

MARSHALL UNIVERSITY

**PSYCHOLOGY
CLINIC**

**POLICIES
&
PROCEDURES
MANUAL**

Revised Aug. 2011

Marshall University Psychology Clinic Policies and Procedures Manual

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MISSION STATEMENT

The Marshall University Psychology Clinic has been established by the Department of Psychology to serve as a training facility for graduate students enrolled in the Clinical Psychology program at Marshall University and to provide high quality, low cost psychological services to individuals on the campus and from the local community.

CLINICAL FACULTY

Martin Amerikaner, Ph.D.
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Keith Beard, Psy.D. (Clinic Director)
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STAFF

Okey Napier, M.A.
Administrative Secretary Sr.
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STUDENT THERAPISTS

The student therapists are graduate students in the Marshall University Psy.D. Program. Student therapists provide services under the supervision of qualified clinical faculty selected by the Department of Psychology to fulfill these supervisory and teaching functions.

General Clinical Policies and Procedures

This manual has been prepared to answer questions concerning the administration of the Marshall University Psychology Clinic and the specific responsibilities of all members of the Psychology Clinic staff. In order to ensure that the Psychology Clinic operates as efficiently and effectively as possible both in the services offered to clients and in the training of clinical personnel, we strongly urge that this manual be read thoroughly by all individuals involved with the Psychology Clinic at the beginning of each academic year.

NOTE: Those involved with Marshall University and the Marshall University Psychology Clinic reserve the right to revise or change these policies and procedures at any point in time without notice.

CONTACT INFORMATION

Address: Marshall University Psychology Clinic
One John Marshall Drive
Huntington, WV 25755

Phone: (304) 696-2772

Web Page: <http://www.marshall.edu/wpmu/psych/clinics/campus-psychology-clinic/>

HOURS OF OPERATION

The Marshall University Psychology Clinic is open from 9:00 a.m. to 4:00 p.m. Monday through Friday. However, there are occasions when students will see clients at other times. Without explicit permission from their faculty supervisors, students may **not** see clients at other times or when a clinic clinical faculty member is not in the building.

The Clinic operates over a 12 month period but is closed on holidays and weekends and any other time that the campus is officially closed. **Students are expected to work and see clients during the 12 months when the Clinic is open (which includes times when the university is open but classes are not in session) and must be registered for practicum.** After hours calls will be answered by voice mail. Therapists should regularly check their individual voicemail boxes and their mailboxes in the mail room for messages from clients.

CLINIC FACILITIES

The Marshall University Psychology Clinic is located in Harris Hall, room 449, on the Marshall University Huntington Campus. It has a front office/waiting room, and therapy rooms which are appropriate for individual, couples, family, and small group sessions. Video cameras allow direct observation of sessions, both audio and video taping equipment are available for recording sessions as an aid to supervision, and bug-in-the ear allows the supervisor to talk to the therapist while a session is occurring. Rooms A and B are equipped with “panic buttons” in case an emergency should arise in the Clinic. Additional panic buttons are in the process of being added to Rooms C and D, as well as the waiting room.

Sound Machines: The Clinic’s therapy room walls are not soundproof. A white noise generator is kept outside of each room. This should be turned on whenever therapy sessions are in progress so that the humming sound produced by the generator will help to prevent people in the waiting area from overhearing therapy sessions conducted in normal speaking tones. These generators should be turned off at the completion of the therapy session.

Obtaining Access: Keys that open the Clinic door and file/storage room are provided to clinical faculty who have regular contact and use of the Clinic facilities. Graduate students may enter the Clinic with the use of their Marshall ID by swiping their ID through the strip located beside the main Clinic door. This system will track who has ‘swiped’ into the Clinic and a report can be obtained by the Clinic Director. (**note:** double check that the locking mechanism has latched and the door is securely locked when leaving). An extra key is kept in the key box located in room 330. If you use

this key you **must** immediately return it to this box so that others may have access. Once inside the Clinic, keys to the doors within the Clinic facility can be retrieved from the combination lock key box located in the lobby of the Clinic. If you lose a key, there will be a \$10 replacement fee.

The main Clinic door can remain open as long as there is someone in the Clinic (in or out of a session). This should only be done when clients are scheduled back-to-back and a client will need to gain access to the Clinic waiting room and not be left standing in the hallway waiting to gain entrance. Clinicians should note any unusual noises if the door has remained open and s/he is in session. For security reasons, the clinician should halt a session to investigate who may be making those noises.

DVD Recording Equipment: The Clinic has the capability of DVD recording in all therapy rooms. The Clinic will supply the DVDs for therapist to use. These should only be used for Clinic related purposes. These DVD-RWs should be kept in a secure place (such as in the client's file with the case notes) in order to maintain confidentiality. DVDs can be erased through a function on the DVD recorder. If a DVD cannot be erased, it should be secured with the client file or destroyed. Likewise, all DVDs should either remain a part of the clinical file (green folder, left side) or destroyed. Clinicians should consult with their supervisor or the Clinic Director as to whether or not the DVD should be included or destroyed. Therapists should be trained on the use of the video/DVD equipment prior to using it. If there are problems with the equipment, the Administrative Secretary, Sr should be notified by completing a departmental/internal work order request form.

Hard Drive/Security Camera Equipment: The Clinic is in the process of up-grading the camera system and adding additional security cameras. The new system will allow recording to occur automatically and will be recorded to a secure hard drive. The recorded sessions will be accessible to the supervisor over a secured section of the Marshall University network. Therapists may access their sessions with approval from their supervisor and the Clinic Director. More information on this system will be reviewed with Clinic staff once it has been installed.

Audiotape equipment: The Clinic owns audiotape recorders. Therapists are responsible for supplying their own audio tapes. These tapes should be kept in a secure place (such as with the client files) in order to maintain confidentiality. An audio tape eraser is available so confidentiality of a client can be maintained. Therapists should be trained on the use of the audio equipment prior to using it. Extra batteries are kept in Room 330. Contact an Administrative Secretary, Sr for help. If there are problems with the equipment, the Administrative Secretary, Sr should be notified by completing a departmental/internal work order request form.

Bug-in-the-Ear: The Clinic has "bug-in-the-ear" equipment that allows direct feedback from a supervisor while a session is occurring. This equipment may also be used for group supervision so that other therapists can learn while viewing a peer doing therapy. A microphone in the camera room allows the supervisor to speak directly to the therapist. Each therapist will be given an ear bud to place over the ear piece. The ear bud should be used when placing the head set speaker in one's ear. The bug-in-the-ear packs that the therapist will use should be stored in the bin located in the camera room. There are several pieces of equipment that will need turned on for the bug-in-the-ear to work. Please make sure that all equipment is turned off when you are finished using it. If there are problems with the equipment, the Administrative Secretary, Sr should be notified by completing a departmental/internal work order request form.

Library: A small library in the Clinic is continually being expanded. Books are divided into three areas, (a) older/classic books; (b) books of use to the therapist; (c) books of use to the therapist and

client. Books from the library can be checked-out by any Psychology Clinic staff members for their own use or to give to a client. This is done on the honor system by filling out the check-out card located in each book and placing the card in the check-out box. Books must be returned within one month of being checked-out so that they will be available to other therapists and clients. Suggestions of new books can be given to the Clinic Director for future purchase.

SERVICES OFFERED

Psychotherapy: Regularly scheduled sessions with the assigned therapist are offered. The term, length and modality of therapy are to be determined by the therapist in consultation with his or her supervisor and the client.

Group Psychotherapy: Therapists are strongly encouraged to design and lead, or co-lead, groups of several types, including process groups intended to address specific areas and issues such as assertion training, parenting, self-esteem, wellness, eating disorders, adult children of alcoholics, etc. Groups offered will depend on Clinic facilities and demand. A corresponding reduction in the individual psychotherapy caseload is arranged for any student therapists leading a group. Such a reduction will be done in consultation with the therapist's supervisor.

Consultation, Educational Workshops, and Other Events: All therapists are required to assist in various consultation opportunities, workshops, and educational events. Depending on individual interests and the opportunities available, therapists may be involved in planning and conducting special workshops for selected groups on or off campus. For example, a therapist may consult with a Head Start classroom or a therapist might be involved in presenting information on conflict management to dormitory residents and advisors.

Psychological Assessment: Psychological assessment (evaluation) of several types is offered at the Marshall University Psychology Clinic. The nature and scope of all psychological assessments will be determined by the therapist in consultation with his or her assessment supervisor and are designed to answer one or more specific referral questions. Psychological assessments usually require two to three visits beyond intake by the client, but occasionally require more visits.

Community Referral: Calls received with requests for assistance not appropriate for the Clinic are referred to the most appropriate community agency or person that may be able to assist the caller.

CLIENT CASELOAD AND HOURS OF CLINIC-RELATED RESPONSIBILITIES

Student therapists are expected to carry an active caseload of three to five active individual psychotherapy clients and one ongoing psychological assessment. A therapist may have more clients on his/her caseload but this is the minimum number of clients that are seen on a weekly basis. At times, it may be necessary for a therapist to be assigned more therapy or assessment cases to help maintain an active caseload and keep their number of Clinic-related hours at an expected level. New clients will be assigned to therapists as former clients are terminated or discontinue therapy and as psychological assessments are completed. Groups and families in the caseload will mean a reduction in the number of individual clients. Although the Clinic Director and supervisors will be keeping track of therapist's caseloads, the therapist should immediately inform the Clinic Director, GA, and Administrative Secretary, Sr when an opening in his/her caseload occurs.

It is estimated that you will need to allow 15-20 hours per week for Clinic-related matters including therapy, assessment, meetings with your supervisor and supervision team, meeting with the Clinic Director, and paperwork.

