



UNIVERSITY OF CENTRAL FLORIDA

UCF Psychology Clinic

4111 Pictor Lane
Psychology Building
Orlando, FL 32816-1390

Patient Consent Form

Clinic Description

- The UCF Psychology Clinic is a training facility for the Clinical Psychology Ph.D. Program in the Department of Psychology at the University of Central Florida. This means that the assessment and treatment services offered through the UCF Psychology Clinic are provided by graduate students who are completing training under the supervision of Clinical Psychology Ph.D. Program Faculty and Staff.
- The three main functions of the UCF Psychology Clinic are:
 - a) to provide professional training for clinical psychology graduate students;
 - b) to offer low-cost psychological services to members of the Orlando community and surrounding region; and
 - c) to support research projects that improve psychological services being provided at the UCF Psychology Clinic and to address research questions in the field of clinical psychology.
- All services offered through the UCF Psychology Clinic are provided under the direct supervision of the Clinical Psychology Ph.D. Program Faculty and Staff who are currently Licensed Psychologists in the state of Florida. Each graduate student clinician is assigned to a specific Clinical Psychology Ph.D. Program supervisor who meets regularly with the graduate student clinician to discuss patient care.
- The UCF Psychology Clinic is open year-round (including the summer) and typically closes for holidays and in between semesters (approximately three weeks at the end of December, approximately one week in early May, and approximately one week in mid-August).
- The Clinic Director manages the UCF Psychology Clinic under the authority of the Director of Clinical Training and with consultation from the Associate Director of Clinical Training and the Clinical Psychology Ph.D. Program Faculty.
- Questions or comments about UCF Psychology Clinic Services should first be directed to the graduate student clinician from whom patients are directly receiving services. Should further information be required, patients may contact the Clinic Director or the Associate Director of Clinical Training (see names and contact information on the last page of this form).

Explanation of Consent

- This signed consent form is required for you to receive assessment and/or treatment services at the UCF Psychology Clinic.
- Assessment and treatment may include, but are not limited to individual psychotherapy/intervention, group therapy, and psychological/neuropsychological testing.

- It is important that you understand that no one, including graduate student clinicians and their supervisors at the UCF Psychology Clinic, can guarantee any particular outcome of treatment or that treatment will be successful (see Benefits and Risks for additional information).

Benefits and Risks

Psychological treatment has both benefits and risks. It is an active and cooperative effort involving both the patient and therapist. Treatment may result in better emotional and mental health and positive changes in behaviors and coping ability. However, through the normal process of treatment and discussing your personal concerns, you may experience greater emotional distress at times. You also may find that as you make positive changes, your relationships may change, including but not limited to improvements in relationships, loss of relationships, or relationships feeling more distant. If you have any concerns about your progress or the results of your treatment, we encourage you to discuss them with the graduate student clinician you are seeing at any time.

Patient Responsibilities

By signing this form, you indicate:

- You understand that you are an active participant in the evaluation and treatment process and that you share responsibility for your treatment.
- You understand that it is your choice whether to inform your clinician of information that may be important to the symptoms or conditions being addressed in assessment and treatment but that withholding this information may limit your treatment or assessment outcome.
- You will try to participate fully in the treatment process, including regular attendance at the scheduled times, active participation during the sessions, and regular completion of any assigned “homework.”
- You will comply with the terms of the Good Faith Estimate – No Surprise and Fees, Billing, and Missed Appointment information (see Good Faith Estimate for additional information).

Attendance Policy

- If you cannot make an appointment, you will call to cancel at least 24 hours in advance of the start of the appointment time.
- A charge of ____ will be assessed for each no-show or late cancellation/reschedule office visit if less than 24 hours’ notice is given.

Discussion and Video Recording

- All sessions are recorded (video and audio) in order for supervisors to provide appropriate supervision of clinical activities, to make sure that you are receiving the best care possible, and for training purposes of graduate student clinicians.
- Discussion of your case and the viewing of your recorded sessions may occur between the graduate student clinician and their clinical supervisor, in small groups of graduate student clinicians for whom the supervisors have responsibility, or between clinicians if your case is transferred from one clinician to another.
- Recordings are saved on a secure server and automatically deleted within 30 days.
- Law enforcement or campus security may access cameras in the UCF Psychology Clinic if such access is reasonably believed to be necessary to prevent or lessen a serious and

imminent threat to the health or safety of an individual in the UCF Psychology Clinic or on the UCF campus.

