



Psychoeducational Clinic Clinic Policies and Service Agreements

Thank you for your interest in our services! This packet includes information about our general policies, as well as those policies and procedures directly related to COVID-19. In addition, we have also included relevant consent forms needed before we can start working with you. Please take some time to review this information and then print, sign, and return the consent forms along with your child's other registration materials. If you have any questions about the information included in these documents, feel free to call us at 919-515-1713.

Included in this information packet, you will find:

- General Policies and Service Agreement (specific to the type of service you have requested) (pg. 2)
- Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information (pg. 8)
- Client Consent for Services (pg. 11)
- Informed Consent for Telepsychology (pg. 13)
- Informed Consent for In-Person Testing (pg. 16)

NC State Psychoeducational Clinic
 General Policies and Service Agreement
ACES (Middle and High School)

Welcome to the NC State Psychoeducational Clinic! This form will provide information about our services, and about your rights and responsibilities as a client. Please be sure to discuss any questions with your clinician or the Director, Dr. Natalie Murr. Your signature at the bottom indicates that you understand the information and freely consent to the services described herein.

Description of Services

The Psychoeducational Clinic (“the Clinic”) is a not-for-profit training facility for the School Psychology program in the Department of Psychology at North Carolina State University. The services in the Clinic are provided by professional psychologists and graduate students who are completing advanced training under the supervision of the School Psychology faculty. The two main functions of the Clinic are: (a) to provide psychological services to the Triangle area and surrounding region; and (b) to provide professional training to School Psychology graduate students.

The Clinic’s office hours are 9:00AM-5:00PM Monday-Friday. The Clinic operates year round, although some services may be more limited during summer months depending on clinician availability.

Our Clinic does not provide forensic or custody evaluations, nor do our clinicians recommend custody or visitation arrangements. In addition, our clinicians do not participate in court proceedings unless required to do so pursuant to a lawfully-issued subpoena. If a clinician is subpoenaed to testify, parents/guardians may be billed at a rate specified by the psychologist.

The Clinic Director, Dr. Natalie Murr, oversees the management of the Clinic in close consultation with the School Psychology Program Director and Department of Psychology faculty. Questions or comments about Clinic services should be directed to the client’s psychologist. Should further information be required, clients are welcome to contact the Clinic Director directly.

Fees

The cost of the initial *intake appointment* is \$100. Each *ACES appointment* is \$75 per session (with each session lasting approximately 45 minutes). Fees are payable by check or credit card. Checks should be made out to NCSU, with your child’s name written at the bottom.

Your deposit of \$100 will be applied to the cost of the intake session. Payment for subsequent ACES appointments is due at the start of each appointment.

Refund Policy

You can cancel any time up to 24 hours before either the intake or an ACES appointment without incurring any additional fees. However, appointments cancelled with less than 24-hour notice will be charged at the full amount. Flexibility is naturally warranted in the event of sudden sickness or family emergency. Please note that additional fees are involved for credit card refunds.

Insurance

We do not file insurance but will provide you with the information you need to do so yourself (if appropriate). Please note that many insurance companies may not cover an educational or organizational/study skills session like ACES; thus, we strongly encourage you to call your insurance company if you are depending on insurance for payment. *We are out of network providers for any insurance company.*

Credit Card Payment & Policies

Credit card payments can be made at the following website: go.ncsu.edu/paymyclinicbill

Please note: If you wish to pay via credit card, you must complete the transaction on your own device. We are not permitted by the University to take credit card payments at the time of your appointment(s) or over the phone. Additionally, please do NOT send any credit card information to the Psychoeducational Clinic in the mail or via email. Not only are we unable to process this transaction for you, we cannot ensure confidentiality of your information.

There is a 2.0% convenience fee for all credit card transactions. This applies to both charges and credits. If you require a refund after paying via credit card, the system will also apply a 2.0% fee for the refund.

If you wish to pay using multiple methods, you may do so (for example, partially by check and partially by credit card). You may put as much or as little on your credit card as you choose.

Miscellaneous:

- 1) The system accepts Discover, American Express, Visa, or MasterCard.
- 2) You can pay the \$150 evaluation deposit by credit card, but we still need to receive your/your student's registration forms before we can schedule clinic appointments. Please wait until after your initial meeting to make further payments, as discussed with your clinician.
- 3) Any of our services can be paid for by credit card, including Study Skills. However, the rule provided in point #2 regarding receipt of registration forms is applicable to all services.
- 4) The credit card system will allow you to complete your payment as a guest or create a user ID. A user ID will allow you to come back at a later date and make additional payments without re-entering your information.

