

## **INFORMED CONSENT AND TREATMENT AGREEMENT USC PSYCHOLOGY SERVICES CENTER**

Welcome to USC's Psychology Services Center (hereafter referred to as the "Center"). This document explains several important aspects of treatment at the Center, including treatment provided on-site and off-site by our therapists. Although this document is long and complex, it is important you read it carefully and ask any questions you might have. We will give you a copy to take home.

### **SUPERVISION AND TRAINING**

With rare exceptions, all providers of service (therapists) at the Center are USC graduate students who are working toward graduate degrees in Psychology. They provide services under the supervision of USC Faculty and/or CA licensed mental health professionals. Your therapist should provide you with a business card complete with his/her name, the name of his/her supervisor, and the supervisor's phone number at your first session.

Your [your child's] treatment will be discussed with the supervisor, and often with other student trainees. Recording of sessions is standard practice at our Center, and by signing this consent form, you agree to be recorded as part of your [your child's] treatment at the Center. The purpose of recording and supervision is to assist therapists in providing the best possible service to you as the client. Video is recorded digitally and stored on a secure server. Sessions are typically deleted regularly, but always after treatment completion unless you have given your permission for us to retain these files by signing a separate written consent.

### **INTAKE/INITIAL EVALUATION PROCESS**

Because this is a teaching clinic with limited resources, we reserve the right to deny treatment if we do not think your needs will be best served by our clinic. Therefore, you [your child] are not considered a client of the Center until the intake process is complete, the intake information has been reviewed by a supervisor and/or the clinic director, an offer to provide care has been made by the Center, and you have agreed to receive the type of care that is being offered.

The purpose of the intake process is to fully evaluate your needs and ensure you [your child] receive[s] the best treatment possible. The evaluation itself may vary across clients, and may include activities such as completing a structured interview (i.e., every client is asked the same questions to ensure comprehensiveness), questionnaires, requests to interact with other professionals or relevant individuals who may have information about your current problems, monitoring forms to complete in between intake sessions, or many other options. Typically, therapists use 2-3 sessions to complete the intake process, and/or may schedule longer initial appointments to complete the intake process more quickly. By the end of this evaluation period, the therapist will be able to offer you an initial impression of your [your child's] needs and a plan for what treatment might include if you decide to continue with therapy. If we are unable



to offer you services, we will provide you with a list of referrals.

### **PSYCHOLOGICAL SERVICES AT THE CENTER**

Therapy or counseling is not easily described in general statements. It varies depending on the particular problems you are experiencing, the circumstances surrounding those problems, the therapist's and client's mutual understanding of relevant issues, and the working relationship formed between the therapist and client(s). There are many different methods that may be used to deal with the problems that you hope to address. In order for the therapy to be most successful, you [your child] will have to work on things we talk about both during our sessions and **at home**. In order to monitor and enhance the effectiveness of the services we provide, all clients are required to complete weekly assessments that measure your well-being and experience of therapy. By signing this consent form, you are agreeing to complete these assessments as part of your [your child's] treatment.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you [your child] may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy 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. But there are no guarantees of what you [your child] will experience.

Because we are a university-based teaching clinic, it may become necessary to transfer your case to another therapist at the Center, or to a different clinic in the area. One reason for this is the Center tends to provide shorter-term care; that is, we focus on helping you [your child] deal with a specific problem or work toward a specific set of goals. Treatments supported by research to help people with specific problems are generally shorter-term in nature (e.g., 10-20 sessions). A second reason is therapist availability – since our therapists are students, they generally enroll to work with particular types of clients for an academic year, and then complete a different rotation. Finally, it may be worthwhile for you [your child] to try working on your problem on your own after making progress with your therapist. By learning helpful skills and ways of thinking about your concerns in treatment, clients often find they are well equipped to manage on their own.

### **APPOINTMENTS AND FEES**

If therapy is begun, sessions are typically scheduled once per week for 50 minutes at a time you and your therapist agree on, although some sessions may be longer or more frequent. Couples, family or group therapy sessions may be routinely scheduled for 90 minutes or longer.