Email and Text Messaging Policy

- The UCF Psychology Clinic may send limited information to patients via email (e.g., treatment worksheets, links for telehealth appointments). Appointment scheduling and transmission of patient records will not occur via email. Emails sent to you will be encrypted and sent from the UCF Psychology Clinic. Emails will be sent to your email address listed below:

- Please provide a 6-digit pin number that you will use in the future to access your email:

- Due to UCF Psychology Clinic policies, our clinicians cannot text message patients.
- A UCF Psychology Clinic receptionist (407-823-4348) will take a message for you if you need to reach your graduate student clinician.

Research Activities

- You may be invited, but not required, to participate in research activities that are separate from the regular clinical services offered by the UCF Psychology Clinic.
- If you agree to participate in a research study, you will need to sign a separate consent form.
- You will not be enrolled in any research study without your written consent.
- You are not required to participate in a research study to receive treatment at the clinic. However, if you are offered participation in a research study and decline participation, you may not be able to receive specific research-related assessment and treatment, if applicable.
- The UCF Psychology Clinic may use your de-identified information for research activities.

Emergency Procedures

- The UCF Psychology Clinic does not provide 24-hour emergency or crisis management services.
- If you have an emergency or are in a crisis, call 911, call 988 (the National Suicide and Crisis Line), or visit the nearest emergency room. Additionally, mental health crisis intervention is available at Aspire Health Partners; in Orange County, call 407-875-3700, and in Seminole County, call 407-323-2036.

Confidentiality/Limits to Confidentiality

All clinicians adhere to very strict confidentiality standards, in accordance with Florida Law, and maintain confidentiality regarding the fact that you are receiving services at the UCF Psychology Clinic, the information you disclose during your assessment and/or treatment sessions, and your psychological records. If you want the UCF Psychology Clinic to provide information about your counseling to people who are not UCF Psychology Clinic staff, you must first provide written authorization. The UCF Psychology Clinic will provide you with an authorization form to use.

You should be aware that the UCF Psychology Clinic may be required to disclose client information, even without consent, in the following situations:

- When doing so is necessary to protect you or someone else from imminent physical and/or life-threatening harm.
- When a patient lacks the capacity or refuses to care for themselves, and such lack of self-care presents substantial threat to their well-being.
- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected. This can include situations in which disclosure of previous abuse suggests a child, elder adult, or dependent adult may currently be at risk of abuse.
- When a patient pursues civil or legal action against the UCF Psychology Clinic or its staff or when a patient makes a complaint to a Professional Board about a graduate student clinician or clinical supervisor.
- When a patient is involved in a legal proceeding and there is a court order for the release of patient's records. Additionally, the UCF Psychology Clinic will respond to subpoenas.
- In accordance with the Patriot Act, UCF Psychology Clinic may disclose a patient's mental health information to authorized federal officials who are providing protective services to the President of the United States and other important officials or to authorized federal officials who are conducting national security and intelligence activities. By law, the UCF Psychology Clinic cannot reveal to the client when we have disclosed such information to the government.

In addition, you should be aware of the following limits to confidentiality:

- If you allow us to exchange information with individuals outside of the UCF Psychology Clinic, the UCF Psychology Clinic cannot guarantee confidentiality of the information released. Additionally, information you might choose to provide to your counselor via fax or cell phones cannot be guaranteed confidential.
- The UCF Psychology Clinic carries out research to improve our services, and your information may be used for this purpose. No identifiable information will ever be used in reports resulting from such research.
- Patients should also be aware that under some circumstances, the Florida Bar, various federal agencies, and some other licensing bodies may require counseling records prior to taking the bar exam, being licensed, or being employed.

If you have any questions about confidentiality, you may ask your clinician.

UCF Psychology Clinic Consent for Telehealth Services

This Informed Consent for Telehealth contains important information focusing on doing psychotherapy using audio/video through the Internet. Please read this carefully and contact your provider at 407-823-4348 with any questions. When you sign this document, it will represent an agreement between you and the UCF Psychology Clinic to participate in telehealth/video sessions.