CLIENTS

Appropriate Clients: Clients seen by student therapists may include children, adolescents, adults, individuals, couples and families. Most non-emergency psychological conditions are treated in the Clinic. Marshall University students may seek reduced fee-based services at the Clinic. It is important, however, to inform all students who inquire about services that they can receive free services at the Marshall University Counseling Center in Pritchard Hall (304-696-3111).

If a walk-in client is appropriate for the Clinic, the Graduate Assistant (GA) receptionist should make an appointment for intake or assessment. If a GA Receptionist is not available, the walk-in person should be referred to the Administrative Secretary, Sr.

Inappropriate Clients: Callers or walk-ins that are immediately suicidal appear to represent danger to themselves or others, those who are currently under the influence of a substance, and those who demonstrate acute psychotic symptoms should not be seen and need to be rescheduled or referred to other agencies. The Clinic is neither equipped nor insured for handling crisis situations on a routine basis. If clients or walk-ins arrive at the Clinic in an agitated state or in an immediate crisis, contact any available supervisory staff. These individuals may be referred to a local hospital emergency room (St. Mary's Hospital: 29th street at First Avenue; River Park Hospital: 6th Avenue at 13th Street; or Pretera Center: Route 60 East, 525-7851), or you must call campus police if there is not time to safely accomplish a referral. If they are a Marshall University student, then the person can be escorted to the Counseling Center in Pritchard Hall.

Client-Therapist Suitability: Under circumstances where the intake therapist is not the most appropriate therapist but the client is still suitable for the Clinic, clients should be informed that they will be contacted within one week by their new therapist. Clients should also be informed that even though the therapist is conducting the initial session, s/he may not be the client's therapist. These assignments are made based on client needs and supervisory expertise in order to make sure that the client receives the best possible services. In such instances when the intake therapist will not continue as the primary therapist, the intake therapist should notify the Clinic Director so that a client can be referred to a new therapist and needed information and materials can be assigned to the new therapist. If a client is not appropriate for services at the Clinic, or does not wish to continue treatment, it is still important to complete all paperwork and documentation (e.g. intake report).

SCREENING & SCHEDULING APPOINTMENTS

The Clinic has implemented a computerized appointment scheduling system. All faculty, staff, and therapist are required to obtain an Outlook account from Computing Services in order to access this system. This system will make it easy for therapists and supervisor's to see when intakes and other appointments have been scheduled.

New Clients: Calls for an initial appointment will be directed to a GAs in the Clinic. The GA will collect the basic information to complete the initial phone contact sheet. During the first telephone contact, the following information must be communicated (if the client is being given an intake appointment time): (a) overview and description of the Clinic including the fact that student therapists are the primary therapists; (b) general fee information (more detailed information is found in the *Fees and Insurance* Section of this manual); (c) clients may be asked to have all involved

parties (e.g., child, both parents) present for the initial intake; (d) if the client is a child and the family situation necessitates it, proof of custody documents must be brought to the first session; (e) suggest that the client come 20 minutes early to complete necessary paperwork; (f) location of the Clinic; and (g) clients are informed of parking procedures. This information is covered in the *Initial Phone Contact Script* (see appendix).

The client or client's legal guardian must contact the Clinic before an appointment will be scheduled. Appointments are typically not scheduled unless we can speak to the client or guardian. High-risk cases should be referred to agencies that are equipped to handle crisis situations (e.g., Presteria, RiverPark Hospital).

Once the initial phone contact sheet is complete and the appointment has been scheduled, then the GA will make 2 photocopies of the initial phone contact sheet placing the original in the therapist's mailbox with the appointment date and time. The 1st photocopy will be placed in the Clinic Director's mailbox and the 2nd photocopy will be placed in the supervisor's mailbox. If there is time, the therapist will also be notified by email that a new client has been assigned. If a GA is not available in the Clinic, calls will be routed to the Administrative Secretary Sr.

Previous Client's Returning for Services: If a closed file needs to be re-opened because a client previously treated or assessed in the Clinic is once again seeking services, then all of the same procedures will occur as though the person is a new client in the Clinic (see previous section – *New Clients*). However, instead of a new folder being prepared for the client, the Clinic Director or Administrative Secretary Sr. should be notified by the assigned therapist so that the client's "old" file can be retrieved from storage. This file will be given to the new student therapist who will place dividers in the folder separating the previous client materials from the new client materials. Graduate student therapists are **not** to access closed files. Therapists can determine if a client has been seen in the Clinic before by looking on the Phone Contact Sheet.

Intake Times: Student therapists should inform the Administrative Secretary Sr. of two separate time periods (1 ½ hr. each) during the week that could be blocked off and available for a new appointments to be scheduled for an intake interview. **Student therapists are not to schedule any other activities during their designated intake times.** Every effort is made to give the student clinician at least two business days notice before an intake is scheduled. If no intake has been scheduled then this time will allow student therapists to take care of other case management activities such as up-dating files, completing case note, writing reports, reviewing videos, reading material assigned by supervisors, etc.

Although the intakes are schedule for 1 ½ hour periods, when deciding on these time periods the student therapists may want to determine a 2 hour period to allow them at least 15 minutes prior to and immediately after the selected time period to give the client the initial paperwork paper work to complete and then time to wrap up and schedule a new appointment. **Therapists are required to be in the Clinic and available for a minimum of 15 minutes before the scheduled intake appointment.** Therapists must space their intake times from each other so there will be a variety of times available throughout the week for a client to be scheduled.

Once a therapist's caseload is full, this blocked off time period will be removed and can be used to see individual clients or assessments. Once an opening occurs in that therapist's caseload then the intake time is reinstated and no other appoints are scheduled during this time.

Scheduling After the Initial Appointment: After the initial session, it will be the therapist's responsibility to schedule future appointments. This is done using the computer scheduling system. Once a therapy session has ended, the therapist and client will mutually decide upon a meeting time for the next therapy session. The therapist will then go to the computer located in the Clinic and reserve a therapy room for that session. Remember: A clinical faculty member **must** be in the building for therapists to see a client.

Recurrent Appointments: With the exception of the student therapist's designated intake times, recurrent therapy appointments are not allowed in the Clinic calendar. Student therapists must go in and manually put in each week's therapy and assessment appointments that they schedule. For tracking purposes, it is imperative that each therapist follow this procedure for each client contact and make sure that an appointment for each client is placed in the Clinic calendar. Since there is limited room in the Clinic, student therapists should limit scheduling future appointments to two per client.

Client Count:

Student therapists are responsible for posting to the Clinic calendar how many therapy and assessment cases they have "open." This should be indicated by opening up the Intake appointment recurrent series appointment in the Clinic calendar and adding "T = " for how many therapy cases are open/active and "A = " for how many assessment cases are open/active and saving the recurrent series [i.e. Jane Smith (Intake) (T=3) (A=1) Room B]. This should be done with BOTH intake times on the calendar. Note that when you up-date your client count in the Clinic calendar, this will change the client count number for all of the recurrent appointments in this series. Student therapist should up-date their client count at least once a week. Failure to do so may result in clients being scheduled when your caseload is already full or no clients being scheduled when new ones are needed.

Using the Computer Scheduling System: At the computer located in the Clinic, the therapist will open up his/her Outlook account. Once open, the therapist can click on "view" then "folders" then "public folders" then "all public folders" and from there, the "Psych Clinic" calendar should be available from the public folders listed. Once the calendar is open, the therapist will click "new" and schedule the next therapy appointment. Under the "subject" heading the therapist should **ONLY** put his/her name and the client's initials – do **NOT** put the client's name. **THIS IS A PUBLIC FOLDER (I.E. OTHERS COULD ACCESS IT) SO YOU ARE BREACHING CONFIDENTIALITY IF YOU PUT ANY IDENTIFIABLE CLIENT INFORMATION ON THE CLINIC CALENDAR.** If a therapist puts identifiable client information on this calendar then disciplinary actions will be taken and removal from the Psy.D. program may occur.

After the "subject" line is completed, the therapist should indicate Room "A" - "B" - "C" - "D" in the "location" field. This will indicate whether you are reserving room A, room B, room C, or room D in the Clinic. Make sure that you look at the calendar prior to scheduling to ensure that the room you choose is available and you are not double-booking a therapy room. If a room has already been reserved by someone else then you must obtain another room or another appointment time. Once the appointment has been scheduled then the therapist should select "save" (once you click "save," you should see the appointment listed on the calendar) and exit from the Clinic calendar. For tracking purposes, it is imperative that each therapist follow this procedure for each client contact and make sure that an appointment for each client is placed in the Clinic calendar.

Cancellations and No Shows in the Calendar: If a client cancels or no shows for an appointment, you should immediately go into the Clinic calendar and up-date their appointment to indicate the "CANCELLATION" or "NO SHOW" in the "location" field. This allows other therapists to reserve the room that is now available, the supervisors to know if the Clinic is being used and they need to

remain available if a crisis occurs, and for the Clinic Director to track the use of the Clinic rooms and how many cancelations and no shows are occurring.

Scheduling Research in the Clinic: The Clinic rooms should not be scheduled for activities that don't relate to the Clinic. If you schedule Clinic rooms for research purposes, please be sensitive to Clinical needs. Please avoid, when possible, scheduling multiple rooms. Likewise, please try to schedule rooms several weeks in advance that are for research purposes.

Appointment Cards: Therapists are encouraged to give clients appointment cards. These cards have a place where the therapist can record the time and date of the next therapy session. These cards also have the Clinic telephone number listed in case a client needs to call and cancel or change his/her appointment. Since we use an automated phone system, it is often helpful to make sure "option 2" (to leave a message for your therapist), your last name, and the 5 digits on the phone that correspond with the first 5 letters of your last name be written on the card. This will help clients navigate the phone system. The cards are available at the Clinic desk. If the supply begins to run low, please let the Administrative Secretary Sr. know so that more appointment cards can be ordered.

