GEORGE MASON UNIVERSITY CENTER FOR PSYCHOLOGICAL SERVICES
AUTHORIZATION FOR SERVICES AND INFORMED CONSENT

It is our goal to provide you with excellent care and a positive experience at the George Mason University Center for Psychological Services ("GMU CPS" or "Center"). This document contains important information about Center policies, confidentiality, and your agreement to be treated at GMU CPS. Please read the following carefully and initial in the space provided indicating that you have read and understand the information provided. Note any questions you might have so that you can discuss them with your provider or Center staff prior to initialing and signing this document. Note that all items will not necessarily apply to your particular situation.

Initial

Purpose and Mission
The GMU CPS is a non-profit outpatient mental health facility offering services to the general community. GMU CPS is the primary training facility for students in the graduate programs of the George Mason University Department of Psychology. Services are provided by graduate students/affiliates under the supervision of doctoral, licensed and/or certified psychology professionals or by the licensed professionals themselves (hereinafter collectively referred to as "GMU CPS Staff" or "Center Staff").

The GMU CPS mission is to provide evidence-based clinical training in assessment, consultation and intervention, and to provide accessible, culturally sensitive, state-of-the-art services to the community. The Center also participates in clinical research to help improve the quality of existing interventions and contribute to the scientific community. In coordination with the training programs, the Center trains the next generation of ethical, caring, knowledgeable and innovative treatment providers in models based on scientific knowledge while meeting community needs. In line with our service mission, the Center is dedicated to providing quality psychological services at low cost with sliding scale fee reduction available for select services.

To provide you with the best care possible, GMU CPS works as a team. If multiple services are obtained within the Center, it is vital that those providers also have access to your records to coordinate your care. During Center operation hours, an emergency supervisor is on call. Finally, there are times when your provider is unavailable and another GMU CPS Staff member is covering his/her practice. The covering staff member may need to be given sufficient information to be of assistance to you. Evaluation and/or therapy sessions may be observed and/or recorded (audio/video) for student training purposes. Sessions or recordings of sessions may be observed and/or discussed by other GMU CPS Staff for training purposes. Audiotapes and videotapes are NOT retained as part of the client record and are erased as soon as possible upon termination of service.

Confidentiality
GMU CPS follows the professional guidelines of the American Psychological Association and the legal statutes established by the Commonwealth of Virginia. Virginia law protects the privacy of communications between a client and a psychologist. Every effort is made to keep evaluation and/or treatment records strictly confidential. GMU CPS Staff will NOT disclose information about you, including the fact that you are a client at this Center, to any other office or individual outside of the Center unless you sign a written authorization form that meets certain legal requirements allowing the Center to disclose the information documented on the authorization form.

Exceptions to confidentiality in which no written authorization is required, as legally mandated by Virginia Law, may occur in the following situations including, but not limited to: 1) when there exists a substantial likelihood or there is imminent risk that you may cause harm to yourself or someone else; 2) reasonable suspicion of current or past abuse or neglect of a child or incapacitated adult, in which case the appropriate social service agency will be contacted, 3) criminal proceedings, or a valid court order or subpoena, to disclose relevant information in a legal proceeding or investigation, or 4) to provide requested information to a legal guardian of a minor child (i.e., a person under 18 years of age who has not been emancipated by a court order), including a non-custodial parent. In each case, the
Center will work with you to help you be aware of the circumstances and extent of the information required to be released. We take your confidentiality very seriously. Information you share with your Center provider will be kept confidential within the GMU CPS except as noted above. For minors, the issue of patient confidentiality is sensitive. Except for mandatory disclosures due to law, the Center takes the position that the treating therapist will determine what information in his/her professional judgment is appropriate to be shared with the parent concerning treatment issues, and what information, in the discretion of the therapist, will remain confidential between the minor and the therapist.

Records Management & Requests
Adult records are maintained for seven years. Thereafter the records will be automatically destroyed. Notwithstanding any other provisions of applicable law, a minor, whether with or without the consent of a parent or legal guardian, may consent to receive outpatient mental health services to be rendered by this Center. Records of minors are maintained for seven years after the last date of service or for three years beyond the age of 18 (whichever is later), based on the guidelines from the American Psychological Association.

Request for medical records must be made in writing, dated and signed by the person making the request, by completing the Center’s medical request form. The fee for medical records includes a $10 clerical fee plus $.50 per page up to page 50 and $.25 per page for pages 51 and up.

Requests for additional services that extend beyond the scope of the service provided (e.g., letter requests) may be subject to a fee, determined by the administrative time necessary to fulfill the request.

Payment
Payment is required in full at the time of service, unless prior documented authorization has been obtained from GMU CPS Staff. Money owed to the University by the general public who use its services constitutes a legal obligation to the University and the Commonwealth of Virginia and may not be forgiven. Twenty-four hours is required for cancellation or change of appointment, or else you will be charged a missed session fee as quoted on your assignment letter. If financial circumstances change or financial difficulties arise, please contact our Intake Office to discuss payment options. We do not accept insurance or other third party reimbursement but can provide receipts of service to be submitted as part of insurance reimbursement claims.