If you have any questions or concerns, please contact our Clinic Director, Dr. Natalie Murr, at 919-515-1713 or nsmurr@ncsu.edu

Privacy and Confidentiality

State laws and the code of ethics for psychologists protect a client's rights of privacy, privileged communication, and confidentiality regarding psychological services. Clinic personnel will not release any record of a client's contact with the Clinic without her/his written permission, except under the rare conditions outlined below. Client information and/or files are not shared with schools, service providers, or other health care professionals without the client's written permission and a signed Release of Information. For NCSU students who are seen in the Clinic as patients, clinic files are NOT part of academic records, and no one has access to them except for Clinic staff.

Complete records are kept for seven years or three years past the age of majority, whichever is longer.

Per state laws and the code of ethics for psychologists, your child's contacts with the Clinic will remain confidential. Necessary information is shared with those inside the Clinic only to provide professional services (such as for case supervision, consultation, training, and teaching). Clinic administrative personnel also have access to client records for program evaluation and planning, billing/financial purposes, and for case management.

Despite our strict respect for clients' confidentiality rights, the following are situations that may impose limits on a client's right to confidentiality based on state laws and ethical principles for mental health professionals: 1) a completed Release of Information is authorized by the client or guardian in writing; 2) a valid court order mandates the release of records; 3) the client is a danger to self or others; 4) reason to believe that there has been abuse or neglect of a child, or of an elderly, vulnerable, or disabled person; 5) the client privilege for privacy in court has been waived; 6) the client initiates a complaint or legal proceedings against the Clinic; 7) other disclosures required by law. Only the minimum amount of information necessary to meet the purpose of a request will be disclosed. A client may revoke a Release of Information at any time, but we will not be able to retract any disclosures that have already been made.

For additional information regarding confidentiality, please see the Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information (included in this packet).

Confidentiality of Minors

Our primary aim is to work collaboratively with parents to improve the well-being of a minor who is receiving psychological testing or therapy at the Clinic. A confidential relationship between a minor and his/her clinician is an essential part of effective treatment. Therefore, we ask parents to allow their child or adolescent privacy in his/her treatment. The specific context of testing and/or therapy settings will remain confidential, between a minor client and his/her clinician, except if the clinician learns that the child is engaging in a lethal activity or is at risk of harming him/herself or others.

Records Request

Laws and standards of the psychology profession require that the Psychoeducational Clinic keep treatment records. Because the records contain information that can be misunderstood by someone who is not a mental health professional, it is our policy that patients may not review them. However, we are happy to provide an additional copy of client reports should you need it.

Supervision

Many of the services provided through the Clinic are conducted under the direct supervision of the Clinic psychologists and/or School Psychology faculty. Each graduate student is assigned to a specific supervisor, who meets regularly with the student to discuss his/her client caseload. Discussion of clients may occur between the student and psychologist alone or in small groups of students for whom the supervisor also has responsibility. Supervisors are licensed by the North Carolina Psychology Board.

Video Recording and Observation

With the client's approval, supervisors may use direct observations, audiotaping, and/or videotaping to provide appropriate supervision of graduate students' activities. Supervisors must have access to session content so that they can advise graduate students on the most effective ways to conduct valid

assessments. Similarly, other graduate students in training must have access to the work of their peers, so that they can learn by observing and thereby develop their own clinical skills. These recordings will be used for internal educational and training purposes only, and only those directly involved in the training of the graduate student will have access to any identifying information about a client. Note that these recordings are not considered part of the clinical record. Typically, recordings are deleted within 30 business days of the client feedback session but occasionally, some may be saved for future training purposes. If that is done, the video file is saved on our secure video server by the clinical supervisor in a secure password-protected location that can only be accessed by authorized trainees.

We realize that this requirement may cause some concerns, but it is essential in our ability to provide quality care. If you have any concerns with this policy, or do not wish to authorize us to record your/your child's work at the Clinic, please speak with your clinician/psychologist as soon as possible.

