m. Friday until 8 a.m. Monday) please call the nearest emergency room and ask for the on call psychiatric nurse. The number for the East Alabama Medical Center is (334)705-1150. Because AUPSC is a university clinic, staffed by graduate student clinicians, there are times when your graduate clinician might not be available for an extended time, such as during a school break. These breaks occur between semesters and typically last for one week, except for the winter holiday, which lasts for two weeks. If you or your graduate clinician determines that you need continuous services that cannot be provided at AUPSC, your graduate clinician will provide you with a referral to an agency or therapist that can provide the services you need.

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## **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a psychologist. In most situations, your graduate clinician and/or his or her supervisor can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. 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:

- Because AUPSC is a training clinic, and your therapist will be a graduate clinician, your graduate clinician will regularly consult with his or her clinical supervisor(s) and other graduate students about the therapy services provided to you. During a consultation, your graduate clinician will make every effort to avoid revealing your identity. Your graduate clinician's supervisor and his or her fellow graduate clinicians are also legally bound to keep the information confidential. If you don't object, your graduate clinician will not tell you about these consultations unless he or she feels that it is important to your work together. Your graduate clinician will note all consultations in your Clinical Record (which is called "PHI" in the AUPSC Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that many graduate clinicians and other mental health professionals practice at AUPSC and that AUPSC employs administrative staff. In most cases, your graduate clinician will need to share protected information, such as your name and the type of services you are receiving with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- If a client threatens to harm himself/herself, your graduate clinician and/or your graduate clinician's supervisor 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 your graduate clinician and/or your graduate clinician's supervisor are permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-client privilege law. AUPSC cannot provide any information without your (or your legal representative's) written authorization or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order AUPSC to disclose information.
- If a government agency is requesting the information for health oversight activities, AUPSC is required to provide it for them.
- If a client files a complaint or lawsuit against AUPSC, a graduate clinician, or a supervisor at AUPSC, AUPSC, the graduate clinician, or the supervisor may disclose relevant information regarding that client in order to defend AUPSC, the graduate clinician, or the supervisor.

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- If a client files a worker's compensation claim, AUPSC may disclose information relevant to that claim to the client's employer or the insurer.

There are some situations in which AUPSC is legally obligated to take actions, which AUPSC believes are necessary to attempt to protect others from harm, and AUPSC may have to reveal some information about a client's treatment.

- If your graduate clinician or your graduate clinician's supervisor knows or suspects that a child under the age of 18 has been abused or neglected, the law requires that he or she file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, AUPSC may be required to provide additional information.
- If your graduate clinician or your graduate clinician's supervisor knows that an elderly or disabled adult has been abused, neglected, exploited, or sexually or emotionally abused, the law requires that he or she file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, AUPSC may be required to provide additional information.
- If your graduate clinician or your graduate clinician's supervisor believe that disclosing information about you is necessary to prevent or lessen a serious and imminent threat to the health and safety of an identifiable person(s), your graduate clinician or your graduate clinician's supervisor may disclose that information, but only to those reasonably able to prevent or lessen the threat.

If one of these situations arises, your graduate clinician or your graduate clinician's supervisor will make every effort to fully discuss it with you before taking any action and he or she will try to 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**

You should be aware that, pursuant to HIPAA, AUPSC keeps Protected Health Information about you in one professional record, which is referred to as your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals that you and your graduate clinician set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that AUPSC receives from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. If you provide AUPSC with an appropriate written request, you have the right to examine and/or receive a copy of your records, except in unusual circumstances that involve danger to you or others. In those situations, you have a right to have your record sent to another mental health provider. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, AUPSC recommends that you initially review them in the presence of your graduate clinician as well as his or her supervisor, or have them forwarded to another mental health professional so you can discuss the contents. You will be charged the same hourly rate you pay for a therapy session for this review meeting. In most situations,

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AUPSC is allowed to charge a fee of \$20 to cover the expense of accessing the file, copying the materials, and forwarding them to the mental health professional of your choice. The exceptions to this policy are contained in the accompanied Notice Form. If AUPSC refuses your request for access to your records, you have a right of review, which can be discussed with you upon request.

In addition to keeping records of therapy in your Clinical Record, sometimes sessions at AUPSC are audio or videotaped for the purposes of supervision and clinical service delivery. Direct observations of sessions by supervisors may also take place. However, this is not done without first discussing the observation with the client or the client's parents. The tapes and the information on them will be afforded all of the protection that is given a Clinical Record.

**RESEARCH**

Certain forms are routinely completed by all clients at AUPSC and their parents. One purpose of these forms is to help graduate clinicians make informed decisions regarding evaluations and treatment. The forms are also used for research purposes. Ongoing research is important so that we can continue to improve the way we provide services at AUPSC. Biographical and psychological data are available to graduate students for research purposes. However, to protect the privacy of our clients, all identifying names, places, and events are removed when information from AUPSC records are used in any research project.

**CLIENT RIGHTS**

HIPAA provides you with the following rights with regard to your Clinical Record and disclosures of Protected Health Information: requesting that your graduate clinician amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of Protected Health Information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about AUPSC policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the accompanied Notice Form, and AUPSC privacy policies and procedures. Your graduate clinician or other AUPSC representative will be happy to discuss any of these rights with you.

