



HOSFORD COUNSELING AND PSYCHOLOGICAL SERVICES CLINIC
DEPARTMENT OF COUNSELING, CLINICAL, AND SCHOOL PSYCHOLOGY
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HOSFORD COUNSELING AND PSYCHOLOGICAL SERVICES CLINIC

**CONSENT FORM
(REV 8/24/11)**

Introduction

Who We Are: The Hosford Counseling & Psychological Services Clinic at UCSB provides a variety of mental health care services to individuals, couples, and families. It is a teaching, training, and research center supported by the Department of Counseling, Clinical, & School Psychology (CCSP) and the University. The services are provided by two types of clinicians: 1) Graduate students in the Department of CCSP who are under the supervision of faculty members and 2) Faculty members who are either licensed themselves or supervised by a licensed mental health professional. All student and faculty mental health service providers are hereafter referred to as “Clinicians.”

Because this is a training clinic with limited resources, we reserve the right to deny treatment to any person who is not deemed appropriate to be seen in this setting. Therefore, you are not considered a client of this Clinic until the intake process is complete, the intake information has been reviewed by a licensed mental health professional and the clinic’s case assignment team, an offer to provide care has been made by the clinic and you have agreed to receive the type of care that is being offered.

Confidentiality: Your contacts with the Clinic will remain confidential. However, clinicians are required by law to report certain information to other persons/agencies without your permission. Examples of such situations include: if they are ordered to do so by a court of law, if the information must be reported in accordance with the Child Abuse or Elder and Dependent Adult Abuse Reporting Laws or if you threaten to harm yourself or another person. A complete list of situations that require the clinician to break confidentiality may be found in the Health Insurance Portability & Accountability (HIPAA) UCSB Notice of Privacy Practices.

Insurance Reimbursement: Disclosure of confidential information may also be required by your past and present health insurance carriers in order to process claims. Examples of information that may be communicated to your insurers are: your name and address, birth date, social security number and/or student identification number, diagnosis, treatment plan, type of service received, dates of service, session fee, total amount due, and clinician and licensed supervisor names. In rare instances, insurance

companies may require a copy of your entire record. All of the information provided to insurers will become part of the insurance company files and will probably be stored electronically. Though all insurance companies claim to keep this information confidential, the Hosford Clinic has no control over the information once it has been provided to the insurer. Please be aware that submitting a claim carries some risk to your confidentiality and privacy. For example, insurers will use this information to document your condition, which may impact the success of future claims.

Consent: As a client of a student clinician you may be observed by the clinic director, supervisors, and graduate students engaged in the study of Counseling, Clinical, and School Psychology. All student clinician sessions are digitally recorded for supervision and training purposes in order to assure a high quality of service. Sessions will be stored on a secure server with controlled access throughout the course of therapy and completely erased at the end of treatment, unless you have provided written authorization to preserve them for another specified period of time. By signing this Consent Form you are consenting to the digital recording all of your sessions with student clinicians.

Your clinical materials such as digital recordings, documents, and information obtained by observation 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 may be accessed only by individuals involved in specific training, research, or treatment activities approved by the Hosford Clinic Policy Committee and by the University Human Subjects Committee. Names and identifying information will be removed from all clinical materials prior to their use in training, research, and/or scientific publication. If a researcher, student, or faculty member knows you on a personal basis, that person will not have access to the materials.

In contrast to student clinicians, faculty clinicians are not required to digitally record sessions. However, a faculty clinician may request your written permission to record your sessions for research and training purposes. Likewise, materials from treatment sessions with faculty clinicians will not be used for research or training purposes without your written permission. If a faculty clinician would like to request permission to record your session or to use session material for research or training purposes, a separate permission form is required. All case records are securely stored and may be accessed only by Hosford Clinic personnel, which includes student clinicians, faculty clinicians, supervisors, and the clinic director.

