

CLIENT SERVICES AGREEMENT & CONSENT TO TREATMENT

Lipscomb Family Therapy Center
Lipscomb University
Nashville, Tennessee

Welcome to the Lipscomb Family Therapy Center (LFTC). This document contains important information about our services and business policies. It also contains information about privacy protections and client rights with regard to the use and disclosure of your personally identifiable information used for the purpose of treatment and payment. Although this document is long and sometimes complex, it is very important that you read it carefully before beginning your first session. Your therapist can discuss any questions you have about the procedures explained in this document. When you sign this document, it will also represent an agreement between us.

PROFESSIONAL DISCLOSURE STATEMENT

The Lipscomb Family Therapy Center is committed to offering affordable, high quality therapeutic services to the community. LFTC is dedicated to the treatment of individuals, couples, and families and to the training of skilled marriage and family therapists. Because we are a training facility in addition to a therapy service, we are able to offer lower cost services. As a teaching center for students enrolled in the Master's of Marriage and Family Therapy program at Lipscomb University, interns are learning the skills necessary to provide therapeutic services. Clinical supervision provided by the faculty assures that quality attention is given to the needs of those seeking therapy at LFTC. Therapy sessions may be held in rooms with one-way mirrors and a clinical team (i.e., supervisor/s and other therapists-in-training) under faculty direction may observe therapist interns and clients. Additionally, supervisory techniques such as **video recording, audio recording, in-session live supervision, and psychometric assessment instruments** are used for training, service, and, with your permission, educational and research purposes to ensure quality case management and to monitor and study client progress. All sessions may be video recorded and reviewed with faculty, supervisors, and therapist interns to ensure that you are receiving the best possible care. Video recordings are stored securely to protect client confidentiality according to state and federal standards. Most videos are erased immediately after they are viewed and all video recordings are erased at the end of your treatment. Video recordings are not made for purposes of treatment, diagnosis or prognosis, and are therefore not part of your clinical record. Copies will not be made and will not be provided to you, or others, unless required by law. By signing this consent, you agree to permit the therapist to video record your sessions and to use the recordings as part of the clinical supervision process.

Experiences of therapy vary depending on the personalities of the therapist and client(s) and the particular problems being addressed. There are many different methods that may be used to deal with the problems that you hope to focus on. Visiting a therapist is not like a visit to a medical doctor. Rather, it calls for a very active effort on the part of the client(s). In order for therapy to be most successful, you will have to work on things at home that are talked about during your sessions.

Therapy has both risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, helplessness, and other difficult emotions. We believe that therapy has stronger benefits than risks. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees, however, regarding your experiences in therapy or the outcome of your therapy.

Your first few sessions will involve an evaluation of your needs, and could include your completion of several assessment instruments. By the end of the evaluation, your therapist will offer you some first impressions and present you with a general treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist with whom you select to work. If you have questions about procedures at LFTC, you should discuss them with your therapist 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.

Your decision to enter therapy at LFTC is voluntary. You can stop therapy at any time and discontinuing treatment will not result in any penalty or loss of other non-therapeutic services you may be receiving at Lipscomb University.

Client Initials

LIMITS ON CONFIDENTIALITY

The Lipscomb Family Therapy Center offers confidential counseling in so far as allowed by the United States Government and the laws of the State of Tennessee. This means that your therapist has a responsibility to protect information received from you during treatment. In order for any information about you to be shared, usually you must first sign a Release of Information that allows your therapist to communicate only with the person identified on the release and only regarding specific information identified by you. Because this is a teaching center, all therapists are under supervision by a licensed mental health professional. Information about your case will be shared with your therapist's supervisor and other therapist interns of your therapist's supervision group so that you can be provided with the best care possible. Supervisors and supervision group members are also legally bound to keep your information confidential.