Benefits and Risks of Telehealth

Telehealth refers to providing services remotely using telecommunications technologies, such as video conferencing or audioconferencing. One of the benefits of telehealth is that the client and clinician can engage in services without being in the same physical location. Telehealth, however, requires technical competence on both parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person psychotherapy and telehealth, as well as some risks. For example:

- Risks to confidentiality. Because telehealth 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. The UCF Psychology Clinic will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place in the state of Florida for your sessions where you will not be interrupted. It is also important for you to protect the privacy of our session on your computer or other device. You should participate in 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 telehealth although maximum effort will be made to prevent such occurrences. 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. The UCF Psychology Clinic will not engage in telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telehealth work.
- Efficacy. Most research shows that telehealth is about as effective as in-person psychotherapy.

Information about Telehealth

- Video conferencing is an option for conducting remote sessions over the Internet where you will be able to speak to and see your therapist on a screen. At the UCF Psychology Clinic, we use Zoom for Healthcare as a secure video conferencing platform.
- We ask that you sign on to the platform at least five minutes prior to your session time to ensure you and your therapist are able to start promptly. If you need to reschedule your session, please contact your clinician in advance by calling the UCF Psychology Clinic at 407-823-4348.
- We strongly suggest that you only engage in video conferencing sessions through a computer or device that you know is secure (e.g., has a firewall, has anti-virus software installed, is password protected, is not accessing the Internet through a public wireless network).
- Patients are prohibited from recording these sessions. The UCF Psychology Clinic will record sessions.

The following information pertains specifically to the use of video conferencing. Use of videoconferencing is completely voluntary.

- Zoom for Healthcare is an online communication tool allowing for face-to-face video and it is HIPAA compliant. For more information about Zoom for Healthcare security and privacy, please see: <https://zoom.us/docs/doc/Zoom-hipaa.pdf>
- Appointments will be made via phone. The invite to the Zoom meeting will be emailed to you. Please let your provider know if email communication is not acceptable. Please be online at least five minutes prior to session, alone, in a quiet room, with the door closed.
- By agreeing to telehealth, you are indicating that you understand that you need a device with a webcam and microphone for these sessions, and you understand that it is your responsibility to obtain the necessary technology to participate in these sessions.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- For best picture and audio quality, a hardwired connection (via LAN cable) rather than a

wireless one should be used, if possible. Headphones add additional privacy.

- You agree to work with your clinician to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during your sessions.
- Video sessions should be treated like an in-office session: no outside distractions, turn off cell phones, close other programs on your computer, and be on time. The limits to confidentiality outlined in this form also apply to telehealth sessions.
- You understand that the UCF Psychology Clinic may decide to terminate video therapy services if they deem it inappropriate for a patient to continue therapy through video sessions.

By signing this form, you are also indicating that you understand the following limitations of Zoom for Healthcare video therapy sessions:

- Any Internet-based communication is not 100% guaranteed to be secure/confidential. You agree that the UCF Psychology Clinic should not be held responsible if any outside party gains access to the video feed.
- In a crisis or emergency situation that needs immediate attention, or if you are considering seriously harming yourself or someone else, you will dial 911, or go to a mental health hospital/ER. Your clinician (or the clinician's supervisor) may also contact the proper authorities to provide assistance if you are considering harming yourself or someone else.
- Technical problems could occur. If the call is disrupted, both you and the clinician will attempt to rejoin the meeting within ten minutes. If reconnection cannot occur, the session may be rescheduled.

By signing below, you are indicating you have been informed of and understand the risks and procedures involved with using the videoconferencing technology. You agree to the terms listed above and you hereby voluntarily consent to the use of this platform for therapy sessions with your provider. You agree that the UCF Psychology Clinic should not be held liable in the event that any outside party passes technology security and discovers personal or confidential information. This consent will last for the duration of the relationship with this clinic unless you withdraw your consent for video sessions; you can withdraw your consent for a video therapy session in writing at any time, and the UCF Psychology Clinic will provide you with referrals for other providers.

Consistent with national standards, we require three levels of contacts to be identified in order to participate in services:

- 1) A close personal contact such as a parent, spouse, sibling, or friend with whom you have on-going contact.

Personal Contact Name:
Personal Contact Relationship:
Personal Contact Phone:

- 2) A professional contact or friend, or a personal physician.

Professional or Friend Contact Name:
Professional or Friend Relationship:
Professional or Friend Contact Phone:

- 3) The office or agency that does crisis well-being checks in your community (typically a 24-hour crisis service or the police department):
Please choose the option that best represents your local contact:

- Orange County Sheriff's Office – 407- 254-7000
- Seminole County Sheriff's Office – 407-665-6650
- Brevard County Sheriff's Office - 321-253-6658
- Lake County Sheriff's Office – 352-343-2101
- Osceola County Sheriff's Office – 407-348 -1100
- Polk County Sheriff's Office – 863-298-6200
- Volusia County Sheriff's Office – 386-736-5961

If none of the police departments listed above apply, please write in your local police department and contact phone number:

The following statements are also important for safety planning, especially when engaging in telehealth services.