NO-SHOWS AND CANCELLATIONS

It is important to maintain a minimum of no-shows. Clients who do not show up for appointments represent lost educational experiences. The Clinic also experiences times when a waiting list is in effect. For this reason it is not reasonable to retain clients who consistently miss appointments.

Clients should contact the Clinic at least 24 hours in advance if an appointment must be canceled. Failure to comply with this policy will result in the Clinic billing the client the usual fee for the missed individual/group therapy appointment or \$20 for a missed assessment/evaluation appointment.

Waiting for Late Clients: Since clients may be late, **therapists should wait a minimum 15-20 minutes** and check their voicemail before designating the appointment as a "no show" and leaving the Clinic.

No Show for Intake: If a client "no shows" for an intake screening then the GA or Administrative Secretary Sr. and the Clinic Director should be notified so that a new client can be scheduled during a therapist's intake time. If a waiting list is in place then a client from the waitlist should be scheduled. Within one week, the therapist should make at least two attempts to contact the new client and reschedule the intake screening. If contact has not been made at this point, then the therapist should send a letter from the Clinic Director (see appendix for a copy of this letter) indicating the scheduling policy to the "no show" client. **The therapist should return the Initial Phone Contact Sheet to the Clinic Director documenting on the Phone Contact Sheet that the client "no showed," when attempts to contact and reschedule occurred, and when the letter from the Clinic Director was mailed to the client.** If the "no show" client eventually calls to reschedule their intake screening, s/he should be scheduled for the next intake time available for any therapist or placed at the bottom of the waitlist.

No Show for Two Consecutive Appts.: After intake, if a clients who fails to show for two consecutive appointments without calling to cancel are dropped from treatment services and a letter should be sent from the therapist to the client indication that the client's file is closed (do NOT send the letter from the Clinic Director described in the "No Show for Intake" section). A sample letter is provided in the appendix of this manual and should be modified in consultation with the therapist's supervisor. A copy of this letter will be placed in the client file.

Three Consecutive Missed Appts.: Clients who miss three consecutive appointments (even if they have called to cancel one or more of those appointments) are dropped from treatment services. A letter should be sent to the client from the therapist explaining the Clinic policies, the reason for the drop from treatment services, and offer to make a referral to another mental health provider if the client desires one. This letter should be written in consultation with the therapist's supervisor. A copy of this letter will be placed in the client file.

When the Student Therapist Must Miss an Appointment: It should be rare that a student therapist must cancel an appointment. This is permitted only in a case of illness or extreme family emergency. When this happens, **the student therapist is responsible for contacting his or her clients** well in advance so that the client will not make a needless trip to the Clinic. The therapist should also notify his/her supervisor and the Clinic Director if an absence must occur. If the call to cancel the appointment must be made outside of the Clinic then *67 (+the number being dialed) can be dialed to block personal phone numbers from being displayed on caller ID. You are responsible for any fees charged to you that are associated with this feature.

Except in rare circumstances, and then only with permission from the therapist's immediate supervisor, it is not permissible for students to ask other students to see their clients.

The Clinic Director and the Director of Clinical Training and/or Director of Practicum Placement should be notified in writing about significant absences from the Clinic which should include dates of absence and a phone number where you can be reached (if possible) in case of an emergency.

WAITING LIST

There may be times when there will be more individuals seeking service than there are therapists available. Potential clients who call the Clinic to schedule services during this time should be given the option of being placed on our waiting list or being referred to one of the other psychology clinics run by the department or another agency (e.g., give the client the agency's phone number).

Prospective clients who must be put on a waiting list should be fully screened as though a therapist were going to be assigned immediately. The Clinic Director and Administrative Secretary, Sr. should be notified of the waiting list length by the GA on a weekly basis. The initial phone contact form should be placed in the Waiting List Folder in the Clinic with the words "Waiting List" written at the top.

The Clinic Director or GA maintain contact with potential clients regarding their status (e.g., the client is 3rd on the waiting list) until a therapist has been assigned to them or they are referred elsewhere.

If a client requests to be seen by a licensed psychologist, then the therapist can make appropriate referrals. If appropriate, several faculty members see clients and are available as a referral source. The Clinic Director, supervisors, or other clinical faculty members can aid in identifying and making an appropriate referral.

INTAKE/INITIAL SESSION – CONSULTATION PHASE

Intake screening sessions should only be scheduled during Clinic hours of operation or when a faculty supervisor is present in the facility.

Contacting Client Prior to Intake: The graduate student therapist should contact each new client 24-48 hours before their intake screening session to remind them of the appointment and to introduce themselves. Remember to maintain confidentiality when calling clients, as outlined in the “Returning Calls and Leaving Messages” section of this manual.

Intake Paperwork for Client: Therapists should show up 15-25 minutes before the scheduled intake appointment to prepare the necessary paperwork for a client and help them begin the process of completing the forms. When possible, new client folders including all necessary paperwork for the initial session are pre-made and available in the Clinic. **All clients must complete and sign paperwork for a client file, including the forms mandated by HIPAA and the Privacy Rule, the Psychotherapist-Client Agreement, and the Financial Agreement.** The therapist should thoroughly explain the content of all forms to the client prior to obtaining signatures. **The therapist should have clients complete the necessary paperwork *prior* to beginning the intake interview,** in part because some of this information will be relevant to the interview. Graduate student therapists should check that all necessary paperwork is completed, signed, and that no information is omitted before the intake interview is started. The student therapist who conducted the intake will be held responsible for making sure that this paperwork is complete.

When reviewing the intake paperwork with the client, graduate student therapists **MUST** inform the client that s/he is a graduate student in an advanced year of training and that the graduate student therapist is supervised by a faculty member from the Psychology Dept. This is further indicated to the client by writing the supervisor’s name in the designated space of the Psychotherapist-Client Agreement form. For graduate student therapists, clients must agree to this requirement for supervision of their case. If they do not, then the client cannot be seen in the Clinic and appropriate referral for the client must be made.

It is also useful to discuss with a client how audio/video taping of treatment sessions is used to aid in the supervision of psychotherapy and assessment. The confidentiality of these tapes should also be reviewed with the client as well as a discussion of the benefits of being taped for supervision purposes. **The client must agree to be taped and sign the Psychotherapist-Client Agreement form. If a client refuses to be taped, then the client cannot be seen in the Clinic and actions will be taken related to an appropriate referral for the client.**

Intake Interviews: Therapists conduct both intake interviews and therapy in a manner determined largely by his/her supervisor. Generally, the primary purpose of the intake interview is to: (a) establish rapport, (b) familiarize the client with the Clinic, and (c) to gain more specific information about the nature and scope of the client's problems. Specifics of the intake interview will vary from client to client. During the course of the intake interview, clients should be given some positive expectations about therapy and should be familiarized with the type of therapy services available at the Psychology Clinic. Therapists should have obtained enough information during the intake to arrive at a preliminary diagnosis.

Intake Report: The intake report is completed by the therapist who conducts the intake session. The intake report summarizes the clients presenting problem and background history. Your supervisor will guide you in the format and content that needs to be included in the intake report. Some things that are often included in an intake report are (a) Reason for Referral, (b) Presenting Problem, (c) Behavioral Observations, (d) Mental Status Exam, (e) Background Information, (f) Diagnosis, (g) Justification or Explanation of Diagnosis, (h) Summary, and (i) Recommendations. ***Therapists will***

complete an intake report within one week from the initial session. This report will be signed by both the therapist and supervisor.

THERAPY PHASE

The following section provides both procedural and therapeutic information. Whereas adherence to procedural issues assures continuity of cases across supervisors and therapists, the therapeutic information below is intended only as a guideline. All therapists are encouraged to plan and discuss therapy with their supervisors. If at any time during the therapy phase, a client presents with a high risk of suicide or harm to others, then additional treatment is needed. Please refer to the section on "Client Emergencies."

Following the initial intake session, between one to three further sessions are typically spent assessing the problem and selecting the most appropriate treatment method. As a general rule, however, assessment is an ongoing activity throughout therapy. During these initial assessment sessions, continue the investigation started during the intake session by finding out more detailed information about the nature of the problem. Use information from self-report measures completed by the client, family members, and other associated individuals (e.g., teachers, physicians) as beginning points in a line of questioning. Clarify confusing information from the intake and self-report measures. Attempt to gather information about the presenting problem from a variety of sources using a variety of methods (self-report versus direct observation) to check the validity of the information. Discuss intake and assessment information in supervision and case consultation.

Psychotherapy Notes (individual & group): During the course of treatment, therapists should write a psychotherapy note for each session beginning with the session after the initial intake meeting. Your supervisor will instruct you on the form that the psychotherapy note should take. Typically, psychotherapy notes should include (a) the date of contact, (b) the nature and length of the service provided (e.g., 50-minute individual therapy), (c) who attended, (d) client status or behavioral observations, (e) progress toward the treatment goals, (f) any relevant new information, (g) interventions (h) homework assignments and completion, (i) and the date and time of the next scheduled session. ***Psychotherapy notes of any contact with the client, whether the contact is in person, by telephone, or is simply documentation of a missed or cancelled appointment must be typewritten and placed in the supervisor's mail box (in a folder or envelope) within 48 hours after each client session or contact.*** Psychotherapy notes will be signed by both the therapist and supervisor.

Treatment Plan: Treatment plans help guide the therapy process and increase the probability that the therapist and client will both "go in the same direction" as the issues that brought the client to treatment are addressed. The plans form a contract for the work that the client and therapist will do together. These plans can often be empowering for many clients. A treatment plan can be developed with or without the client but should ultimately be reviewed and agreed upon by the client. Supervisors will direct you in what should be included in the treatment plan and how to format the plan. These areas may include things such as (a) Identifying Problem, (b) Long Term and Short Term Goals, (c) Interventions, (d) Frequency, (e) Treatment Modality, (f) Outcomes, (g) Completion Date for Goal(s), and (h) Who is Responsible for Treatment Services. ***Treatment plans must be completed with signatures from the client, therapist, and supervisor, no later than the third session after intake.*** Treatment plans can be up-dated when needed but should be reviewed by the therapist and supervisor no less than once every six months.