Under certain conditions, the laws of the State of Tennessee allow exceptions to client confidentiality. These exceptions occur under the following circumstances:

1. Your therapist is required to report suspected child abuse or neglect and to report suspected abuse of the disabled or elderly. This information is required to be shared with the Department of Children's Services, County Sheriff, chief law enforcement official where the suspected victim resides, or a judge having jurisdiction.
2. Your therapist may give information to law enforcement or medical personnel in order to protect clients and others when there is a probability of imminent physical danger, including the potential for suicide, homicide, or serious injury on the part of the client. Your therapist may also disclose information to law enforcement or medical personnel in order to protect you from immediate mental or emotional injury. Your therapist may be required to disclose information to the courts regarding treatment information in proceedings affecting the parent-child relationship.
3. Confidentiality is not protected in connection with criminal proceedings, except communication by a person voluntarily involved in a substance abuse treatment program.
4. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by client-therapist confidentiality. Your therapist 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 us to disclose information.

While this summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss with your therapist any questions or concerns you may have now or in the future.

MINORS & PARENTS

When treating a minor client (a person aged 18 and under), your therapist may advise a parent, managing conservator, or guardian of a minor with or without the minor's consent, of the treatment needed by or given to a minor. If the treatment, however, is for suicide prevention; chemical addiction or dependency; or sexual, physical, or emotional abuse, the law provides that parents may not access their child's records. For children between 16 and 18, because privacy in therapy is often crucial to successful progress, this can lead to potential problems in therapy. Older children have special rights with regard to mental health services in Tennessee. Youths 16 years and older may provide their own consents for mental health treatment. When these youths give consent, additional consent from the parent, legal guardian or legal custodian is not needed.

LFTC therapists will work diligently to maintain a balance between a teenager's need for privacy/confidentiality and a parent's desire to access their child's records. All therapists will work prudently with their clients to find a balance that is good for the teenager, unless they feel that the teenager is in danger or is a danger to someone else, in which case the therapist will notify the parents immediately of their concern.

SESSIONS

You can expect the initial assessment and evaluation period to last from 1 to 3 sessions. During this time, you and your therapist can decide if s/he is the right person to provide the services you need in order to meet your treatment goals. Sessions are 50 minutes in length and typically occur weekly or every other week. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless both you and your therapist agree that you were unable to attend due to circumstances beyond your control).** In the event of snowy or icy weather, LFTC will follow the opening/closing schedule of Lipscomb University, which will be communicated through local media outlets. If LFTC closes for inclement weather or any other reason, reasonable attempts will be made to contact you if you are scheduled for an appointment.

FEES

Our standard fee for an hour of clinical services is \$90. If you choose to use our sliding scale schedule of fees, your fee is determined based on your family's gross household income. You should have been informed about your fee when you initially made your appointment. If you are unsure what your fee is, your therapist or front desk staff will be able to tell you. The fee given to you is for each 50-minute time period that you are scheduled to spend in therapy. Payment is requested at the time services are rendered and may be made with cash or check.

Clients sometimes request other services and there are charges for these services. The fee for report writing (psychological evaluations, treatment summaries, etc.) is \$25 per hour with a minimum of one hour paid in advance. The fee must be paid in full before the document is released. Clients and/or attorneys will pay \$50 per hour for courtroom testimony, with a minimum of three hours payable in advance, when honoring a subpoena and/or when providing testimony in court, regardless of whether or not the therapist actually testifies. If you or someone representing you requests your clinical record, there is a \$10 file location fee (if the request occurs after you have terminated therapy at LFTC) and a 10 cents per page copying fee.

PAYMENTS

You will be expected to pay for each session at the time it is held. **You will not be seen by your therapist when your account is in arrears (i.e., after three sessions without payment) until you pay the balance on your account unless some prior arrangement has been made between you and your therapist.** As stated previously, you will be required to pay the fee for scheduled sessions you do not attend for which you do not provide cancellation notice at least 24 hours prior to the session.