Missed sessions and late arrivals are problematic for both clients and therapists. Therefore, we ask clients to make a commitment to attend regularly. If you find regular attendance is a problem for you, we ask that you reconsider whether this is the most appropriate time or type of clinic for you. At times, you may do better to terminate therapy and start at a later date when you can make a regular commitment. Center policy on missed and late appointments is as follows:

- 1) You should provide at least **24 hours advance notice** of cancellation, and you will be charged for missed sessions if you have not done so (unless you and your therapist both agree that you were unable to attend due to illness or emergency).
- 2) If you are more than **15 minutes late** without prior notice, your therapist will assume that you have had to cancel the session and may leave the Center.
- 3) If you have cancelled or missed a session, it is your responsibility to contact the therapist to reschedule.
- 4) If you miss two or more sessions in a row, without calling to cancel or reschedule, your therapist will try to contact you by phone. If you do not respond, we will assume that you no longer desire Center services and we will initiate termination by sending you a letter.

- 5) If you wish to end therapy, we request that you discuss this with your therapist rather than simply failing to show up. If you prefer, you may call either the supervisor or the director (Dr. Couture at 213-740-6620) if you are having some difficulty with your therapist that you are unable to resolve directly with your therapist.
- 6) Therapists are required to inform their supervisors of recurrent late cancellations, missed visits, and missed therapy time due to late arrivals, and such recurrence is likely to lead to a termination of our services. In such situations, we will help you with referrals to other low-cost centers.

Standard session fees are \$20 per therapy visit. This fee is markedly below services in the community, and typical of a co-pay for most insurance companies. If you experience extreme financial hardship, you may apply for a lower fee, and will be asked for verification of your financial circumstances. We do not bill insurance companies, and most insurance companies will not reimburse services provided at the Center since our therapists are in training. You will be expected to pay for each session at the time it is held, unless we agree otherwise. You may pay by cash or check, but please note we do not keep cash on the premises to provide change.

We are dedicated to establishing a safe environment that fosters open and honest communication. You are encouraged to discuss your [your child's] progress in treatment and you may terminate services at any time. You are invited to discuss any concerns you may have about your [your child's] treatment or the services provided with your therapist and/or your therapist's supervisor. Every client has the right to complain if they feel they have received unethical services. The Department of Consumer Affairs Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the board on the Internet at [www.psychboard.ca.gov](http://www.psychboard.ca.gov), by calling 1-866-503-3221, or by writing to the following address: Board of Psychology, 1625 N Market Street, Suite N-213, Sacramento, California 95834.

### **CONTACTING YOUR THERAPIST**

Generally, a staff member is available to answer phones during Center hours (Monday-Thursday, 9am-8pm, Fridays (academic year only), 9am-5pm). However, due to staff absences, staff answering other phone calls, etc., it may be necessary for you to leave a message. No therapist can be contacted directly. However, your message on the Center voicemail will be delivered to your therapist as promptly as possible. As the therapists at the Center are graduate students at USC, it may take time before they can call you back. However, most therapists are able to return your call within 1 business day (M-F during the academic year, M-TH during the summer). Please note the Center is also closed at various points of the year for university holidays and school breaks. Your therapist will inform you of these dates or other dates they are unavailable in advance, and you can also find an up-to-date listing of Center closures on our website (<http://dornsife.usc.edu/usc-psc>).

If your therapist will be unreachable for an extended period of time (e.g., out-of-country vacation), they will provide you with the name of a colleague to contact if necessary.

### **EMERGENCY CARE AND CRISIS SITUATIONS**

The Center is unable to provide emergency services or psychiatric medications. You may try to reach your therapist in urgent situations by calling the Center number, but it is important to have an alternative plan in place, particularly in times of crisis. It is important that you inform your therapist as soon as you are aware of a crisis, upcoming significant stressors, suicidal thoughts, etc., so that you can work together to develop a crisis plan and find services that are available to you at all hours of the day. If you are having an emergency, please call 911, head to your nearest emergency room, or contact one of the crisis hotlines (1-800-SUICIDE (1-800-784-2433), 1-800-273-TALK (1-800-273-8255), 1-877-727-4747).

## **CONFIDENTIALITY**

The law protects the privacy of communications between a client and therapist. In most situations, it is not permissible for therapists to release information about your treatment to others unless you have signed a written authorization form. However, there are a few important exceptions to this confidentiality which are outlined below. [For cases involving minors, couples or dependent adults, please consult the addendum at the end of this consent form for further description of confidentiality issues.]