TERMINATION PHASE

The successful termination of the psychotherapy relationship is each psychotherapist's goal. The ending phase includes a review and reinforcement of individual change which has occurred in the therapy; the therapist guides the departing client to a resolution of the relationships with the therapist; and the individual is helped to face future life demands with the tools provided in the therapy. The ending process of therapy may also arouse a reappearance of presenting symptoms and/or previous conflicts that have been dealt with in treatment. Additionally, the ending may trigger unresolved conflicts related to previous losses and separation.

Termination Paperwork: If a client terminates services after the intake, then an *Intake/Termination Report* should be completed. If a client terminates within two sessions after the intake then the Intake Report should be completed but no formal Termination Report is required. However, the intake report and a final psychotherapy note should be prepared documenting what is happening with the therapy process. If a client is seen for intake and more than two sessions than a formal termination report should be written and signed by the therapist and supervisor. Your supervisor will guide you in what to include in a Termination Report as well as the preferred format. Some things that are typically included in this type of document are (a) Presenting Problem, (b) Number of Session Attended, (c) Manner of Termination (e.g., mutually agreed upon, no showed last appointment and did not return contact after two attempts were made, etc.), (d) Treatment Progress and/or Amount of Progress Made, and (e) Recommendations and Referrals for Future Services. ***Termination reports should be completed within two weeks of the last appointment.*** Termination reports will be signed by both the therapist and supervisor.

Transfers: Transfers are completed when a client is not terminating treatment services but his/her case is being transferred to another therapist working in the Psychology Clinic. Although transfers can happen at other times, transfers typically occur when a student therapist is completing his/her practicum work in the Clinic and moving on to a new practicum site. It is recommended that upon transfer, the present therapist bring in and introduce the new therapist no later than the last session with the present therapist. Being transferred is often a stressful and uncomfortable experience for the client. By introducing the client to the new therapists there is a continuity of treatment which often aids in the client continuing treatment.

Transfer Summary: A transfer summary is written by the outgoing therapist in place of a termination summary if the client is continuing services. Your supervisor will guide you in the format and what to include in the transfer summary. Typically, these are similar to termination reports and include things such as (a) Presenting Problem, (b) Reason for Transfer, (c) Treatment Progress and/or Amount of Progress Made, and (d) Recommendations and Referrals for Future Services. ***Transfer summaries should be completed within two weeks of the last appointment.*** Transfer summaries will be signed by both the therapist and supervisor.

ASSESSMENTS

Assessment Materials: A variety of assessment equipment and materials are available. This equipment and a check-out sheet are kept in the file/storage room in the Clinic. These measures are to only be used by therapists in the Clinic. Occasionally these materials are used by students during their practicum, at other sites, by supervisors, by other faculty, and by students enrolled in the first year assessment course. Permission must be obtained prior to using this equipment for reasons other than Clinic business.

Some additional assessment materials are available through the Psychology Dept. and can be borrowed. However, these materials are used for the assessment courses and those enrolled in these courses have priority for the materials. Before checking out these materials, therapists should make sure that these assessment materials will not be needed. This can be done by contacting the course professor or assessment practicum instructor.

Check-out of Equipment: All Clinic staff must check the equipment out and check it back in even when using the equipment in the Clinic. The sign-out sheet for test kits is located in the file/storage room in the Clinic. Check-out of the kits is for a 24-hour period. In extenuating circumstances, the Clinic Director may approve the checking-out of an item for longer than the standard 24-hour check-out period. This arrangement must be documented in writing on the sign-out form. The individual who signs out the assessment materials and equipment is financially responsible for all items until they are safely returned to the Clinic and signed back in.

Everyone who uses the assessment equipment and materials is expected to care for the items properly, to use them only as they were intended, to control access to the instruments, and to replace them neatly in the designated location upon their completed usage. **Remember – everyone has to use this equipment so please return it neatly and organize the kits so that they are ready for the next use.** Anyone found to be misusing controlled instruments or in the possession of materials which have not been properly checked out will be reported to his/her supervisor and face removal from the practicum and possible expulsion from the Psy.D. program. If there are problems with assessment materials (such as missing pieces) then contact the Clinic Director and explain the problem.

Reserving Assessment Equipment: Therapists who require equipment for Clinic purposes have priority. Therefore, therapists are permitted to reserve materials in advance while other users are not. A reservation calendar is kept in the assessment closet. Therapists are asked to use this reservation privilege with consideration for others by reserving materials as far in advance as possible, preferably immediately after learning that the materials will be needed. This way, others not working in the Clinic who need the testing materials will have ample time to make other arrangements. If you did not reserve testing equipment and someone else is using it, you do not have the right to confiscate it. You should have reserved the materials in advance per Clinic policy. It is recommended that scoring be done in the Clinic so that the testing material will remain available if someone may need them.

Computer Administering and Scoring: Some assessment instruments, such as the MMPI-2 can be administered and scored through the computer located in Room D. Therapists should be trained on the use of the computer program prior to using it. If there are problems with the program or equipment, the Administrative Secretary, Sr should be notified by completing a departmental/internal work order request form.

Ordering Assessment Materials: Inventory/Reorder Sheets are kept with each assessment tool and/or the test's protocols. When you reach that re-order sheet, you are responsible for giving it to the Administrative Secretary, Sr and notifying the Clinic Director, so that the booklets or other materials may be re-ordered. Suggestions for new assessment materials can be given to the Clinic Director for future purchase.

Psychological Assessment Reports: If a psychological assessment is conducted then no formal intake or termination report is completed. The assessment report that has been written is equivalent to these two reports. ***Therapists must have the completed evaluation ready for feedback and presentation to the client within 30 calendar days after the client's initial testing visit.*** This report will be signed by

both the therapist and supervisor. The original assessment report is typically given to the client. The first page of this report is printed on Psychology Clinic letterhead. *The original should have some marking on it indicating that this information is for professional use only and that photocopies should not be made.* A photo copy of only the final report (not the drafts) should be kept in the folder. This copy of the completed report should also have all signatures on it in case the client or another professional request a copy of the report in the future and the student therapist is no longer working in the Clinic or enrolled at Marshall University.

If a client starts the assessment process but does not complete it (i.e., no shows) then, in consultation with the assessment supervisor, the data obtained should still be written up and interpreted. Typically, something is clearly and prominently written on the report indicating that this is a “partial” or incomplete” assessment.

PAPERWORK

All paperwork and forms should be signed in black ink to enhance photocopying quality.

Do not use scribble over or use “white out” to correct mistakes made on a psychotherapy note, report, forms, or other paperwork. Rather, draw a single black ink line through the mistake and place your initials next to the mistake.

CLIENT FILES

Therapists are responsible for preparing and maintaining accurate, current, and complete files for all therapy and assessment clients. Occasionally, some blank, complete Clinic files will be prepared and ready for initial interviews. These will be kept in the Clinic with the extra copies of the various Clinic forms.

Preparing a new file: Upon receiving a client assignment the therapist must prepare the client file. Each client will have 2 folders (all clients will have a blue folder and then one of the following: green = individual/couple therapy; red = group therapy; yellow = community or rural practicum; purple = Head Start). Since the implementation of HIPAA and the Privacy Rule, the APA Insurance Trust in their risk management program strongly recommend that psychotherapy notes be kept separate from other Protected Health Information (PHI). Therefore, PHI will be kept in one file (blue) and psychotherapy notes will be kept in another file (green; red; yellow; purple).

Once the client arrives create a label or print the client’s name (last name, first) on both folders. Wait to make sure that the client actually shows up for the appointment before you mark the names on the folders, otherwise, the folders will be wasted. **Please make sure that the name tab for the blue folder and the psychotherapy folder match (e.g. both tabs are on the left, center, or right side of the folder).** Enclose the forms the client will need to complete on arrival for the first appointment in the blue folder. The initial forms include several that require the client’s signature. **THESE MUST BE SIGNED AT THE INITIAL MEETING/INTAKE WITH THE CLIENT.**

Therapists should examine these forms prior to inviting the client to enter the room for the first therapy session. During the first session, the therapist must answer any question the client may have concerning the forms that they have completed. It is also recommended that a therapist review confidentiality with the client and when it may be breached without client permission.

Couple Therapy Files: If couple therapy is the primary modality of treatment, then a “couple file” is created with both names of the members of the couple on the folders. Each member of the couple should sign separate relevant client paperwork (i.e., Couple Psychotherapist-Client Agreement, Notice of Privacy, Financial Agreement, etc.). These forms will be combined in the couple’s file on top of each other (e.g., Financial Agreement signed by partner 1 will be placed on top of the signed form for partner 2 and both put in the appropriate place in the blue folder). Therefore, when preparing a file for a couple, make sure to get an extra set of necessary paperwork to include for the other partner to complete.

✓ The standard order of items in the file from front/top to back/bottom

NOTE: Not all of these forms will be included in every client’s file

COMPOSITION OF FILES

BLUE FOLDER

Left Side of Folder

TOP

- Carbon copy of payment receipt
- Fee and Payment Schedule
- Financial agreement – signed by client

BOTTOM

NOTE: All files should include these forms for the initial session

Each form will be described below

Payment Receipt: This is a record of receipt for services. The *white* copy should go to the client. The *yellow* copy should go with the payment and placed in the safe located in the Clinic. The *pink* copy is 2-hole punched and placed in the file.

Fees and Payment Schedule: This is a record of payments made by the client and includes a running total if a client has a balance due. Although payment is always expected at the time of service, clients may not always be able to meet this expectation for every session. This record permits the therapist and administrators to keep track of what has and what has not been paid.

Financial agreement: Therapists should complete this form for new clients to sign. This is a record of the payment arrangements the client has made with the Clinic and includes information concerning the no-show and cancellation policies of the Clinic.