- If you show signs of deterioration or distress that indicate that you may be in danger, you grant the UCF Psychology Clinic and your clinician permission to contact you by phone and to leave a message.
- If you show signs of deterioration or distress that indicate you may be in danger, and you fail to respond to phone messages, you grant the UCF Psychology Clinic permission to contact those individuals listed above to verify your well-being.
- If you show indicators that you may be at serious risk for self-harm to others, you understand that the UCF Psychology Clinic is required to contact the crisis response contact above to ensure your safety. This may also take the form of a wellbeing check conducted through your local police department.

Good Faith Estimate-No Surprise Act

As per the No Surprises Act (NSA), beginning in 2023, all medical providers including mental health practitioners are required by federal law to inform clients of charges for services prior to an appointment. This includes providing a Good Faith Estimate for uninsured or self-pay individuals.

A good faith estimate is a list of items and services and their associated costs, that can be reasonably expected to be given to you by another provider or facility involved in your care (a co-provider or co-facility). If you get a bill that is at least \$400 more for any provider or facility than the total expected charges for that provider or facility on the good faith estimate, there is a new patient-provider dispute resolution (PPDR) process available to you. Under the PPDR process, you may request a payment review and decision from an independent company certified by HHS.

Fees per Initial Intake Evaluation are \$50.00 in total. Fees per therapy session are set on a sliding scale fee which ranges from \$10 to \$65 per session. Fees for psychological assessments are \$200 in total. Any concerns regarding costs of services should be discussed with your provider before services are provided.

Fees, Billing, and Missed Appointments

A patient's fee schedule for UCF Psychology Clinic services is determined by family income and number of family members. Patients are financially responsible for all charges incurred, regardless of whether they choose to submit reimbursement claims to their insurance company. Typically, insurance companies **do not** cover services provided by our graduate student clinicians who work in the UCF Psychology Clinic.

Payment in full for services is required at the check-in for intake, assessments, and for each psychotherapy/intervention session. If necessary, arrangements for a payment plan can be made by discussing the matter with your designated clinician and/or the Clinic Director.

Initial Intake Evaluation

You will be charged a total fee of \$50.00 for the initial intake evaluation to begin therapy services at the UCF Psychology Clinic.

By signing below, you are stating that you understand that you must pay for the initial intake, in full, on the first day of the initial intake evaluation.

Psychotherapy/Intervention Services

You will be charged a fee of _____per session for in-person/ telehealth services.

By signing below, you are stating that you understand that you must pay for the session, in full, at the start of each session.

Psychological Assessment

You will be charged a total fee of \$200.00 for the assessment services you have requested. Please note that each assessment may vary in the number of sessions required, and that the fee noted above is the total cost for all sessions. Your clinician will discuss with you the number of sessions needed to complete the full assessment.

By signing below, you are stating that you understand that you must pay for the assessment you have requested, in full, on the first day of the assessment.

Legal Proceedings

- The UCF Psychology Clinic does not provide assistance with legal matters (e.g., divorce, disability, workers' compensation proceedings).
- Neither graduate student clinicians nor clinical supervisors participate in evaluations, depositions, or serving as expert witnesses for any legal proceeding pertaining to the UCF Psychology Clinic without a court order.
- The UCF Psychology Clinic does not provide services to patients with impending legal matters.

By signing below, you indicate that you have read and fully understand this entire form and voluntarily agree to participate in in-person and/or telehealth services at the UCF Psychology Clinic. You understand that no one can guarantee what the result of evaluation and treatment services will be. Also, you understand that you are expected to pay for services that you have requested, in full, on the first day that services are rendered. You agree that this form has been fully explained to you and that you understand all of the information in this form. You have been given the opportunity to ask questions and all of your questions have been answered to my satisfaction.

Patient Signature_____Date _____

Witness Signature_____Date_____

Clinical Supervisor (name, License #) _____

Clinic Director: Laurie Kemper, Psy.D. (FL PY9865)
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Director of Clinical Training: Jeffrey Bedwell, Ph.D. (FL PY7264)
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Associate Director of Clinical Training: Amie Newins, Ph.D. (FL PY9640)
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