Email Policy

Given that email is never fully confidential, Clinic staff will share only necessary (and nonconfidential) information with clients via email (e.g., appointment times, dates, parking information). However, HIPAA policies and procedures do not allow for the electronic transmission of sensitive or confidential information through email. This includes- but is not limited to- client psychological or psychoeducational reports, invoices/statements, questionnaires, or consent forms; as a result, these documents cannot be emailed to parents or other service providers. Instead, Clinic employees and psychologists will use a secure, cloud-based sharing product called ShareBase to electronically share information with clients. ShareBase has been vetted by the NCSU Office of Information Technology security and compliance officers and been found to meet all security specifications outlined by HIPAA; as a result, the Clinic can be sure that all information is shared with parents and clients in an appropriate way. Further information about ShareBase- including information about how to use it to access your family's electronic information- can be provided to you by the Clinic Director or your psychologist.

Because email is not secure, clients should not email confidential materials – including registration materials- to the Clinic. Please print these and send through the regular mail, or deliver them to the Clinic in person. To discuss sensitive information about a minor child, please call the Clinic office (919-515-1713) and ask to arrange a time to speak with your clinician directly.

All email messages to or from you about your treatment, other than scheduling an appointment, will be made part of your child's clinical record. We may forward email to other members of our staff and when necessary, such as to the clinical assistants or the office manager. We will not, however, forward email to independent third parties without your written permission, except as authorized or required by law.

Although we will try to read and respond promptly to email from you, we cannot guarantee that any particular email will be read and responded to within any particular period of time. This means that email should not be used for emergencies or other time-sensitive matters. If you are experiencing an emergency and need immediate assistance, please call 911 or local emergency services. If you have not received a response from us within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.

Psychoeducational Clinic staff and therapists do not communicate by email with clients under the age of 18. If you are a parent/legal guardian, please sign as the client's responsible party and provide your email address.

Social Media Policy

Clinic staff do not communicate with, or contact, any of our clients through social media platforms like Twitter or Facebook. In addition, if staff or therapists discover that they have accidentally established an online relationship with you, they are required to dissolve that relationship immediately.

The Psychoeducational Clinic has a website that you are encouraged to access (go.ncsu.edu/psychedclinic). If you have any questions about any information on this website, please discuss them with your clinician during your appointments.

Clinic staff will not use web searches to gather information about you without your permission. If you encounter information about your therapist through web searches, or in any other fashion, please inform your clinician so that any potential impact on your treatment may be discussed.

Client Rights

A) Appropriate Treatment

Clinic staff will review intake paperwork to determine the kind of services needed and whether we can provide those at this agency. If we determine that your treatment needs require resources or competencies beyond the scope of our services, we will assist with a referral to an appropriate community agency or mental health provider. Clients will be responsible for any fees that may be charged by referral resources.

B) Receive Respectful Care and Treatment

You will be treated with appropriate dignity and consideration by all staff members.

C) Know Your Providers

All professionals in the NC State Psychoeducational Clinic are professionally trained and licensed in their field by the State of North Carolina. Graduate students working in the Clinic are supervised at all times by licensed professionals. Specific information about our staff's training, credentials, and experiences is also available to you.

Client Responsibilities

A) Complete Paperwork

All clients who come to the Clinic are asked to complete paperwork before scheduling an appointment for an initial consultation. Timely completion and submission of paperwork will ensure that our staff have all the information necessary to provide you with the best care possible.

B) Regular Attendance

Clients are expected to attend and be on time for all scheduled appointments. If you are unable to attend a session due to illness or an emergency, please cancel your appointment in advance in order to avoid losing your deposit.

C) Communication

Staying in contact with your psychologist is a vital part of the evaluation/intervention/consultation process. Please keep in mind that email is not a secure medium, therefore confidentiality cannot be guaranteed. Email should not be used as a primary method of communication with Clinic staff. To discuss any personal concerns, please call the Clinic during working hours at 919-515-1713. Please be aware that staff does not maintain 24-hour access to email accounts and therefore cannot guarantee that emails will be responded to immediately; however, we do strive to answer all emails and voicemails within 48 hours.

D) Voice Your Concerns

The Psychoeducational Clinic will be better prepared to improve upon service delivery if they are informed of concerns about the care you receive or interactions with staff. Please share any questions or concerns you may have with your clinician. Alternatively, you may also ask to speak to the Clinic Director. Your comments and ideas can be submitted in person, through email or in writing, and are both welcomed and appreciated. Our Director welcomes conversations with patients and parents and can be contacted at 919-515-1713 during business hours.