BLUE FOLDER

Right Side of Folder

TOP

- Termination OR Transfer Summary OR photocopy of Assessment Report when completed – signed by therapist and supervisor
- Service Activity Record
- Treatment Plan - signed by client, therapist, and supervisor
- Assessment Scores (cannot include anything with copyrighted material or test items)
- Intake Report - signed by therapist and supervisor

- Marshall University's Notice of Privacy Practices – signed by client and copy given to client
- Psychotherapist-Client Agreement (individual, group, or couple) – signed by client(s) and copy given to client(s)
- Accounting Disclosures – signed by supervisor
- Request for Accounting – signed by client
- Correspondence Received About a Client (most recent placed on top)
- Photocopy of Official/Formal Letters and Information Sent to the Client or Others Designated by Client – signed by therapist and supervisor
- Revocation of Authorization – written and signed by client
- Photocopy of a completed Release of Information/Authorization Form – signed by client
- Request for Confidential Handling – signed by client
- Email Consent Form – signed by client
- Initial Phone Contact Sheet

BOTTOM

NOTE: All files should have a minimum of these forms included on the Right side of the Blue Folder for the initial session

- *Intake/Termination Report or Incomplete Assessment Report*
- *Service Activity Record*
- *Marshall University's Notice of Privacy Practices – signed by client and copy given to client*
- *Psychotherapist-Client Agreement – signed by client and copy given to client*
- *Initial Phone Contact Sheet*

Each form will be described below

Termination Summaries: Since the Clinic is a training facility, therapists will leave and new therapists will enter the Clinic. Upon termination of therapy a termination summary will be required. Each supervisor will discuss with you the decision process and the desired format for these summaries.

Transfer/Referral Summary: Since the Clinic is a training facility, therapists will leave and new therapists will enter the Clinic. If a client continues treatment, upon termination of therapy with the present therapist, a transfer summary will be required. Each supervisor will discuss with you the decision process and the desired format for these summaries.

Photocopy of Assessment Report: The original assessment report is typically given to the client. This is a copy of the completed report with all signatures on it. Only the final report (not the drafts) should be kept in the folder. The original should have some marking on it indicating that this information is for professional use only and that photocopies should not be made.

Service Activity Log: This record is a log of all activity taken with regard to a client's case and should be maintained even though other documentation of the events logged will be retained in the file. Therapists are responsible for noting not only the date of every client session, but also the date of the initial screening and a variety of other activities including canceled or missed appointments, telephone contact, supervision of the case, etc.

Treatment Plan: This is a guide for therapy with a description of the problem, goals, and various strategies for attaining those goals. If a treatment plan is completed, it should be finalized by the 3rd therapy session. Treatment plans should be reviewed with clients and their agreement to the various goals/strategies obtained. Updates are made to treatment plans as needed.

Assessment Scores: The client has a right to view non-copyrighted material. This includes test scores and summary sheets but not necessarily test protocols. Testing protocols that would include answers to the various test questions or items (i.e. anything that would breach test security if someone other than a trained professional would see) are not available for review by the client and should be kept in the other folder (green, red, yellow).

Intake Report: This is a report that typically summarizes information that the therapist obtained during the intake interview. This may include detailed information about the nature of the problem, including current frequency and severity of the problem, where and when the problem occurs, when the problem began, significant life events surrounding the onset of the problem, why they chose this point in time to seek treatment, what they hope to gain from therapy, antecedent and consequent events which might be controlling the problem behavior, and relevant treatment and medical history. Your supervisor will instruct you in the content and format that this report should follow. Intake reports should be completed within one week and signed by the therapist and supervisor.

Marshall University's Notice of Privacy Practices Form: The Notice form describes how psychological and medical information may be used and disclosed and how a client can get access to this information. HIPAA requires that all clients receive this Notice Form and return the signed acknowledgment for their file. A blank Notice form must also be hung in the Clinic and copies available for clients upon request.

Psychotherapist-Client Agreement: This form contains important information about a psychologist's professional services and business policies as they relate to HIPAA. This agreement contains much of the same information that was previously located in the Consent for Treatment form. This includes consent for treatment, knowledge about how and whom health information is disclosed, and aspects related to the business issues between the therapist and client. All clients should receive a copy of this form and a signed copy should be placed in the client's file. Although this document is not mandated by HIPAA, it can be useful in helping you comply with the Privacy Rule. This agreement is used by the APA Insurance Trust in their risk-management program and covers a number of issues that might arise.

There are separate Psychotherapist-Client Agreements for individual therapy, group, and couple. The appropriate form should be signed by relevant parties based on the treatment modality being used.

Accounting for Disclosures Form: This is a form psychologists can use to keep track of when, and to whom, a client's protected health information has been disclosed. Psychologists can give this completed form to a client after they have submitted a "Request for Accounting of Disclosures of Health Information."

Request for Accounting for Disclosures of Health Information: This form allows clients to request an accounting of all disclosures that were made of their protected health information over a specific period of time. A client has the right to receive an accounting of disclosures of protected health information (PHI) for authorized and non-authorized releases. The accounting must cover all disclosures within the six years prior to the date of the request for the accounting. This form will be helpful in implementing requirements set by the HIPAA Privacy Rule.

Correspondence Received About a Client: This can include any past treatment records that a therapist receives from other providers. The most recently received materials go on top.

Official/Formal letters and Information Sent to the Client or Others Designated by Client: There are times when written correspondence must be sent to the client or others. Appropriate form letters are prepared. Once signed by the therapist and supervisor, the original is sent to the client or person designated by the client and a signed copy is retained in the file. This information should follow the HIPAA and the Privacy Rule regulations.

Revocation of Authorization: A client may revoke his/her authorization for a therapist to release or receive information. This can be done at any time, provided that the revocation is in writing, signed, and dated.

Release of information/Authorization Form: Psychologists give this form to clients and have them complete it in order to have authorization to disclosure protected information from clinical records. A release of information is required before any information can be exchanged with individuals or agencies outside the Clinic. This includes written and oral transfer of information. All information released in any form must be discussed with the client in advance so that the client has signed a release of information form prior to any such exchange of information. Disclosures must be limited to the minimum necessary to carry out the intended purpose of the request. When completing this form, the client designates the specific person to whom the information will be disclosed and/or released to, as well as the purpose of this disclosure. *This form is for use with authorizations other than that contained in psychotherapy notes.* This requires a separate authorization form.

It is important to let referral agencies know that referrals to the Clinic are appreciated and acted upon. However, this may only be done if the client signs an authorization form. If authorization is given, a brief letter should be sent to any referring agency within 30 days of the initial appointment with the client. This letter is sent in addition to any other formal report that may be provided later to the referral agency.

Request for Confidential Handling of Information: A client can use this form to request the confidential handling of correspondence regarding protected health information over a specific period.

Initial Phone Contact Sheet: This form consists of contact information for the client and a brief description of why the client is seeking services. This form will be completed by the person who schedules the initial appointment with the client.

GREEN FOLDER (Individual Psychotherapy)

Left Side of Folder

- DVDs of recorded sessions
- Homework, materials from in-session activities

GREEN FOLDER

Right Side of Folder

- Psychotherapy Notes - signed by therapist and supervisor
- For an assessment – testing protocols that would include answers to the various test questions or items (i.e. anything that would breach test security if someone other than a trained professional would see). The client has a right to view non-copyrighted material which should be included in the blue folder

For an intake appointment, the green folder will be empty.

Even if not used, this green file should still be included because the green file will be needed if the client returns in the future for additional psychotherapy/assessment reasons.

RED FOLDER (Group Psychotherapy)

Left Side of Folder

- Homework, materials from in-session activities

RED FOLDER

Right Side of Folder

- Psychotherapy Notes - signed by therapist and supervisor
- For an assessment – testing protocols that would include answers to the various test questions or items (i.e. anything that would breach test security if someone other than a trained professional would see). The client has a right to view non-copyrighted material which should be included in the blue folder

For an intake appointment, the red folder will be empty.

Even though a person is in group psychotherapy, because of issues related to confidentiality, *a folder is made for each group member* rather than a single “group” folder.

YELLOW FOLDER (Community or Rural Practicum)

Left Side of Folder

- Homework, materials from in-session activities

YELLOW FOLDER

Right Side of Folder

- Psychotherapy Notes - signed by therapist and supervisor
- For an assessment – testing protocols that would include answers to the various test questions or items (i.e. anything that would breach test security if someone other than a trained professional would see). The client has a right to view non-copyrighted material which should be included in the blue folder

For an intake appointment, the yellow folder will be empty.

Even if not used, this yellow file should still be included because the green file will be needed if the client returns in the future for additional psychotherapy/assessment reasons.

Each form will be described below

Homework, materials from in-session activities: A therapist may have a client work on various tasks between sessions or during an assessment. Although these activities may help in the assessment of a client, they are not considered formal testing activities. Common examples may include things such as a list of positive qualities that a client generated about herself, a poem or drawing a client created, or a section out of a workbook that was completed.

Psychotherapy Notes: (often referred to as – Progress Notes; Process Notes; Case Notes). These are notes recorded (in any medium) by the therapist that documents or analyzes the contents of a conversation during an individual, group, or family psychotherapy session, as well as the therapist’s hypotheses, speculations, hunches or impressions regarding a client. In accordance to Privacy Rule, these notes must be kept separate from the rest of the client’s record.

The psychotherapy notes must include notes of telephone contact and no-shows or cancellations. Only the most recent and final version of notes should be permanently kept in the file. Psychotherapy notes should be placed in the folder with the most recent note on top (i.e. the note from the last session will be at the top and the psychotherapy note from the first session after Intake will be at the bottom of the file). This way it is possible to immediately determine treatment status and progress.

If group psychotherapy is the modality of treatment, each member of the group will still have a psychotherapy note placed in their file for every session or contact made with the person.

