

**University of Washington
Center for the Science of Social Connection
Department of Psychology
(206) 685-7462**

Informed Consent for Clinical Services: Individual and/or Couple Adult Clients

Welcome to the UW Department of Psychology Center for the Science of Social Connection (CSSC). Most of the therapy is provided by training doctoral students. Therapists-in-training are supervised by CSSC faculty or approved clinical supervisors. Therapists are responsible for sharing the names of their supervisors with their clients. After meeting with their supervisors, therapists should be able to answer any questions you might have about the type of treatment you will be receiving.

Appointments

Prior to receiving therapy, you will be interviewed to determine if the CSSC is able to provide services that are appropriate for your treatment. If we determine that we cannot provide you services, we will refer you to an appropriate clinic or service provider. If you are accepted for treatment, the therapist will discuss our Privacy Policy (which requests your signature acknowledging receipt of our Privacy Practices) and our clinic charges and fees.

The initial intake visit will typically last for 1 hour and 20 minutes. Thereafter, regular appointments are usually 50 minutes long. Because your appointment time is held especially for you, **we request 24 hours advance notice to cancel.** No shows and late cancellations are billed at the session rate. To schedule, cancel, and reschedule an appointment, call (206) 685-7462. Billing issues are described in the Billing and Collections Policy and Contract for Services.

Emergencies

Call (206) 685-7462 if you wish to reach your therapist during business hours (Monday – Friday, 9-5 pm). If you are not able to reach your therapist or in case of imminent life-threatening emergencies, dial 9-1-1. You may also call the 24-hour Crisis Line for Seattle-King county residents by dialing (866) 427-4747.

Fees

- **Session fees:** Fees for initial intake and regular sessions will be determined with your therapist on or before your initial appointment. The fee for the initial intake appointment is currently \$65. Subsequent routine therapy appointments are based on the CSSC's two tiered fee scale. Fees are prorated depending upon the length of the appointment (e.g., if you are seen for two hours, you will be charged double your usual fee). Clients with financial hardship due to extenuating circumstances may qualify for reduced intake and standard sessions fees. Periodically, we may ask you to update your financial information so that your fees may be adjusted accordingly. We do not accept insurance. It is your responsibility to pay for the psychotherapy that you receive.
- **Copying:** Third parties will be charged a \$24.00 processing fee and then \$1.09 per page for the first 30 pages and \$.82 per page for anything above. Clients and responsible parties of clients will not be charged the processing fee, but will pay \$.53 per page. If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit. These fees are determined by The Washington Administrative Code (WAC 246-08-400) and are effective from July 1, 2013 through June 30, 2015.

Overview of Routine Assessment of Therapy Progress

We are committed to providing you with quality services so that you leave therapy functioning better than when you first came in. Recent research has shown that it can be helpful to keep track of therapy progress and that if therapists review therapy progress with clients, therapy outcomes may improve, especially for clients who weren't initially responding well to treatment. Because we feel so strongly that keeping track of your progress is important, we consider it a routine and required part of the services we provide. We are happy to give referrals to any client who prefers not to participate in the

routine progress assessment. You may be asked to fill out brief online questionnaires at intake, throughout the course of treatment and at termination. If filling out measures online presents a problem for you, you may fill out the measures using pencil and paper. You are free to not answer any particular item. Your therapist will be happy to answer any questions you might have about the specific items or the measures in general.

Research Participation

We consider assessment of your progress in therapy to be an important and routine part of providing quality services to you. We are also interested in sharing what we learn about how to improve training or services with others who share the same mission. You may be asked to allow the use of your answers (without any identifying information) in research publications or presentations. If you are asked to allow the use of your data as part of research, you will be given an opportunity to read the *Research Informed Consent Form* specific to the research in which you are being asked to participate and have your questions answered before deciding. You will be entirely free to decline to participate in the research and if you do decline, that will not affect the clinical services that you receive in any way.

Routine Observation and Recording of Therapy Sessions

As part of our training function, sessions are routinely recorded. Clinicians review the recordings with their supervisors who discuss and give them feedback. Recordings may be used for graduate training purposes during case discussions and case presentations. Since the recordings and observations are essential to the clinicians' training, all clients are asked to give permission. Most clinicians destroy the recording once reviewed by their supervisor. However, occasionally recordings may be kept for training purposes only. These recordings are considered property of the University of Washington and may be used only for UW training purposes and will not be shared with clients. Session recordings stored in DVDs or other storage devices may be transported or mailed to supervisors' offices and if so, will be identified by client number only, never by name. Digital session recordings may also be encrypted to allow supervisors' secure access of these online. Please discuss with your clinician any problems (such as acquaintances among students) that might arise from observations, case discussions and case presentations, etc.