E) Safety

In order to provide a safe environment for our clients and clinicians, we ask that all persons refrain from any violent or aggressive behaviors to self, others, or property while at the Clinic. Firearms and other weapons are prohibited on campus.

Emergency Procedures

The Clinic cannot provide 24-hour emergency or crisis management services to the community or to its clients. When the Clinic is not open, persons in crisis are advised to seek emergency services through one or more of the following service agencies.

- *Emergency Services (911)*
- *National Suicide Prevention Lifeline (1-800-273-8255)*
- *Crisis Stabilization Center (984-974-4800)*
- *Crisis Intervention Hotline (919-545-0224)*
- *Interact Rape Crisis Hotline : (919-828-3005)*
- *Alliance Behavioral Healthcare Access Center (1-800-510-9132)*
- *Mobile Crisis Team provided by Therapeutic Alternatives (1-877-626-1772)*

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Psychoeducational Clinic personnel may *use or disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. PHI may also be used for purposes of research but in no case will the PHI be identifiable by name. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations "
 - *Treatment* is when Clinic personnel provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when Clinic personnel consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Clinic personnel obtain reimbursement for your healthcare. Examples of payment are when Clinic personnel disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Currently Clinic personnel do not file directly with health insurers but provide information to you so that you may do so.
 - *Health Care Operations* are activities that relate to the performance and operation of Clinic practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within the Clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of the Clinic such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Clinic personnel may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Clinic personnel are asked for information for purposes outside of treatment, payment and health care operations, Clinic personnel will obtain an authorization from you before releasing this information. You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Clinic personnel have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Clinic personnel may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If you give Clinic personnel information which leads us to suspect child abuse, neglect, or death due to maltreatment, we must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, Clinic personnel must do so.
- **Adult and Domestic Abuse:** If information you give us gives us reasonable cause to believe that a disabled adult is in need of protective services, Clinic personnel must report this to the Director of Social Services.
- **Health Oversight:** The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should Clinic personnel be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that Clinic personnel have provided you and/or the records thereof, such information is privileged under state law, and Clinic personnel must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** Clinic personnel may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a workers' compensation claim, Clinic personnel are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Request Restrictions** -You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Clinic personnel are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** -You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, Clinic personnel will send your bills to another address.)
- **Right to Inspect and Copy** -You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Clinic personnel may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, Clinic personnel will discuss with you the details of the request and denial process.
- **Right to Amend** -You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Clinic personnel may deny your request. On your request, Clinic personnel will discuss with you the details of the amendment process.

- **Right to an Accounting** -You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, Clinic personnel will discuss with you the details of the accounting process.
- **Right to a Paper Copy**- You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

Clinic personnel are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

V. Complaints

If you are concerned that Clinic personnel have violated your privacy rights, or you disagree with a decision Clinic personnel made about access to your records, you may contact us at (919) 515-1713.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Clinic personnel will provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

- This notice will go into effect on April 14, 2003
- Clinic personnel reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Unless Clinic personnel notify you of such changes, however, we are required to abide by the terms currently in effect. Clinic personnel will provide you with a revised notice in person or by U.S. Mail.

NC State Psychoeducational Clinic CLIENT CONSENT FOR SERVICES

I have read and understand the General Policies and Service Agreement. I have been given a copy of this document, as well as a copy of the Notice of Privacy Practices, and have been given an opportunity to ask questions about my contact with the Clinic.

Please initial by each statement.

[] 1. I give my permission for (*check one or both and write full name*)

[] me, _____,

[] my child, _____,
as his/her parent or legal guardian,

to receive services through the NC State Psychoeducational Clinic. I understand that psychological services involve a joint effort between psychologist and client, the results of which cannot be guaranteed. For example, performance on assessments and progress in therapy depends on many factors including motivation, effort, and other life circumstances.