Assessment Protocols: This includes copy righted testing materials. This typically includes anything that would breach test security if someone other than a trained professional would view the material. The client has a right to view non-copyrighted material which should be included in the blue folder

NOTE: Once a client’s case has been terminated or will be transferred and all appropriate signatures have been obtained from the therapist and his/her supervisor, then the file should be given to the Clinic Director for a final audit of the file. If errors are found in the file (such as forms being out of place or signatures missing) then the file will be returned to the therapist. The therapist MUST fix the errors and return the file for a new audit. Once a file is free from errors then the Clinic Director will place the file in storage or transfer to a new therapist. This should occur not later than two weeks from the date of the last session/appointment and corrections should be made, if necessary, within 48 hours.

ADDITIONAL FORMS

These are forms that may be used in the Clinic but are typically not placed in a client’s file.

Privacy Policies & Procedures Document: This document provides policies and implementation requirements of the HIPAA Privacy Rule.

Business Associates Contract: This is a model contract for therapists to use in the Clinic’s dealings with entities like accountants, lawyers, billing services, and collection agencies who use clients' PHI

to carry out services on behalf of a therapist. Therapists are advised to seek legal counsel when entering into contracts with business associates.

CLIENT RIGHTS REGARDING RECORDS

Clients have a right to read, inspect, and have copies of all of their protected health information (PHI) as long as the PHI is maintained in the record. The therapist may require clients to make requests for access in writing, provided s/he informs clients of such a requirement. The therapist should discuss a client's request for access of PHI with his/her supervisor and the Clinic Director. File material is **NOT** to be given to the client until approved by the supervisor and Clinic Director. The therapist must act on a request for access, in whole or in part, no later than 30 days from when the request is received. A therapist may deny a client access to his/her PHI if access is reasonably likely to endanger the life or physical safety of the client or another person; the PHI makes reference to another person and it has determined that the access requested is reasonably likely to cause substantial harm to such other person; or the request for access is made by the client's personal representative and it has determined that the provision of access to the personal representative is reasonably likely to cause substantial harm to the client or another person. If the therapist denies the request, in whole or in part, s/he must provide the client with a written denial. If access is denied on a reviewable ground for denial, the client has the right to have the denial reviewed by a licensed health care professional who is designated by the supervisor to act as a reviewing official. A reasonable, cost-based fee may be charged for copying, postage, and preparing an explanation or summary of PHI.

NOTE: Clients do **not** have a right to inspect and copy psychotherapy notes and the client has no right of review on this issue. At the therapist's and supervisor's discretion, clients can review psychotherapy notes or have content in them sent to others. Therapists should discuss this issue with their supervisor if a request is made. An authorization for a use or disclosure of psychotherapy notes may not be combined with an authorization for use or disclosure of PHI.

Amendment of Records: A client has the right to amend protected health information (PHI) or a record about the client. The therapist may require clients to make requests for amendments in writing and to provide a reason to support a requested amendment, provided that s/he informs clients in advance of such requirements. If the amendment is accepted, the therapist must make a reasonable effort to inform those identified by the client as well as business associates, that the therapist knows have the PHI that is the subject of the amendment. A therapist who is informed by another entity of an amendment must make that amendment in the PHI.

Assessment Reports: Since assessment reports are often written for other professionals and an abundance of information may be summarized in an assessment report, it is not unusual for clients to have questions or not understand what the assessment data/numbers fully means. Therefore, it is required that clients obtain feedback about his/her assessment results prior to the assessment report being released. This feedback should be done in person. If necessary, although not ideal, the feedback can be done over the phone. It should be documented on the Service Activity Record that this feedback occurred so if the client contacts the Clinic in the future for an additional copy of the report, it is easily seen that feedback has been completed and is not needed again.

General considerations: Two other issues to consider when deciding what should go into a client's file are evident. First, what will be of help to another therapist who may work with this client in the future? Second, what may help minimize potential confusion or distortion of meaning should the file be examined by the client, another therapist, or by someone else as the subject of a court order?

Always consider the possibility that persons such as the client or others may eventually read the file. Thus, it is important to use judgment so that you will avoid using injudicious slang, pejorative terms or the like when writing psychotherapy notes, intake reports or anything else in the client's file.

CONFIDENTIALITY & SECURITY OF CLIENT FILES

Visits to the Clinic are protected by the highest professional standards of confidentiality as specified by West Virginia state law, HIPAA, the Privacy Rule, and the ethics code and code of conduct of the American Psychological Association. All Therapists should be thoroughly familiar with the most current version of the Ethical Principles of Psychologists and Code of Conduct from the American Psychological Association and sign the HIPAA Confidentiality Agreement. Confidentiality applies to all case sensitive information in the Clinic (e.g., client files, case identifying information, audio/video tapes, phone messages, and formal/informal contacts). Only paid Clinic employees, graduate students, faculty, and the Clinic Director are to access confidential information (e.g., telephone screening with potential clients, client files). Even then, Clinic employees should only access client files if there is a work related reason for accessing it. *If a Clinic employee is found accessing client files for non-work related issues then disciplinary action will be taken, which could include removal from practicum or expulsion from the Psy.D. program.*

File Storage: It is the therapist's responsibility to return a client's file to the file cabinet for secure storage. **Client files are to be kept in the locked file cabinets located in the Clinic unless the therapist is seeing the client, preparing for a session, or using the file in supervision.** Under **NO** circumstance may files be removed from the building. When working at home, notes must not be left where your spouse, partner, children, friends, or anyone else might see them. If you are, or may be, the last person to leave the Clinic for the day or you go into session with a client, lock all of these files cabinets and return the keys to the proper place.

Discussion of Clients: Clients are to be discussed only with supervisors and Clinic personnel. No discussion of clients with people outside of the Clinic may take place without the written consent of the client. This includes even any acknowledgment that the client is our client, or that we have ever heard of him/her. Any discussion of a client with any Clinic personnel should occur in the form of supervision in Clinic meetings. A couple exceptions to this rule can occur. Discussion can happen if all people present are associated with the Clinic or M.A./Psy.D. program and the discussion is occurring as part of a Clinic meeting or in a classroom situation. For this to occur, there must be an educational benefit to the discussion, the discussion is intended to benefit the client, and is limited to Clinic personnel with a need to know about the client or with insight to offer. Consent to discuss a client is also not required, when the psychologist is rendering professional services as part of a team or interacting with other appropriate professionals concerning the welfare of the client (provided that all persons receiving the information abide by the rules of confidentiality).

Note: Consultations with other professionals are permitted without consent or authorization if the client is not identified.

Teaching Examples: Since Clinic clients are often students at Marshall University there is a strong potential, even with identifying information altered, that someone in a class taught by a Teaching Assistant could identify who the client is with limited information. Additionally, the perception, regardless of the validity, that Clinic clients are frequently discussed in classes could harm the reputation of the Clinic and negatively impact someone seeking services for fear that s/he will also be used as an example in classes. Therefore, Teaching Assistants are not to use examples related to or discuss any aspect of current or past Clinic clients in their undergraduate courses.

CLOSING/TRANSFERRING FILES

All reports and notes must be signed by the supervisor and placed in the appropriate location in the client's file. ***Closed or transferred files should be given to the Clinic Director within 2 weeks of the last appointment.*** Terminated or transferred client files will be audited to make sure that documents are signed and placed correctly in the file. The file will be returned to the therapist if there is something wrong. Corrections should be immediately made and the file re-submitted for a new audit within 48 hours. **All paperwork needs to be complete, correct, and handed in before a therapist will be allowed to leave the Clinic practicum and start his/her new practicum placement.** If this is not done, then progression toward your next practicum will be halted.

Closed files are kept in the Clinic for up to one year. Thereafter, closed files are stored in another secure location and are filed alphabetically.

SATISFACTION SURVEY

At any point in time, but mandatory after a client's case has been terminated, a satisfaction survey will be mailed to the client. This form anonymously asks the client various questions about his/her experiences with the Clinic. Once a survey is returned, information in it will be used in a data base on the Clinic and the form will then be given to the therapist's supervisor for review with the therapist. Since feedback from this survey can be beneficial to the student therapist, s/he closes his/her cases in a timely manner consistent with the policies listed in this manual. If files are delayed in being closed then the satisfaction survey is not mailed and student therapists are missing out on information that could be helpful.

FEES AND INSURANCE COVERAGE

The Marshall University Psychology Clinic is supported by client fees, the Department of Psychology, the College of Liberal Arts, and contracts from outside agencies.

Fees for service: Although the Clinic is not a for-profit venture, fees are charged for services and therapists are expected to collect fees at the time services are rendered. The Clinic operates on a cash basis. Checks should be made out to ***Marshall University Psychology Clinic***. Payment is expected at the time services are rendered.

Effective Fall 2004

For Psychotherapy, Couples, and Family Therapy per 45-50 min. session

Total Income for Person Presenting as Client	Community	Family Staff Faculty	Students
\$40,000 and Up	\$40.00	\$20.00	\$0.00
\$20,000 -39,999	\$30.00	\$15.00	\$0.00
\$19,999 and less	\$20.00	\$10.00	\$0.00

For Assessment

Total Income for Person Presenting as Client	Community	Students Family Staff Faculty
\$40,000 and up	\$250.00	\$125.00
\$20,000 -39,999	\$200.00	\$100.00
\$19,999 and less	\$150.00	\$75.00

The Marshall University Psychology Clinic reserves the right to waive or additionally reduce fees. This reduction must be approved by the Clinic Director. No potential client would be turned away because of the inability to pay and/or if seeing a certain client would be a good training opportunity for a student therapist.

NOTE: The listed fees indicate a 50% discount on all services listed above for Marshall University students, faculty, staff, and members of their immediate families.

The Marshall University Psychology Clinic reserves the right to change these fees at any point without notice. Therapists and staff will be kept up-to-date on the current fee schedule.

