



# VCU

VIRGINIA COMMONWEALTH UNIVERSITY

## Center for Psychological Services and Development

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### INFORMED CONSENT

Welcome to the Center for Psychological Services and Development (CPSD, Center). The CPSD is a training facility operated by the Doctoral Psychology programs of Virginia Commonwealth University (VCU). We have three main functions:

- 1) **Service:** We provide therapy and assessment services to adults, adolescents and children in the greater Richmond area. Our therapists are advanced masters and doctoral students. They are supervised by Psychology and related disciplines faculty members who are licensed or certified in their field. The CPSD does not offer “walk-in” or 24-hour emergency services.
- 2) **Training:** The CPSD requires that all sessions be recorded via video or audio recording. Sessions may also be observed live. The recordings are stored securely and confidentially and will only be viewed by appropriate CPSD therapy staff for professional training, consultation or supervision to facilitate your treatment. Most sessions will be securely deleted approximately every 30 days.

I understand and consent to the storage of audio/video recordings of my/my child's sessions by VCU and the CPSD for training purposes. 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: \_\_\_\_\_

- 3) **Research:** We may ask you to participate in research projects. Participation is voluntary and will not affect your treatment.

During your first appointment, your therapist will answer any questions you have regarding our policies and services. If we are not able to serve you here, we will assist you with a referral to an alternative community service or professional.

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.

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.

Therapy fees are based on a “sliding fee” scale according to your family income and are due at the beginning of each appointment. Assessment fees are a single charge that covers interviews, testing, report writing, and your final feedback appointment. We assess fees if you cancel an appointment without notice or fail to attend an appointment. Refer to your financial agreement for full information concerning our fees and cancellation policy. Fees for all services are due before services are rendered.

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

There is a \$50 fee assessed 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.

You have the right to terminate services at any time. 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.

The information you provide to the CPSD will be kept strictly confidential in accordance with the Health Information Portability and Accountability Act (HIPAA). The clinic staff is required by HIPAA to reveal information without your consent 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 an elder or disabled adult, and 3) If a court of law orders your records. Please refer to our Notice of Privacy Practices for full information concerning your private health information at the CPSD.

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 another healthcare professional. We must have a valid consent, signed by you, to release your records.

You have the right to request a copy of your records for your personal use. You must submit your request in writing. We have a Request for Records form for your use. The CPSD requires a minimum of 5 days to fulfill any request. We charge for all personal information requests. Refer to CPSD's Request for Records form for full information about fees and limits related to your request.

Please feel free to ask questions regarding any of the material you have read in this policy statement. Ask a staff member if you would like a copy of this statement to keep for future reference.

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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). I also give consent for CPSD to audio- or video-record clinical sessions involving me and/or my child (if client is a minor). I understand that these recordings will be treated as confidential information.

I have been given the opportunity to ask questions about the statements above and my questions have been answered to my satisfaction.

Client Name (please print) \_\_\_\_\_

Responsible Party Name (if other than client) (please print) \_\_\_\_\_

\_\_\_\_\_  
Client or Responsible Party Signature

\_\_\_\_\_  
Date