[] 2. I understand that I will be working directly with a psychologist, or with a graduate student/psychologist team. I understand that contact between me and my clinician may be observed or audio/videotaped, **with** my knowledge, and observed by the faculty supervisor, students in training, or other parties approved by me and the faculty supervisor. I have been given the opportunity to discuss the use of written or audio-visual information regarding me by Clinic personnel. I am aware that (a) this is a training clinic for students enrolled in NCSU School Psychology programs, and (b) clinic sessions are routinely audio/video-taped, and may be observed by other students and supervisors. This is done for the purpose of providing therapists with feedback to enhance the services we provide. I understand that all tapes are erased at the end of my involvement with the Clinic, *unless I have specifically agree to the contrary in writing*.

[] 3. *For therapy and ACES only-* I understand that, due to the nature of this facility as a training clinic, my case may be transferred to another therapist. Typically, this would occur when a therapist completes training at the Clinic. Such a transfer will be discussed with me in advance.

[] 4. I understand my rights of confidentiality and the legal and ethical limits of confidentiality as described in the General Policies and Service Agreement. Specifically, I understand that Clinic staff are required to disclose confidential information without my consent in certain circumstances that include, but are not limited to, the following:

(a) if I/my child is evaluated to be a danger to myself/him/herself or others;

(b) if I am a minor, elderly, or disabled person and he/she believes I am the victim of abuse or if I divulge information about such abuse;

(c) if I file suit for breach of duty; and

(d) if a court order, other legal proceedings, or statute requires disclosure.

[] 5. I understand the Clinic policies regarding fees, billing, and missed appointments and agree to the terms of payment. I also understand that any deposits for services made to the Clinic are non-refundable if I fail to cancel a scheduled appointment in advance (at least 5 working days for assessment appointments, and 24-hours for therapy appointments).

[] 6. I understand that contraband and weapons are prohibited at the Clinic.

[] 7. I understand that I may be asked to participate in research activities conducted in the Clinic, but will not be included in a specific research project without my written consent. Archival studies and ongoing continuous quality improvement studies involving Clinic records may be conducted in a manner that protects my anonymity and confidentiality of my records. All research projects conducted in the Clinic must be approved by University and Departmental authorities and are conducted in a manner that protects the privacy and safety of participants. Participation in research activities is voluntary and is not a condition of receiving services in the Clinic.

Signature of Parent/Legal Guardian

Name (Print) of Parent/Legal Guardian

Date



Humanities and Social Sciences
 Psychology Department
 Psychoeducational Clinic

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 Raleigh, NC 27695-7650
 P: 919.515.1713

INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information focusing on the provision of psychological services using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between you and the NC State Psychoeducational Clinic.

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychological services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychological services and telepsychology, as well as some risks. For example:

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On our end, we will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for your session where you will not be interrupted. It is also important for you to protect the privacy of these session on your cell phone or other device. You should participate in services/therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, Psychoeducational Clinic psychologists will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
- Efficacy. While most research shows that telepsychology is about as effective as in-person services/therapy, a therapist's ability to fully understand non-verbal information when working remotely may be compromised.

Electronic Communications

NC State uses the Zoom platform for all telehealth appointments. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

For communication between sessions, we only use email communication for administrative purposes. This means that email exchanges with our office should be limited to administrative matters. This includes things

like setting and changing appointments, payment matters, and other related issues. You should be aware that we cannot guarantee the confidentiality of any information communicated by email. Therefore, we will not discuss any clinical information by email and prefer that you do not either. Also, it is not always possible for us to check email regularly or respond immediately, so this method **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach your psychologist by phone. We will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach us and feel that you cannot wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If your psychologist will be unavailable for an extended time, she will provide you with the name of a colleague to contact in her absence if necessary.

Confidentiality

Our staff have a legal and ethical responsibility to make best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. We will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You are responsible for the confidentiality and privacy of your own environment during a telehealth session. Please be mindful of your surroundings and consider who might be able to view, hear, or access (whether authorized or not) your information. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. If you are in a more “public” area, we recommend that you use headphones/ earbuds to help maintain privacy. You are solely responsible for ensuring the security of your communication equipment and the security of our communications on your equipment (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality that we outlined in our General Policies and Service Agreement and Notice of Privacy Practices (HIPPA) still apply in telepsychology. Please let us know if you have any questions about exceptions to confidentiality.