E-mail and Other Forms of Electronic Communication

Many people now use email as a primary form of communication. Email can be a helpful tool in therapy as you can send your therapist updates on your progress or your therapist might send you reminders or encouragement, etc. That said, it is important to remember that email, cell phones, Skype, etc. cannot be considered completely secure and thus should be used only with an understanding that there is some risk to your confidentiality. For example, although your therapist will make every effort to guard your confidentiality no matter what the means of communication, emails can be hacked into; cell phone calls may be similarly compromised, etc. As the client it is your right to decide whether you think that the benefits of communicating over email, cell phone, etc., outweigh the risks. ***Please remember that even if you use email for communication with your therapist, email is not a good way to reach your therapist in case of emergency.***

Therapists may also electronically communicate information about you with their supervisors or others involved in their training. If they do so, they will guard your confidentiality by password-protecting all such communications and not using any identifying information.

Clients' Responsibilities

Therapy works best when it is a collaborative effort between clients and therapists. It is your responsibility to let your therapist know if your goals for therapy have changed or if you are not satisfied with either the process or the results of therapy. Most of the time, talking to your therapist helps improve the situation. Occasionally, however, talking about it with your therapist doesn't help. Under those circumstances, or if you feel that your therapist has been unprofessional or unethical, you might want to consider consulting with your therapist's supervisor, the CSSC Director (Jonathan W. Kanter, Ph.D.), who will try to help you decide on the best course of action. Therapists who make sexual overtures toward clients are behaving unethically and their behavior should be reported immediately. You should contact the Washington State Department of Health Psychology Licensing Board at (800) 525-0127 or www.doh.wa.gov.

Respect for Others/Respect for Clinic Property

The CSSC is a place where all have the right to feel safe. Toward that end, we expect clients to treat others with courtesy, and to treat CSSC property with care, demonstrating respect for both at all times. And, in keeping with state law, no weapons will be allowed in the CSSC.

Confidentiality:

We keep a record of the services we provide you. You may ask to see, copy or correct that record by contacting your therapist and filling out a written request. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. The content of all sessions will be treated as confidential with the following exceptions:

- 1) If the therapist becomes aware that a child under 18 is or has been abused or has witnessed domestic violence, or a developmentally disabled person or an elderly person is or has been abused, a report must be made to the appropriate authorities (RCW 26.44.030).
- 2) If a client poses a threat to another person, the therapist must take steps to protect the potential victim(s), which might include but is not limited to warning the person(s) at risk and reporting the danger to the appropriate authorities (RCW 71.05.120).
- 3) If a client poses a danger to self or is unable to take care of basic needs, the therapist may take appropriate action to protect the client's safety (RCW 71.05).
- 4) If a client discloses an HIV-infection, does not have a physician monitoring the condition and has unsuspecting IV drug-using or sexual partner(s) we may consult with a public health official.
- 5) If a client is involved in a legal battle, a judge may determine that the records must be turned over to the Court.
- 6) The Uniform Health Act of WA allows some communication among health care providers and between your health care providers and your family members. In most cases, your therapist will not communicate with any of the above without your consent but you should know that it is allowable.
- 7) If a client is a health provider licensed by the Washington State Department of Health we are required to report final determinations of unprofessional conduct, actual knowledge of unprofessional conduct and clear and present danger to patient safety due to a mental or physical condition.
- 8) If a client chooses to use email or other means of electronic communication, the client does so voluntarily and with the understanding that those means may not be 100% secure.

Access to Your Patient Records

You have the right to give other's access to your patient records without a release of information form if you indicate them by name on the lines below. You may revoke this access at any time orally or in writing.

I wish to give the following people access to my protected health information, payment and appointment information, and other information pertaining to my services if applicable:

Follow-up/Emergency Contact

This is a person who would know how to contact you if you have moved; or in case of emergency.

Name/Relationship: _____

Phone: _____ Email: _____

Address: _____

Acknowledging Receipt of the Joint Notice of Privacy Practices

The UW Center for the Science of Social Connection and Certain Other Providers Joint Notice of Privacy Practices (*Joint Notice of Privacy Practices*) describes how medical information about you may be used and disclosed and how you can get access to this information. We are required by law to protect the privacy of your information, provide the *Joint Notice of Privacy Practices*, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact the CSSC Director, Jonathan W. Kanter, Ph.D., at (206) 221-2591. Note: we may change our policies at any time and you will be notified of any significant policy change. A copy of the *Joint Notice of Privacy Practices* is included in your new client packet. You may request an additional copy at any future time from your therapist or from the Director.

Statement of Informed Consent for Treatment

I have read and fully understand the preceding description and conditions of the CSSC's services. I agree to allow observation and recording of sessions, and I agree to permit my therapist to discuss the nature of my problems, the type of treatment that I am receiving and the progress that I am making for purposes of training and supervision. I understand that filling out measures of my treatment progress is considered a routine and required part of services and that I will receive email notices about these measures. The limits of confidentiality have been explained to me. I also understand that I can withdraw from therapy at any time without penalty.

Print Name(s) Here and Sign Below: _____

Signature: (1) _____

Date: _____

Signature: (2) _____

Date: _____

Signature of therapist: _____

Date: _____