

PSC - CLIENT SERVICES AGREEMENT

Welcome to The UND Psychological Services Center (PSC). This document (the Agreement) contains important information about our services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new 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 PSC provide 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 is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that PSC obtain your signature acknowledging that we have 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. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between you and PSC. You may revoke this Agreement in writing at any time. That revocation will be binding unless PSC has taken action in reliance on it; if there are obligations imposed on PSC by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred at PSC.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the characteristics of the psychologist and Client or family, and the particular problems you or your child are experiencing. There are many different methods utilized to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things discussed both during our sessions and at home.

Psychotherapy 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. But there are no guarantees of what you will experience.

The Intake Session will involve an evaluation of your needs. By the end of the Intake Session, we will discuss the recommendations regarding your treatment needs, as well as suitability for treatment within our training setting. If you are assigned to a Graduate Student Clinician (GSC) your following sessions will provide a more in depth focus on your needs and be able to offer you some first impressions of what the psychotherapy work will include, as well as a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working within this setting. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the services you select. If you have questions about our procedures, please discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

Meetings will be discussed and agreed upon during the first session with your assigned GSC. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation [unless you and your therapist both agree that you were unable to attend due to circumstances beyond your control].

PROFESSIONAL FEES

PSC hourly fees are determined during your Intake Session based on your income level and ability to pay. In addition to weekly appointments, PSC may charge this amount for other services you may need, though costs will be prorated for portions of the hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission (not including supervision), preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require PSC participation, you will be expected to pay for all service time, including preparation and transportation costs, even if a PSC staff person is called to testify by another party.

CONTACTING PSC

PSC hours are set each semester, and our schedule generally follows the University Calendar. Our current hours will be posted on the PSC Doors, and also will be available on our phone message, or when active, our web site. Times that your assigned GSC will be available will be provided to you upon assignment. Messages may be left for your GSC at our main number (701.777.3691). If you are unable to reach your GSC, or another PSC Staff member and feel that you can't wait for a return call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. The community Crisis Line number is 701.775-0525. If your GSC will be unavailable for an extended time, they will provide you with the name of a colleague or supervisor to contact, if necessary.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we 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:

- Since PSC is a training facility, all information exchanged with your GSC **MUST** be available to their supervisor or supervisor delegate, including audio, visual, or other training media.
- As part of training, your GSC also participates in group supervisor and case conferencing during which information may be exchanged with other individuals bound by the same standards as your GSC. Our best effort to disclose the minimum necessary amount of information is employed in these training circumstances.
- Your GSC may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, every effort to avoid revealing patient identity is made. The other professionals are also legally bound to keep the information confidential. All consultations will be noted in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that PSC employs administrative staff. Protected information is shared 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 PSC without the permission of a professional staff member.
- We also have a business contract with other organizations for which we provide services. As required by HIPAA, we have a formal Business Associate Contract with these departments, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with a blank copy of such a contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to seriously harm himself/herself, we may take actions to prevent this, including seeking hospitalization for him/her, or contacting family members or others who can help provide protection.

There are some situations where we 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 evaluation, diagnosis and treatment, such information is protected by the psychologist-patient privilege law. PSC cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order PSC to disclose information.
- If a government agency is requesting the information for health oversight activities, PSC may be required to provide it for them.
- If a patient files a complaint or lawsuit against a GSC, they may disclose relevant information regarding that patient in order to defend themselves.
- If a patient files a worker's compensation claim, PSC must, upon appropriate request, provide appropriate information including a copy of the patient's record or other information concerning mental health care services, to the North Dakota Worker's Compensation Bureau.

There are some situations in which PSC is legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and PSC may have to reveal some information about a patient's treatment. These situations are unusual at PSC.

- If a GSC has reason to suspect that a child is abused or neglected, the law requires that a report be filed with the Department of Human Services. Once such a report is filed, PSC may be required to provide additional information.
- If PSC has knowledge of or reasonable cause to suspect that an adult with developmental disabilities or mental illness is abused, neglected, or exploited, the law requires that PSC report such information to the Protection and Advocacy Project. Once such a report is filed, PSC may be required to provide additional information.
- If a patient threatens serious physical harm to an identifiable victim, PSC may take actions to protect the victim. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If such a situation arises, PSC will make every effort to fully discuss it with you before taking any action and PSC will limit the 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 you discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and PSC does not employ an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, PSC may keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that are set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that are received from other providers, reports of any professional consultations, your billing records, session documentation, and any reports that have been sent to anyone, including reports to your insurance carrier. In addition, PSC also may keep a set of Psychotherapy Notes. These Psychotherapy Notes are for your GSC's own use and are designed to assist them in training to provide you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they may include the contents of session conversations, analysis of those conversations, and how they impact on your therapy. They may also contain particularly sensitive information that you may reveal that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. All official records are kept in paper format containing the PSC Letter head or Logo, and at minimum your client number. Electronic means (i.e., computers) may be used to create these records, and thus EPHI may be temporarily available in your client record until a permanent official record is produced. EPHI is not released from the record to any entity. Training records are also maintained while your file is open and may contain supervisory notes, therapist notes and audio or audiovisual recordings for the purposes of training. These Training Records are not considered part of your case file, and are accessible only by your GSC, their supervisor and team, and the PSC Director or Director of Clinical Training. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may only examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, PSC recommends that you initially review them in the presence of your GSC, or have them forwarded to another mental health professional so you can discuss the contents. [We are sometimes willing to conduct this review meeting without a charge.] In most circumstances, we are allowed to charge a copying fee of up to \$20 for the first 25 pages, and 75 cents per page for any pages beyond twenty-five and includes administrative, document retrieval and postage charges. Clients are NOT permitted access to the Psychotherapy Notes. The exceptions to this policy are contained in the attached Notice Form. It is important to know that audio or visual training aides are not considered Psychotherapy Notes, and are intended to be disposed of once the training purpose has been served. Clients are NOT permitted access to these training materials.

Ψ THE UND PSYCHOLOGICAL SERVICES CENTER Ψ

P.O. Box 7108
GRAND FORKS, NORTH DAKOTA 58202-7108
701.777.3691

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting amendments to your Clinical 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 our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. PSC is happy to discuss any of these rights with you.

MINORS & PARENTS

Clients under 18 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 GSC decides that such access is likely to injure the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our 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, we will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We 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 GSC feels that the child is in danger or is a danger to someone else, in which case, we will notify the parents of this concern. Before giving parents any information, the GSC will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

RESEARCH

Due to the training nature of our setting, it is important that we assess the effectiveness and productivity of our GSCs. To this end, you should be aware that PSC does review general case data such as number of sessions. In addition, PSC has been assessing outcomes of our services for the last several years. If you permit your data to be utilized for these purposes, you may sign the Authorization for Release of PHI for Research Purposes. In addition, PSC also permits records review for research purposes. This will also require your Authorization.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless another agreement is arranged. Please be aware that we are not able to bill third parties for reimbursement, but we do provide billing summaries and statements if you wish to file on your own. Payment schedules for other professional services will be agreed to when they are requested. Please refer to the Fees section previously.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, PSC has 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 PSC to disclose otherwise confidential information. In most collection situations, the only information released regarding a patient'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

PSC does not file or accept insurance or third party payers.

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

Signature/Date

Witness Signature/Date

CLIENT Name: _____

CLIENT #: _____