Assessments: The purpose of the intake is to evaluate your needs fully. Intakes range from 3-4 hours in duration and include paper-and-pencil psychological assessments. Several of the intake assessments will be administered periodically throughout the course of treatment.

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. Please allow 10-15 minutes before and 10 minutes after your scheduled appointment to complete the required forms. By signing this Consent Form, you are agreeing to complete these assessments as part of your treatment.

Client Rights: We are dedicated to establishing a safe environment that fosters open and honest communication. You are encouraged to discuss your progress in treatment and you may terminate services at any time. You are invited to discuss any concerns you may have about your treatment or the services provided with your clinician and/or your clinician's supervisor. If, after consulting with the supervisor, you feel that you have received unfair or unethical mental health services, you may submit a formal complaint to California Medical Board: http://www.medbd.ca.gov/consumer/complaint_info.html or Toll-free line: 1-800-633-2322, Phone: (916) 263-2382, TDD: (916) 263-0935, Fax: (916) 263-2435 or the California Board of Psychology: (866) 503-3221 to request a complaint form or online at <http://www.psychboard.ca.gov/consumers/complaints.shtml> depending upon the licensure of the clinician providing you with services.

Client Responsibilities: Once accepted as a client, you have an obligation to disclose significant information about your mental and medical status to your clinician, to come to scheduled sessions, to cancel in a timely manner when you cannot keep an appointment and to cooperate in your diagnosis and treatment. If these conditions are not met, we reserve the right to terminate treatment. If you are attending sessions, your clinician will discuss the possibility of termination with you in an attempt to resolve the issue.

If you miss two or more sessions in a row, without calling to cancel or reschedule, your clinician will try to contact you by phone. If you do not respond, we will assume that you no longer desire clinic services and we will initiate termination by sending you a letter.

In order to provide a safe environment for our clients and clinicians, we ask that you refrain from any violent or aggressive behavior to self, others, or property while in the Clinic. Firearms and other weapons are prohibited on campus. In addition, we request that you do not come to the Clinic while under the influence of any drugs or alcohol. Alcohol and drugs may not be brought into the Clinic.

Contacting the Clinic: Our clinicians cannot be reached directly, nor are they available for consultation after hours. If you experience a clinical emergency, please call 9-1-1 or go to the nearest emergency room or contact Emergency Psychiatric Services at Santa Barbara Cottage Hospital at (805) 569-8339. If you are a UCSB student, and you experience a clinical emergency, you may call (805) 893-4411. Counseling Center staff members are available to talk to you during business hours and crisis counselors are available by phone when the counseling center is closed.

Records Requests

Laws and standards of the psychology profession require that the Hosford 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 general policy that patients may not review them; however, at your request, we will provide you with a treatment summary. Summaries are provided free of charge. Additionally, a copy of your full record may be sent to a mental health professional of your choice upon your written request. You will be billed for administrative and shipping/postage costs when you send your full record to another mental health professional or agency.

Benefits & Risks: Although there are many potential benefits to mental health treatment (e.g., better relationships, improved self-esteem, reduction of specific symptoms), it can also be difficult at times. Part of the work during treatment is to talk about things that are difficult to discuss and may bring up unpleasant feelings. It is important for you to let your clinician know when you are experiencing these feelings so that he or she can be helpful. Sometimes a client may stop coming to treatment when it gets hard because they don't realize that discomfort is a natural part of the process. The more consistently you come to treatment, the more value you will get from it.

You have a right to receive a copy of any consent form that you sign and of any written consent documentation that is used in obtaining your consent.

I HEREBY CONSENT TO ALL OF THE TERMS AND CONDITIONS STATED IN THIS CONSENT FORM, INCLUDING TO THE DIGITAL RECORDING OF ANY OR ALL THERAPY SESSIONS WITH A STUDENT CLINICIAN.

Client's Signature

Date

Client's Name (please print)

Date of Birth

Clinician's Signature

Date

Clinician's Name (please print) (license # if applicable)