- Since this is a teaching clinic, information about your case is shared with other students, faculty, and supervisors, who are all required to follow the same confidentiality procedures as your therapist. In addition, it may be necessary to consult with another mental health professional. In this instance, every effort is made to keep your identity confidential during the consultation, and these professionals are also required to maintain confidentiality.
- When the Center is reviewed by accrediting agencies, the agencies may examine random files for completeness and adherence to professional standards.
- If you become a danger to yourself or others, we may have to reveal information about you and your treatment to other mental health professionals, family members, and/or emergency services.
- If ordered to do so by a judge, we may have to release protected health information to the court.
- If a client files a complaint or lawsuit against a therapist, relevant information regarding that client may be disclosed for the therapist's defense.
- If a therapist has any knowledge, or suspicion, of child or elderly/dependent adult abuse or neglect, the law requires that we file a report with the appropriate government agency. This mandate includes if you reveal any instances of abuse or neglect on the part of yourself, others you know, family members, etc. Domestic violence in some instances is also considered reportable when observed by children. In most instances, the therapist will discuss the necessity of filing a report before they do so.

## **RESEARCH AND PROGRAM MANAGEMENT**

Your [your child's] clinical materials, such as documents and information obtained through therapy may be used for program management, research, and training purposes. Confidentiality is protected by restricting access to these materials. Case records are securely stored, and access is only granted to individuals engaged in training at the Center, and those approved to do so by the University Institutional Review Board. Names and identifying information will be removed from clinical materials prior to their use in training, research, and/or scientific publication. Any client who is asked to participate in a research study will not be penalized if they choose not to participate (i.e., services at the Center are not withheld as a result of declining research participation). On the signature page, you can elect to opt in or out of being contacted for research studies.

## **SOCIAL MEDIA POLICY**

Some clients wish to invite therapists or former therapists to be friends on Facebook, Instagram, Twitter, etc. Unfortunately, therapists are unable to accept requests of this kind. We feel your privacy and confidentiality are better protected if therapists are not part of your online social network. In addition, this creates appropriate boundaries in the therapeutic relationship in which you are able to communicate important aspects of your life to your therapist, rather than the therapist reading about your life online. It also keeps therapists' lives private and separate from therapy, so that the focus remains on you and the reason(s) you wish to attend treatment. Please feel free to discuss any questions/concerns about this policy with your therapist.

**SIGNATURE**

*Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Your initials next to each item below highlights the major points of this document to which you are agreeing. If you have any questions or are unclear about any policy, please feel free to discuss with your therapist.*

- \_\_\_ I understand that my therapist is in training for a mental-health related degree and is under supervision.
- \_\_\_ I understand that I (and/or my child) will be recorded as part of my treatment at the Center.
- \_\_\_ I have read and understood the limits to confidentiality.
- \_\_\_ I understand that the Center does not provide emergency services and that I must form a plan with my therapist for how to obtain emergency care when needed.
- \_\_\_ I understand that participating in therapy in a training clinic may mean that my care will be transferred to another therapist, or that I may be referred to a new clinic, depending on therapist availability and the capability of the Center to provide care for my concerns. I will be notified in advance of transfer or therapy termination.
- \_\_\_ I understand that the Center aims to provide services in an efficient and evidence-based manner. This may mean my therapist and I agree on a certain number of sessions to address my [my child's] problem. I also understand it will be necessary to complete therapy activities outside of the session and to complete questionnaires or other measures as part of the therapy process.
- \_\_\_ I have read and understood the policies about missed sessions/cancelling without advance notice, and agree that I may still be charged in these instances.
- \_\_\_ I understand that failure to cancel sessions appropriately, or frequent cancellations, no-shows or late arrivals may result in the termination of services at the Center.
- \_\_\_ I give my consent to be contacted about clinic research.
- \_\_\_ I do not want to hear about clinic research opportunities.

Client Signature \_\_\_\_\_  
Printed Client Name \_\_\_\_\_

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

Client Signature \_\_\_\_\_  
Printed Client Name \_\_\_\_\_

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

Therapist's Signature \_\_\_\_\_  
Printed Therapist Name \_\_\_\_\_

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

Therapist's Signature \_\_\_\_\_  
Printed Therapist Name \_\_\_\_\_

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