Psychological Counseling Center Client Agreement

Evaluation and Assessment
I authorize the Psychological Counseling Center (PCC), their employees, trainees, and consultants to perform diagnostic procedures and interventions, which in their judgment may be necessary as part of my psychological assessment and treatment. The extent and type of services to be made available to me will be determined through an assessment and evaluation. I will be involved and engaged in this process and my subsequent care.

I understand that the PCC offers an array of services that are effective for a wide breadth of issues; and it may be recommended that I pursue a different modality (i.e., individual or group), frequency (i.e., weekly or biweekly), or length of treatment than I initially expected. I understand that I may be referred to both on- or off-campus resources as they are deemed appropriate. I understand that if I need specialized or emergency care, I will be referred to the appropriate facility or professional and will be financially responsible for those services.

What to Anticipate
I understand that while psychotherapy and psychiatric medication may provide significant benefits, they may also pose certain risks. For example, psychotherapy may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories; medications may have side effects. There are also no guarantees with regard to outcomes or lengths of treatment.

There may be times that my therapist will need to adjust our meeting schedule. If I arrive 15 minutes later than our scheduled appointment time, I may be asked to reschedule. If I miss two consecutive appointments (or three within a semester) without contacting my therapist, my therapist may not be able to continue to hold appointment times for me and I may be asked to go on a waiting list.

Client Rights
I understand that if I am at any point concerned or dissatisfied with my care, that I will first discuss this concern with my therapist. If the situation is not resolved to my satisfaction, I can ask to meet with the PCC’s Clinical Director. I understand that I can terminate treatment at any time.

Staff
I understand that a range of mental health professionals, some of whom are in training, provide services at the PCC. All professionals-in-training are supervised by licensed staff.

Financial Responsibility
I understand that during the academic year, if I meet with a therapist for more than twelve sessions, I am responsible for all charges incurred beyond those initial twelve meetings; the fee for a session with a doctoral-level clinician is $150, and $125 for a session with a master-level clinician. There are no fees associated with therapy services provided by a doctoral intern or
post-doctoral trainee. Psychiatry services are billed from the first session; the fee for the initial psychiatric evaluation is $275, and $150 for follow-up appointments. There are no fees for group therapy participation.

While the PCC will make every effort to bill those services to my insurance provider, filing an insurance claim on behalf of a student does not guarantee full or even partial payment by insurance companies, and I may remain responsible for the unpaid balance.

Additionally, if I fail to cancel an appointment without 24 hours’ notice or if I fail to attend an appointment with no notice at all, I may be billed a fee of $20 to be paid prior to my next appointment. If I am still using the twelve covered sessions at the time, failing to contact my clinician before missing an appointment or canceling with less than 24 hours’ notice could also result in my forfeiture of that “covered” session.

Confidentiality
I understand that the information shared with the staff at the PCC is confidential and no information will be released from the PCC without my consent with a few exceptions. I understand the limits to confidentiality include:

1. When there is a risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent harm.
2. When there is a suspicion that a child (i.e., under the age of 18), elder (i.e., over the age of 60), or person from an at-risk population (i.e., resident at a long-term care facility, someone who has a disability and dependent on others for care) is being physically or sexually abused, the clinician is legally required to protect that individual by contacting the proper authorities.
3. When a valid court order is issued by a judge for medical records, the clinician is bound by law to comply with such requests.

I understand that if I have multiple providers at the PCC (i.e., an individual therapist, group leader, psychiatrist), they may collaborate and discuss my treatment to coordinate care. Additionally, as the PCC is a training facility, my clinical information may be shared between trainees and staff in the interest of teaching, learning, and providing sound treatment. In all other circumstances, besides the limitations stated above, consent to release information is given through written authorization; this is true of agencies both on- and off-campus.

Use of Email
Clients and staff may use email for scheduling purposes only. If there is any other information that needs to be conveyed it must be done in person or on the phone. Email is not a guaranteed means of confidential communication.

By signing below, I acknowledge that I have read, understood, and agree to the above:

Client Signature

Date

Representative Signature

Relationship to Client (i.e., parent)