Billing and Collecting Fees for Service: Fees for therapy are collected by the therapist at the conclusion of each session. Payment is expected at the time services are rendered. Half of the fee for psychological evaluations is collected by the therapist at the initial session. The remaining balance is collected by the therapist when the client is given feedback or the final report.

Billing receipts are prepared following each therapy session or upon the first and last meeting for a psychological evaluation report. The top copy (white) of the receipt goes to the client. The pink copy of the receipt is placed in the client file. Therapists will take the payment along with the gold receipt and place it in the Clinic safe, located in the file/storage closet. A petty cash draw will be left in the Clinic. If change needs to be made for a client then the therapist can use this cash (e.g. client is charged \$15 and gives you a \$20 bill; \$5 can be used from petty cash to make change). The therapist will document who they are, the date, how much money is being put in the drawer, and how much is being removed for change. Petty cash is **NOT** to be used for any other purpose than to make change for a client. Change will not be made for someone writing a check. The check should be written for the exact amount due. *If a student therapist does not follow these procedures or if someone is found stealing, then that person will face removal from the practicum and Psy.D. program, as well as potential legal consequences.*

Reduced fees: Clients who appear to need services but who state that they are financially unable to pay the standard fee may be seen at a reduced rate after you have consulted with and obtained approval from the Clinic Director. You may **not** advise a client that he or she will be seen at a reduced rate unless approved by the Clinic Director. Therefore, clients should expect to pay the full fee for the initial session and any session thereafter until a reduced fee is approved. *If a reduced fee is approved then a new Financial Agreement will be signed with the reduced fee and approval from the Clinic Director indicated on this form.* The new Financial Agreement will be placed on top of the old Financial Agreement (which should contain the original fee and signature of the client).

Delinquent Fees: If the client does not pay for the equivalent of three sessions then the therapist should give the client the bill at their next appointment. This should also occur if no payment is made

after the first assessment meeting. Any balance that remains unpaid for an additional two weeks should be adjusted on the bill to the new amount due and mailed to the client. A letter should also be sent stating that consistently missing payments may result in termination or suspension of services, at the discretion of the therapist, supervisor, and Clinic Director.

Insurance coverage: The Clinic does not accept direct assignment of Medicare, Medicaid, or other insurance benefits, nor does the Clinic bill insurance companies directly. The client's insurance company is never responsible for payment. Only the client, or in the case of a child the parent or guardian of the client, is responsible for paying for the Clinic services. If a client asks, advise him or her that therapists will provide clients with a billing statement which clients may use to request reimbursement for services from their insurance company.

It is important to advise all clients with questions about insurance that most insurance companies do not reimburse clients for services provided by students, trainees, interns, or other unlicensed individuals even when that person is under direct supervision.

Liability insurance: Students and their supervisors are covered by Marshall University's general liability insurance. It is recommended that student therapists obtain additional liability coverage. Many insurance companies have reduced rates for students.

Clinical Faculty Therapists: Since 1989, as a service to West Virginia citizens, faculty may practice in the Psychology Clinic. This arrangement provides doctoral level services on a private basis for individuals in need of psychological care. It is also possible for faculty to use their own offices or laboratories to provide psychological services consistent with prevailing university policies on faculty consultation. Faculty therapists are to pay the Clinic an agreed upon percentage of fees collected (which has been set by the Psychology Dept.) from private practice activities that would use the Clinic, department, or university resources. This payment can be made at any time but should occur at a minimum of twice a year (e.g. once every six months). This arrangement benefits clients who want and/or need treatment from a doctoral level provider. Students benefit because of the increased opportunity for training and contact with faculty. The University benefits by advancing its service mission to citizens of the State. Faculty benefit by having a venue for them to continue practice of the clinical skills they teach, as well as an encouragement to conduct their practice within the University itself.

PSYCHIATRIC CONSULTATION

If a therapist and supervisor determine that medication may be of benefit to the client, or simply that a medication review by a psychiatrist is called for, referral is available to several locations (see referral resource book in Clinic). The John Marshall School of Medicine, Department of Psychiatry accepts referrals. You may simply give the client the phone number of the Department of Psychiatry (304-697-7036) so the client may make the contact. If the client would like for you to make an initial phone call you may do that provided that the client signs a release of information form allowing you to make the call and disclose confidential information. It is probably a good idea to have the client sign a release of information form for the psychiatrist to whom the client is referred anyway, because you probably will want to have some communication with the psychiatrist during the routine course of treatment.

In addition to the John Marshall School of Medicine there are a number of psychiatrists in private practice in the Huntington area that you may suggest to a client. Your supervisor can aid you in identifying a psychiatrist who would work well with your client.

REPORTING CHILD ABUSE

Therapists are required by law to make a report to the Department of Health and Human Resources Child Protective Services (CPS) when they have a *reasonable suspicion (proof is not needed)* that a minor is being physically or sexually abused, or neglected. Should therapists suspect such situation they must contact their primary supervisor. In the event that the primary supervisor is not available the therapist can contact the Clinic Director or any available clinical faculty. ***This contact with CPS should be made immediately and not more than 48 hours after suspecting this abuse.*** If the child is in imminent danger the therapist should contact the police and any law-enforcement agency having jurisdiction to investigate the complaint. The supervisory staff will assist the therapist in reporting the suspicion.

DANGER TO SELF OR OTHERS

When therapists believe that a client is likely to harm himself/herself or another person, that is, when suicidal, homicidal, or violent actions appear likely, students must seek immediate consultation with their supervisors or another clinical faculty member. You should note that therapists are required by law to report about or warn any identified individual whom they believe to be in danger as a result of a client's threat or expected future action. Clients who are believed likely to harm themselves or others may require intervention of law enforcement personnel or civil commitment.

JUDICIAL & ADMINISTRATIVE PROCEEDINGS

If a client is involved in a court proceeding a request could be made for information. It cannot be said definitively that West Virginia has recognized the psychologist-client privilege. Given this lack of clarity, it would be safest not to reveal client information that would be covered by privilege without a court order, client consent, or consulting with an attorney. The therapist should contact his/her supervisor and the supervisory staff will assist the therapist if court related requests are made.

SUBPOENAS

You may, on occasion, receive a subpoena for clinic-related material about a client. If you receive a subpoena do not send the records. Contact your supervisor to discuss this further. The reason you must not send records simply on receiving a subpoena is because your client has the legal right to be informed by you that you have received the subpoena, and the client further has the right to go to court and attempt to quash that subpoena by a judge's order.

Thus, if you receive a subpoena for client records you may only send those records to the requesting party after you have first informed your supervisor and the client of the subpoena and either received written permission from the client to proceed with sending the requested materials (and, of course, with that written permission from the client no subpoena would have been necessary in the first place), or after the client has failed to seek and win an order to quash the subpoena.

ADULT & DOMESTIC VIOLENCE

Currently, there is no statute in WV permitting psychologists to disclose confidential information about victims of adult abuse.

CLINIC EMERGENCIES

Clinical emergencies in a variety of forms may arise. In such situations therapists must contact their primary supervisor. If that person is not available the therapist should try to contact another Clinical faculty member. If no supervisory staff is reached at this point then the therapist should contact the Clinic Director.

Immediate threat or danger: In the unusual event of immediate threat or danger to the therapists or to others, the campus police should be contacted first. Campus police will respond quickly if the therapist pushes one of the panic buttons located in the therapy rooms of the Marshall University Psychology Clinic or if they are contacted by telephone at extension 6-4357 (6-HELP). If a client leaves the Clinic and immediate danger or threat is suspected, then the therapist should note what the client is wearing, the direction the client is going, and have client contact information available so that this information can be given to the police or other authorities.

Although it is extremely unlikely that therapists will ever be unable to contact a supervisory staff member by telephone, the hospitals and Pretera Center listed previously may be contacted for guidance in handling emergency and/or crisis situations.

If a therapist is concerned that an emergency call from a client might occur in the future, possibly at a time that the Clinic is closed, the therapist must discuss this with the client and the therapist's immediate supervisor. *Therapists must never provide to clients their home (or work), cell, or other telephone numbers or addresses under any circumstances.*

Line of help-seeking: In any matter in which you need help or supervision, including emergencies and the like, your line of help seeking runs as follows: First the supervisor covering the Clinic that day. If s/he is not available then try to contact your supervisor. If s/he is not available then try to contact any other clinical faculty member in the building. Finally, contact the Clinic Director by calling or visiting the Director's office in the event you have been unsuccessful in contacting any of the previous people.

AGE OF CONSENT TO TREATMENT

In the State of West Virginia a person must be 18 years of age in order to seek treatment in the Marshall University Psychology Clinic. Younger persons must have permission from a parent or guardian.

There are two exceptions to the age of 18 Rule. The first involves instances of substance abuse in which the age of consent is 13 years. This means that when substance abuse is the problem anyone 13 and older may receive ongoing therapy in the Clinic without permission (or even the knowledge of) a parent or guardian. Such a person has all the rights to confidentiality that go to any individual age 18 and above.

The other exception is for emergency situations, for which there is no lower age limit. However, it is rare that an emergency situation would extend beyond an initial ninety minute visit with an underage client.

ETHICAL STANDARDS & PROFESSIONAL BEHAVIOR

Ethical Standards: Ethical dilemmas are, by definition, difficult to resolve and can often be quite complex. A therapist's first step when faced with an ethical issue is to consult with his or her

supervisor to discuss the issue. All graduate students, faculty, and administrative staff are expected, as a condition of their participation in the Clinic, to be knowledgeable of and abide by the most current American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, upholding confidentiality and all other issues.