Appropriateness of Telepsychology

From time to time, we may schedule in-person sessions to “check-in” with one another. We will let you know if we decide that telepsychology is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person services/therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services, if applicable. In such cases, we will ask you to identify an emergency contact person who is near your location and who we will contact in the event of a crisis or emergency to assist in addressing the situation. We will ask that you sign a separate authorization form allowing us to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call us back; instead, call 911 or go to your nearest emergency room. Call us back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and we will wait two (2) minutes and then re-contact you via the telepsychology platform on which we agreed to conduct

services. If you do not receive a call back within ten (10) minutes, please call us on our main Clinic number (919-515-1713).

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for telepsychology as apply for in-person services/therapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic services/therapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

Records

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. We will maintain a record of our session in the same way we maintain records of in-person sessions in accordance with our policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

Client (Self/Parent) Signature

Date (expires one year from date)

Print Name

Print Name of minor (if applicable)

Date of Birth



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INFORMED CONSENT FOR IN-PERSON TESTING SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This Consent for In-Person Testing Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully and let us know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing most services via telecommunications technology and suspended all therapy services. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, telepsychology services may not be adequate and in-person services may be more appropriate. As we head into the new school year, we have determined that in-person services are appropriate at this time in order to a) be able to gather additional information about your child's particular learning needs and b) acquire appropriate educational services- many of which are contingent on updated evaluation results- in school and at home.

The decision about whether to engage in in-person services is based on current conditions and guidelines which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but NCSU and our Clinic will make the final determination based on a careful weighting of the risks and applicable regulations.

It is also important to consider that although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect and teletherapy may not longer be reimbursed by your insurance company. We highly recommend that you check with your insurance company regarding reimbursement rates and guidelines before scheduling your appointments.

Risks of Opting for In-Person Services

Clinic faculty and staff remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite the careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services, please let us know.

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Our Commitment to Minimize Exposure

The Psychoeducational Clinic has taken steps to reduce the risk of spreading the virus within the office. They are as follows:

- Office seating in the waiting room and in the testing room has been arranged for appropriate physical distancing (social distancing requirements must be met, meaning that you must maintain a six-foot distance from others).

- One parent may wait in the Clinic lobby during their child's appointment. Siblings or multiple caretakers/adults are not allowed in the Clinic.
- Clinic psychologists and staff will wear masks and maintain safe distancing. If certain testing activities do not allow for the use of masks due to the risk of invalidating test results, face shields will be used temporarily instead.
- Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands frequently.
- Hand sanitizers that contain at least 60-70% alcohol are available in the office/testing room and waiting room.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common and testing areas are thoroughly disinfected at the end of each day and in between client appointments.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other patients) safer from exposure, sickness and possible death. Your failure or refusal to adhere to these safeguards may result in our postponing or canceling in-person testing.

- You will only keep your in-person appointment if you/your child/others in close contact are symptom free. You will be asked to complete an online rating within 24-hours of appointments.
- You will take your/your child's temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment. If you wish to cancel for this reason, you will not be charged.
- You will immediately wash your hands with soap/water when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- You and your child will wear a mask in all areas of the office (we will too).
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands).
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- You will make sure that your child follows all of these sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure.
- You will alert Clinic staff if you have left the state at any time within the two weeks prior to your testing appointments. You understand that it may be necessary to reschedule your testing appointments in such situations.
- If you have a job that exposes you to those who are infected, you will let us know. We will handle these on a case-by-case basis.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let us know.
- If a resident of your home tests positive for the infection, you will contact the appropriate health authorities and/or your medical provider so that contact tracing can be conducted.

Our office may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

If You or I Are Sick

You understand that we are committed to keeping you, our staff, and all of our families safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth and/or postpone as appropriate.

If any of our staff or faculty test positive for the coronavirus, we will report this information to the appropriate authorities so that they can conduct contact tracing and notify all those we may have come in contact with (including you and your child). Similarly, if you, your student, a family member, or another close friend/relative that you have had contact with tests positive, we ask that you please let us know so that we can take the appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to confirm for local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details of the reason(s) for our visits. By signing this form, you grant me the right to provide such information without an additional signed release.

Informed Consent

This agreement supplements to the general informed consent/business agreement that you signed and we agreed to at the start of the registration process.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let us know.

By signing below, you acknowledge that you understand that there is a potential risk of exposure and that you agree to the safety protocols outlined above in order to engage in in-person services.

Client (Self/Parent) Signature

Date (expires one year from date)

Print Name

Print Name of minor (if applicable)

Date of Birth