University of Nebraska-Lincoln
Counseling and School Psychology Clinic

Welcome to the Counseling and School Psychology Clinic (CSPC). Our mission is to provide quality services that improve the educational, social, emotional, and behavioral functioning for the clients we serve. Clinicians are counseling and school psychology graduate students who are supervised by licensed psychologists. This document contains important information about your rights and responsibilities and our clinic business practices.

CONSENT TO THERAPY AND CONFIDENTIALITY

In signing this document, I provide my voluntary consent for my child to participate in treatment. I understand that I may refuse and/or terminate services for my child at any point, without adverse repercussions between this agency, myself, or my child.

I also understand that the CSPC will maintain protected health information records relevant to therapy, as well as information obtained through consultation with other professionals. Records will be kept in accordance with professional, legal, and ethical guidelines for providers by the American Psychological Association (APA), the American Counseling Association (ACA), and will be kept separate from any other university records. I understand that these records are restricted to the internal use of the CSPC and their confidentiality will be strictly maintained at all times. I also understand that the CSPC will follow stringent state regulations, regarding the maintenance of client records. Specifically, full records will be kept for 7 years after the last date of service for adults or until 3 years after a minor reaches the age of majority, whichever is later.

I understand that the CSPC has clinic administrative staff and students who manage clinic operations (e.g., scheduling, filing, billing), and that these individuals have been bonded to uphold the state and federal guidelines with regards to standards of care and maintenance of confidentiality.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), the CSPC will release the written and/or verbal information regarding my child's intake or treatment sessions only upon receipt of my written consent and only to those specified by myself, except in unusual circumstances. In circumstances where there is risk of danger and/or impending harm to my child or others, abuse or neglect of a child, abuse or neglect of an elderly person, and/or certain legal situations (e.g., a court subpoena of records), the CSPC would be mandated by law to disclose such information for your child's protection and/or the protection of others. In such situations, my child's provider will make reasonable attempts to discuss the situation with me and enlist my participation in resolving the matter, if possible. If I have any questions, I understand that I can discuss them freely with my child's provider.

Additionally, I understand that on occasion, clinic students and/or faculty may find it helpful to consult with other mental health professionals. During such a consultation, I understand that

every effort will be made to avoid any identifying information and that the other mental health professional is also legally bond to maintain my confidentiality.

CONSENT FOR SUPERVISION, OBSERVATION, AND RECORDING OF COUNSELING SESSIONS

To ensure the quality services, students will regularly videotape and/or audiotape sessions, and are assigned to supervisors with whom to consult concerning the progress of counseling. Given that the CSPC is a training clinic for students learning to provide mental health services to clients and families, I understand that the purpose of recordings and/or session observations is to provide students with supervision on the counseling process. I understand that all videotaping and audio recordings, and any identifying information will be kept confidential. In addition, observations of sessions will be made only by designated clinic professionals (e.g., other clinic students within the same training cohort, supervisors). Recordings will be maintained no longer than one academic year.

RESEARCH

I understand that the CSPC may also serve as a site for clinical research, conducted by graduate students and faculty within the department. Clients may be asked to participate in clinical research studies that would help assist in the advancement of clinical care and therapeutic outcomes. These studies have been approved by the Institutional Review Board (IRB). Prior to any participation in research, clients will be asked to complete a separate informed consent fully explaining the study. Declining to participate in research studies will not impact the delivery of clinical services in any way.

I also understand that summative, de-identified client information (e.g., trends, outcomes) may be collected and used to enhance the delivery of services and operations within the clinic.

EMERGENCY CARE AND CRISIS SITUATIONS

I understand that the CSPC is not able to provide emergency services or psychiatric services. Individuals who may be experiencing severe mental illness resulting in the need for substantial clinical care and/or case management, on-going medication adjustments, and/or emergency mental health services may not be appropriate for a training clinic and may require a referral to an outside agency.

CSPC clients who are experiencing a crisis are encouraged to discuss this with their therapist as soon as possible, so that a safety plan can be developed. I understand that my child's clinician will work with me to establish a plan to help restore normal functioning as soon as possible, should my child experience a crisis. I understand that my child's clinician may seek additional support from their clinical supervisor, and that minimal treatment information may be shared with other professionals whom my child interacts with, in order to help protect my child in the event of a crisis.

I understand that if my child should experience an imminent crisis, I will be instructed to contact an emergency number (911) and/or visit the nearest emergency room. Additionally, I understand that the CSPC does not offer a crisis or emergency support phone line.

FEES, BILLING, AND PAYMENT POLICY

The CSPC is pleased to offer flexible, low-cost clinical services to clients and families in the community, as well as to University of Nebraska-Lincoln students, staff, and faculty (please see Fee Agreement for additional information on service costs). I understand that the CSPC does not accept any insurance.

I understand that I will receive a monthly statement for all services rendered during that time frame, for the per-session amount I indicate on my Fee Agreement. Methods of payment for services include cash, check, and credit card. Cash payments must be made in-person. Checks must be made out to the *University of Nebraska-Lincoln*. The CSPC's current credit card payment system is web-based and can be accessed through the payment portal on the CSPC website (https://cehs.unl.edu/edpsych/clinic/). I understand that I will receive instructors for accessing my payment portal, along with information about how to submit other forms of payment towards my balance, with each monthly statement.

I understand that if I am unable to pay the full amount towards my balance, I will pay what I can towards the balance. I understand that if my financial circumstances should change or should I experience financial hardship, I will notify my child's provider and request to reset my fee agreement upon the Clinic Director's approval.

SUMMARY OF CLIENT RESPONSIBILITIES

On behalf of my child, a client of the CSPC, I agree to:

- Keep regular appointments and actively participate in my child's treatment
- Make a commitment to living and using clinic and community resources to resolve stressors
- Disclose to my child's therapist if my child should ever feel in crisis and/or suicidal, to work with my child's provider to develop a safety plan, and to give the clinic discretion regarding needed disclosures in a crisis situation
- Come to the clinic free of any influence of alcohol and/or drugs
- Never bring a weapon of any sort into the clinic or on campus

- Ask my child's therapist questions right away if I feel uncertain about my child's evaluation, therapeutic process, treatment plan, or any clinic policy

- Pay agreed upon treatment fees

INFORMED CONSENT

My signature below indicates that I have read this agreement and agree to its terms. These matters have been explained to me and I fully and freely give consent for my child to receive clinic services. I also understand that I have the right to refuse to sign this consent form. By my signature, I also authorize that a photocopy and/or facsimile (FAX) copy shall have the same effect and authority as the original copy of this document.

_____
Name of Client (please print)

_____ _____
Parent/Guardian Date

_____ _____
Witness Date

Children and adolescents may need to discuss information with their therapist in confidence. Often, such information is important for the purposes of providing your child with appropriate treatment services. The CSPC requests that you support your child's need for privacy, excluding situations in which there is a risk to the health and welfare of your child. You will still be informed of general treatment progress and will be encouraged to participate in the treatment planning process. I provide permission to my child's provider to maintain the confidentiality of my child _____, except in circumstances that are related to treatment planning and progress, as well as circumstances in which there is a risk to my child's health or welfare.

_____ _____
Parent/Guardian Date

_____ _____
Witness Date