Research
Non-identifiable information retained by the Center may be used for research purposes including, but not limited to, tracking and improving quality of therapy services, assessment procedures, and testing instruments. GMU CPS provides a site for clinical research conducted by doctoral students and faculty/affiliates of the GMU Department of Psychology. Clients may be approached or provided flyers regarding participation in clinical research studies that have received prior approval for the specific study from the GMU Office of Research Integrity and Assurance. Prior to any research participation, a separate informed consent fully explaining the study must be provided, and clients reserve the right to choose either to participate or not to participate, the decision of which will not impact the client’s care at the Center.

E-mail, Text, and Social Media Communication
Should you choose, you may communicate with GMU CPS staff via e-mail for scheduling; these communications are usually not considered part of or maintained with your mental health record with the Center. However, please be aware that any email from you may be considered part of your mental health record if such communication is deemed relevant to your treatment by GMU CPS Staff. GMU CPS Staff does not communicate by e-mail with clients under the age of 18. Further, although we try to read and respond promptly to client e-mail, we cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Beyond scheduling, please be aware that GMU CPS Staff will not provide health care consultations, counseling, and/or advice through email communications. If you are experiencing an emergency please call 911 or visit your local hospital emergency room. Please be aware that e-mail is not a secure form of communication and your confidentiality can not be assured. If you choose to e-mail
GMU CPS staff or providers, you assume and accept this possible lack of confidentiality. GMU CPS Staff will only communicate with the email address(es) provided by you.

GMU CPS Staff will not text message you nor respond to text messages from you. Our social media policy prohibits GMU CPS Staff from accepting any client invitations to connect via social media sites. This is to protect the integrity of the therapeutic relationship as well as mutual confidentiality and privacy.

**Therapy Enrollment Policy**

Effective treatment depends upon the particular problems a client is experiencing, as well as personality factors and establishing a good therapist-client alliance. In an important respect, psychotherapy is dissimilar to visiting a physician in that it calls for more active effort on the client’s part. For therapy to be most successful, clients will have to work on the things discussed in session both during the sessions and at home. Psychological treatment includes potential for some risk as well as benefits. Since therapy involves discussing unpleasant aspects of life, some may experience uncomfortable feelings which may be temporarily discomforting. On the other hand, psychological treatment has been known to produce many benefits such as a reduction in distress, solutions to specific problems, and better relationships. There can be no guarantees of what a client will experience. GMU CPS attempts to minimize risks by providing well-supervised and trained therapists, by practicing evidence-based treatments and by frequent evaluations of patient progress/status.

The first few sessions are used to evaluate one’s needs and determine an appropriateness of fit with our Center. As a training clinic, there may be occasions in which either the therapeutic approach, level of care, or patient-provider fit that would best benefit an individual do not match with what we offer. By the end of this evaluation period, the therapist will be able to offer an initial impression of one’s needs and confirm whether enrollment in services with our Center would be a good fit. If a good fit is determined, the therapist will also describe a plan for what treatment might include and invite a discussion about whether an individual would like to continue with therapy based on the plan discussed. Any questions about these procedures should discuss with the appropriate member(s) of the GMU CPS Staff whenever they arise.

**Therapy Attendance and Participation Policy**

The GMU CPS is invested in the provision of the best care available and we know that the most effective treatment necessitates regular involvement in therapy (both in attendance and in active participation in the therapy process). While periodic absences due to illness, vacation, or other important prior commitments are expected, continued cancelling and rescheduling of appointments interferes with the therapeutic process, the training of our student clinicians, and prevents people waiting for openings to be seen. Therefore regular attendance and participation is required for therapy services to continue.

The GMU CPS Attendance Policy states that clients may be discharged from services for any of the following reasons:

- Three consecutive missed or canceled appointments
- Two no shows (i.e. missed appointments without a telephone call to cancel) within a two month period. Clients who no show with any clinician must call to reschedule within 24 hours or all future appointments will be removed from the schedules of their clinician.
- Erratic and/or inconsistent attendance (including, arriving late for appointments)
- Lack of engagement in the therapeutic process (i.e., not participating in in-session or out-of-session work and assignments)

Any cancelled appointment needs to be rescheduled for the following week unless there are unusual circumstances that prevent an appointment from being scheduled that week (e.g., being out of town). It is Center practice to bill for missed appointments unless cancellation notice is received 24 hours in advance of the appointment. The cancellation fee is the equivalent of a single session fee, as documented on the client assignment letter. Questions or concerns about these attendance guidelines can be discussed with the appropriate member(s) of the GMU CPS Staff.
Summary
If you have any questions about the above information, please discuss them with your Center provider before signing this document. Before signing this agreement, you and your provider should discuss the nature of the professional relationship and method of treatment or service, as well as any possible side effects and alternative treatments. You will receive a copy of this agreement and a signed copy will be placed in your file.

Having read and understood the above, I authorize _______________________________(Provider),

under the supervision of ___________________________(Supervisor) at GMU CPS to provide services to:

________________________________________________________________________
Printed name of client

________________________________________________________________________
Identity of client/guardian confirmed with photo ID

* Signature(s) of client/guardian ____________________________ Date

________________________________________________________________________
Printed name of authorizing parent(s) or guardian(s) if not client

________________________________________________________________________
Signature of provider or other witness Date

________________________________________________________________________
Printed name of witness

* By signing to authorize services for a minor I am stating that I have the legal right to authorize such services for the minor and that no further consent by another parent or legal guardian is required by any law, court order, agreement, or otherwise.