**MINORS & PARENTS**

Clients under 14 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 records unless the child's graduate clinician or the child's graduate clinician's supervisor decides that such access is likely to injure the child, or the child's graduate clinician, the child, and his or her parent agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes AUPSC policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, the graduate clinician will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. The graduate clinician 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 the graduate clinician feels that the child is in danger or is a danger to someone else, in which case, the graduate clinician will notify the parents of his or her concern. Before giving parents any information, the graduate clinician will discuss the matter with the child, if possible, and do his or her best to handle any objections the child may have.

**BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless other arrangements have been determined. Payment schedules for other professional services will be agreed to when they are requested.

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In circumstances of unusual financial hardship, AUPSC may be willing to negotiate a fee adjustment or payment installment plan. If a fee reduction is necessary, it will be in effect for 20 sessions and then will be renegotiated.

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

### **INSURANCE REIMBURSEMENT**

Because AUPSC is a training clinic and graduate students who are not licensed clinical psychologists provide the services, third party health insurance will NOT pay for the services rendered at AUPSC. The only exceptions to this situation are the cases where the Alabama Department of Human Resources or local school systems pays for services rendered at AUPSC. Thus, AUPSC will NOT file insurance forms. If you wish to pursue reimbursement for the services you have received at AUPSC, we will provide you with a bill that lists the services provided. However, you (not your insurance company) are responsible for full payment at the time services are rendered, unless alternate arrangements have been made in advance. It is very important that you find out exactly what mental health services your insurance policy covers. If you have insurance that covers mental health services, AUPSC will be happy to refer you to a licensed therapist who might be covered by your insurance company.

If your services are being paid for by the Alabama Department of Human Resources or a school system, your contract with the Alabama Department of Human Resources or your school system requires that AUPSC provide it with information relevant to the services that are provided to you. AUPSC is also required to provide information regarding clinical diagnosis, when a diagnosis is assigned. Sometimes AUPSC is required to provide additional clinical information, such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, AUPSC will ask that you sign an Authorization Form to Release/Obtain Information in order to release information about you that is necessary for the purpose requested. This information will become part of the Alabama Department of Human Resources or the school systems records and might be stored in a computer. Though the Alabama Department of Human Resources and schools claim to keep such information confidential, AUPSC has no control over what they do with it once it is in their hands. If you refuse to allow AUPSC to release information relevant to the services that are provided to you by AUPSC, then the Alabama Department of Human Resources or the school system will not pay for services provided to you by AUPSC.

**EMERGENCY CONTACT INFORMATION**

In order to provide prompt attention in the event that an accident or illness occurs while you are on our premises, AUPSC asks that you provide contact information for the individual(s) who you wish to be contacted in case of an emergency. If you are incapacitated or otherwise unable to make decisions regarding your health care, AUPSC will attempt to contact the emergency contact person(s) who you list. By listing a person(s) as an emergency contact you are agreeing to allow that person to make medical decisions on your behalf, should you not be able to make these decisions yourself. If the person(s) you listed cannot be reached by AUPSC, you agree to allow AUPSC to initiate emergency medical procedures that might become necessary to preserve your health.

In case of emergency contact: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

If you have questions about procedures at AUPSC, you should discuss them with your graduate clinician, his or her supervisor, or the Clinic Director whenever they arise. If your doubts persist, AUPSC will be happy to help you set up a meeting with another mental health professional for a second opinion.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS, AND IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature (If Applicable)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Graduate Clinician Signature

\_\_\_\_\_  
Date Signed

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**Fee Agreement**

I understand that AUPSC provides psychological services for the community on a sliding scale fee basis. I understand that annual income of the person responsible for paying the bill determines my service fees. I understand that proof of income is required, such as a recent pay stub or tax return. I understand that payment for services is expected at the time services are rendered. I understand that if I must cancel a scheduled appointment, it is my responsibility to call at least 24 hours in advance. I understand that I will be billed for the cost of one therapy session if I do not show up for an appointment or call to cancel.

**Therapy**

I agree to pay the fee for the initial intake appointment, which is \$75.00, which covers the cost of the initial paperwork and clinical interview. I agree to pay my weekly therapy fee at the time services are rendered. I understand that AUPSC does not file insurance for any therapy services. I understand that after 20 sessions, my therapy fee will increase by \$15 per session, unless a waiver of this fee is approved by the Clinic Director.

**Evaluations**

I agree to pay evaluation fees, which include the cost of administering, scoring, and interpreting psychological tests, a feedback session of results, and a written psychological report. I agree to pay the total cost of a psychological evaluation, which will be estimated at the time of the first appointment. I understand that one half of the fee is due at the time of the first session, and that this money is non-refundable. The remainder of the fee is due before the last session. I understand that AUPSC does not file insurance for any evaluation services.

The person(s) responsible for payment for this client's psychological services is/are:

Name(s) : \_\_\_\_\_ Address: \_\_\_\_\_

Annual income: \_\_\_\_\_

Fee for each therapy session: \_\_\_\_\_ Estimated total cost of evaluation: \_\_\_\_\_

I agree to pay the above costs for all services received as a client of AUPSC.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Graduate Clinician Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

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