



Center for Psychological Services and Development

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INFORMED CONSENT FOR TREATMENT

Welcome to the Center for Psychological Services and Development (CPSD, clinic). The CPSD is a community-based mental health clinic operated by the Department of Psychology at Virginia Commonwealth University (VCU). We have three main functions:

1. **Service:** We provide therapy and assessment services to adults, adolescents, and children. Our therapists are graduate students in psychology and related disciplines, who are supervised by faculty members licensed or certified in their respective fields. The CPSD does not offer “walk-in” or 24-hour emergency services.
2. **Training:** Because we are a training clinic, all sessions are video- or audio-recorded, to be reviewed in supervision. Sessions may also be observed live. Recordings are stored securely and viewed only by graduate clinicians and faculty for professional training, consultation, or supervision to facilitate your treatment. Most recordings are securely deleted approximately every 30 days. Occasionally, exemplary recordings are archived for limited use in supervision or demonstration of the clinician’s work during a required final project.
3. **Research:** We may ask you to participate in research projects. Participation is voluntary and will not affect your treatment. Additionally, information that we routinely collect about clients’ progress in therapy may be used to help us identify ways to improve services at the CPSD. Information used for this purpose considers only large-group data, so you cannot be personally identified.

Psychotherapy: While psychotherapy may provide significant benefits, it may also pose risks. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. Psychotherapy also may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. You are encouraged to discuss these with your therapist.

Psychological Assessment: Assessments are designed to help answer questions about the possible causes of current problems and/or to generate treatment recommendations. An assessment includes, at a minimum, a structured interview and the administration of psychological tests. It may also include reviewing your medical and psychological records and speaking to other people with your permission.

Fees, Cancellation/Missed Appointments, and Returned Check Policies: Therapy fees are based on a “sliding” scale according to your family income and are due at the beginning of each appointment. Assessments are charged a single fee, based on income, that covers interviews, testing, report writing, and your final feedback appointment. We will charge fees if you cancel an appointment without adequate notice or fail to attend an appointment. Please refer to your Fee Agreement for full information concerning our fees and cancellation policy. All fees are due before services are rendered.

Clients sometimes are referred to the CPSD from another agency that is responsible for payment for services. Please inform Front Desk staff and your therapist if someone else is responsible for paying your CPSD fees. We must verify payment arrangements before your services begin.

There is a \$50 fee charged for all returned checks. The original amount of the check will be charged back to your account, plus the \$50 fee. Banks routinely make two attempts to cash checks; therefore, returned checks will not be re-deposited.

Refusal/Termination of Services and Referrals: During your first appointment, your therapist will answer any questions you have regarding our policies and services. You have the right to terminate services at any time.

Center for Psychological Services and Development

You also have the right to refuse specific techniques and to ask questions about your diagnosis, treatment plan, and the methods used by your therapist.

Because the CPSD is a training clinic, clients who present with difficulties that require intensive treatment are usually referred for services within the community. If your therapist and supervisor believe that you would best be treated elsewhere, the therapist will provide referral information, if available.

Graduate students typically complete their work at the CPSD during the summer months. At that time, you may be asked to decide whether you want to end therapy, be transferred to a new therapist at the CPSD, or be referred to a clinician in the community. Your therapist will discuss these options with you at that time.

Confidentiality: The information you provide to the CPSD is kept confidential in accordance with the Health Information Portability and Accountability Act (HIPAA). Information will not be released to individuals outside the CPSD without your consent. However, clinicians are required by law to breach confidentiality in the following situations: (1) If you are judged to be of immediate danger to yourself or to another person, (2) If there is reason to suspect abuse or neglect of a child or of an elder or disabled adult, and (3) If a court of law subpoenas your records. Please refer to our Notice of Privacy Practices for full information concerning your private health information at the CPSD.

Release or Review of Records: You have the right to request that a copy of your records be sent to other professionals or agencies. We do not charge to prepare and send records that are requested by, and sent directly to, another healthcare professional. We must have a valid authorization, signed by you, to release your records.

You have the right to request a copy of your records for your personal use; such requests must be submitted in writing. The receptionist can provide you with a request form. The CPSD requires a minimum of 10 business days to fulfill any request for records. We charge for all personal copies of records. Please refer to CPSD's Authorization to Release and Obtain Information form for full information about fees and limits related to your request.

Grievances: If you have concerns about any aspects of your services at the CPSD, you are encouraged to speak to your therapist, _____, your therapist's supervisor, _____, or the CPSD Director, Dr. Beth Heller. Please call us at (804) 828-8069 to ask for contact information.

AUTHORIZATION TO RECORD

I understand and consent to the storage of audio/video recordings of my/my child's sessions by the CPSD. I understand that these recordings are used solely for training purposes and are afforded the same degree of privacy as the rest of my clinical record. I understand and agree that no compensation is due or owed to me as a result of this use. I understand that I may revoke ("take back") this authorization at any time.

Authorization: _____

Date: _____

CONSENT FOR TREATMENT

My signature acknowledges that I have read and understand this statement describing the nature of CPSD services, training and research; the limitations of services; and my rights as a client. I hereby give consent for the CPSD to provide services to me and/or my child (if client is a minor).

Client Name (please print)

Parent/Guardian or Authorized Representative Name (please print)

Relationship to Client

Client or Parent/Guardian/Representative Signature

Date