LFTC does have preexisting partnerships with several organizations to provide services to their employees and/or clients. If you are associated with one of these organizations, please let your therapist know so that appropriate arrangements can be made. If you are associated with an organization that has agreed to pay for your therapy at LFTC, you will be asked to sign a Release of Information that will allow us to bill the organization for your time in therapy. Only the number of sessions you have attended and the amount billed for those sessions will be shared with the organization. If you do not wish to sign this release, we will not be able to bill the organization, and you will be responsible for payment.

CONTACTING YOUR THERAPIST

Due to therapists' busy schedules, they are often not immediately available by telephone. When your therapist is unavailable, a phone message will be left for him/her to contact you as soon as possible. Your therapist will make every effort to return your call within 24-48 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform the receptionist of some times when you will be available. If it is an emergency, or if you are unable to reach your therapist and feel that you can't wait for him/her to return your call, contact your family physician or the nearest emergency room (i.e., call 9-1-1) or call the Tennessee Office of Crisis Services and Suicide Prevention at 1-800-274-7471.

Client Initials

CLINICAL AND PROFESSIONAL RECORDS

The Lipscomb Family Therapy Center keeps your personally identifiable information in two sets of professional records that are kept for seven years post treatment for adult clients and for ten years past the 18th birthday of minor clients. One set constitutes your clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone. Except in unusual circumstances that involve danger to yourself or others, you may examine and/or receive a copy of your clinical record if you request it in writing. You should be aware that pursuant to the laws of the State of Tennessee, assessment results including psychological testing data are not part of a client’s record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. LFTC charges a \$10 fee for locating your clinical record and a 10 cents per page copying fee. If we refuse your request to obtain a copy of clinical record, you have a right of review, which we will discuss upon your request.

In addition to the clinical record, LFTC therapist interns may also keep a set of psychotherapy notes. These notes are for your therapist’s own use and are designed to assist him/her in providing you with the best treatment possible. While the contents of the notes vary from client to client, they can include the contents of your conversations with your therapist and your therapist’s analysis of those conversations. Psychotherapy notes may also contain particularly sensitive information that you may reveal to your therapist that is not required to be included in your clinical record. These notes are kept separate from your clinical record and are not typically released to others. You may examine and/or receive a copy of your psychotherapy notes unless it is determined that releasing them would be harmful to your physical, mental, or emotional health.

CLIENT AUTHORIZATION FOR TREATMENT

I, _____, the client, have fully read and agree to the terms outlined in this Client Services Agreement & Consent To Treatment and give consent for therapy. I have discussed any questions I had with my therapist and/or Lipscomb Family Therapy Center staff and I understand the information in this consent. Furthermore, I understand that the Lipscomb Family Therapy Center will abide by the above mentioned policies, procedures, and techniques in providing my treatment and training its therapists. I hereby release you, as custodian of my clinical record for the period of seven years post treatment, both individually and collectively, from any and all liability for damages of whatever kind may at any time result to me, my heirs, family, or associates because of compliance with this authorization for information and any other attempt to comply with it. My signature below indicates that I give my informed consent for treatment at the Lipscomb Family Therapy Center for myself and any of my minor children I bring to therapy to receive services as discussed above.

Client Signature

Date

Since the client is a minor child under the age of 16, then as parent, legal guardian, or managing conservator of this minor child, I do hereby authorize the Lipscomb Family Therapy Center to provide therapeutic services and agree to the terms of this agreement to my child.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Witness Signature

Date

OPTIONAL PERMISSION TO RECORD SESSIONS FOR EDUCATIONAL PURPOSES

I/we hereby consent to have my/our video recorded therapy sessions utilized for limited educational purposes (e.g., teaching of mental health professionals, professional workshops). I understand that any remarks which may identify me or others involved in treatment (surnames, places, etc.), will be edited out of the final video recording, and that the final training video recording will be viewed only by therapists or therapists-in-training and other mental health professionals for educational purposes.

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date

Witness Signature

Date