Professional Title & Behavior: The official title of all graduate student therapists is ***Psychology Trainee***. *The therapist should also list his/her degree (e.g., B.A., B.S., M.A., or M.S.) on all correspondence, reports, and psychotherapy notes.* Graduate students, faculty, and administrative staff are expected to follow standards related to professional behavior while in the Clinic. This includes, but is not limited to: (a) appointments must be met exactly on time; (b) client folders or any case material bearing identifying information are not to be taken out of the Clinic, except as needed for supervision purposes, or when using the a computer in the psychology computer lab; (c) cases are not to be discussed with colleagues where the possibility of being overheard exists; and (d) graduate student therapists, as representatives of the Clinic, are expected to exhibit mature and professional behavior when engaged in off-site community contacts or telephone communications.

Service delivery: Graduate Students provide service as part of their clinical training requirements (i.e., assigned practicum, on a voluntary basis to gain additional experience, or to conduct research). In general, service delivery consists of the following: (a) conduct initial screening and/or intake sessions with potential clients; (b) conduct assessment and consultation services; (c) develop interventions and treatment plans based on assessment information; (d) conduct therapy sessions which implement the treatment plan; (e) arrange and keep client appointments and follow up when no-shows or cancellations occur; and (f) keep up-to-date and complete records of services provided that includes psychotherapy notes, completing fee receipt forms after each session, writing intake and termination reports, and so on; and (g) monitor client payments and any other payments.

Clinic Environment: Further, all graduate students using the Clinic are expected to maintain the general appearance/environment of the Clinic by leaving it the way they found it, or in better shape. After each session, therapists should put furniture back the way it belongs, return toys to the appropriate place in the toy closet, turn off audio/video equipment, turn off sound machines, and throw away any trash left by their client.

Dress Code: Therapists are expected to present themselves in a professional manner. It is expected that therapists will dress in appropriate business-casual attire (no jeans, shorts, revealing or low-cut apparel, hats – unless for religious/medical reasons, etc.).

Online and Social Networking: Be judicious when disclosing information in public domains (e.g., posting information on personal websites such as My Space, Facebook, Twitter). In addition, refrain from posting unprofessional statements or pictures that may be viewed by clients, supervisors, instructors, or colleagues. Since the ethical principles and code of conduct warn against multiple relationships and exploitative relationships, therapists are not permitted to “friend” current clients and it is highly recommended that therapists not “friend” former clients.

Advertisement and Consultation: It is expected that therapists will aid in the promotion of the Clinic's services to the campus and community. This may include going to several University 101 courses to inform in-coming freshman of the Clinic, by maintaining a table at events such as the Student Activities Fair, doing presentations in the dorms and community, etc. You should wear your Clinic ID badge at any promotional or consultative event.

REMEMBER: Student therapists represent the Marshall University Psychology Clinic in the eyes of campus population and in the community. Please take care to represent the Clinic in a professional manner at all times.

TRAINING

Practicum registration: All graduate student therapists who are seeing clients in the Psychology Clinic must be registered for the Psychology Clinic practicum (PSY 670, PSY 671, or 769 for therapy supervision and PSY 713 or PSY 714 for assessment supervision).

Supervision: Graduate student therapists will receive a minimum of 2 hours of weekly supervision from a Psychology Department faculty member. Supervision typically consists of an hour of individual supervision to discuss psychotherapy cases, another 30-60 minutes for individual and/or group assessment supervision, and 60-90 minutes of group/treatment team supervision.

Policy/Procedure Training: Therapists, co-workers, support staff, supervisors, and those who have contact and/or access to Clinic records will be trained on these policies and procedures and documentation will be kept acknowledging that this training occurred and agreement of compliance. The Clinic Director will be responsible for seeing that these privacy procedures are adopted and followed for the Clinic.

Clinic Meetings: Regularly scheduled Clinic meetings will be held. This will be a time to up-date therapists and supervisors on changing procedures and training issues, discuss caseload and client assignment, process any Clinic-related problems that occur, etc. All therapists seeing a client in the Clinic are required to attend these meetings.

INTERNSHIP

APPIC (internship) applications often request a copy of an evaluation or treatment report. In order for student clinicians to fulfill this request, the Psychology Clinic has adopted the following policy. A student may submit a clinic report with the approval of the supervisor for that case after carefully deleting all client identifying information. This may include more than the name and disguising readily identifiable information (e.g., place of employment). The edited report must be approved by the supervisor AND the Clinic Director (or the Director of Clinical Training if the Clinic Director is the supervisor). The revised document should be clearly labeled “Modified Sample Report” in bold print on the first page. No audio or videotapes will be submitted. Students are advised to inform potential sites that their program will not allow such materials to be used, given the impossibility of adequately protecting client confidentiality. Violation of any of these recommended procedures for handling APPIC program requests for sample reports will be considered a breach of ethical conduct. The Clinic would consider such a violation very seriously, including consideration of dismissal from the Psy.D. program.

Prior to leaving for internship, students will schedule a checkout meeting with the Clinic Director to assure all paperwork requirements have been met, cases closed, and clinic materials properly disposed of. This should be scheduled at least one month prior to their departure. *If students have not completed all paperwork requirements of the Clinic then a “hold” will be placed on the student’s account preventing them from graduating, having transcripts sent, limiting financial aid distribution, etc.*

RESEARCH

When research is connected with any phase of treatment, the client must be given the option to obtain services but to refuse to participate in the research project. The Clinic encourages a connection between research and clinical work, as it is consistent with the practitioner-scholar model of the Clinical program. Investigators should first request permission to do clinically-related research with the Clinic Director, as well as show Marshall University Institutional Review Board (IRB) documentation approving such research. In addition, clients who decide to participate in research must sign an informed consent previously approved by the IRB.

CLINIC DIRECTOR

The Clinic Director will:

- Be designated to see that privacy and procedures of the Clinic (including HIPAA) are adopted and followed. This includes training of and documentation of this training for clinicians, co-workers, support staff, supervisors, and those who have contact and/or access to Clinic records.
- Conduct Clinic meetings with staff and faculty
- Oversee the day to day operations of the Clinic
- Oversee professional appearance of the Clinic
- Monitor therapist case loads
- Ensure client records and treatment plans are regularly and accurately maintained (Quality Assurance and file audits)
- Address supervision and training needs of practicum students and supervisors
- Develop and update Clinic materials (handbook, info packets, brochure, web page, etc.)
- Ensure compliance with all legal and ethical obligations
- Maintain inventory of assessment material
- Market services, maintain and establish referral sources
- Coordinate consultation/outreach presentations
- Develop an active working relationship with local agencies for referral and collaboration
- Perform various other administrative duties

SUPERVISION

Qualifications: Anyone providing clinical supervision to graduate students through the Clinic must be competent to provide supervision in the activities they are expected to supervise and must be qualified to provide supervision based upon education, training, and experience (per the Administrative Guidelines for Psychology Training Clinics, ADPTC). Supervisors must be licensed (or eligible for licensure) as a psychologist in the State of West Virginia.

Supervisor Assignment: Supervision assignments are made by the Psy.D. program director, with input from the assigned supervisors at Clinic. Input/requests by students for a supervisor will be obtained from students, and requests will be accommodated to the extent that it is feasible to do so.

Supervision Documentation: Anyone providing clinical supervision will maintain documentation of the supervision that is provided. This might be as minimal as the name of the student, dates and times of meetings, and client initials, although more extensive record-keeping is certainly encouraged, to the extent feasible. If these records contain client identifiers, they should be maintained in the clinic, but if they are de-identified, they can be kept elsewhere, as long as they can be provided upon request

(i.e., if the Licensing Board were to require documentation of a student's claim of having had the required number of supervision hours).

At the end of each semester (Fall, Spring, and Summer), the supervisor is responsible for completing the practicum evaluation for their assigned supervisees. If a therapist has two supervisors then each should complete the appropriate portion of the evaluation form or completed a separate evaluation form. After reviewing the evaluation form with the supervisee all required signatures should be obtained and the form is submitted to the Administrative Secretary, Sr. Student therapists are encouraged to make sure that their supervisor(s) complete, review, and submit this form in a timely manner.

Missed Supervision: If a supervisee must miss a supervision session, s/he should contact the supervisor as soon as possible to reschedule the supervision time. Since the supervisee canceled the supervision, it is the supervisee's responsibility to take this initiative to reschedule the meeting and insure that required supervision is obtained.

When supervisors will be out of town and/or otherwise difficult to contact, they are expected to designate a back-up supervisor and apprise him/her of any foreseeable reasons why supervisees or clients may need attention during the primary supervisor's absence. The supervisor should also inform the Clinic Director so s/he is aware of who should be contacted if needed.

Supervisor of the Day: At the beginning of each semester, various clinical faculty are assigned a day of the week to be available in case of an emergency. The supervisor's cell phone numbers are kept in the key lock box for therapist to access, if needed. These phone numbers should be kept private. If the supervisor of the day cannot be reached then the therapist should follow the chain of seeking help outlined in the "Clinic Emergencies" section of this manual.

Clinic Meetings: Supervisors are encouraged to attend, as schedules permit, periodic Clinic meetings to avoid gaps in knowledge about Clinic matters. These meetings help Clinic staff keep abreast of changes at the Clinic and to provide input about policies, procedures, purchases, student issues, etc.

SUPPORT STAFF

Please note that neither the Administrative Secretary Sr. nor the Program Assistant II type documents or make copies for the Psychology Clinic. Most documents are typed and/or copied by the therapist.

The GAs working in the Clinic report to the Clinic Director and the Administrative Secretary Sr. or the Program Assistant II. The GAs are not the secretaries for the student therapists working in the Clinic. These assistants are in place to aide the Clinic Director and other support staff with the daily running of the Psychology Clinic. Requests for the GAs to do something for a student therapist should be directed to the Clinic Director, the Administrative Secretary Sr., or the Program Assistant II for approval.

The Administrative Secretary Sr., Program Assistant II, and GAs must also be trained on these policies and privacy procedures including requirements mandated by the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Rule (45 C.F.R. parts 160 and 164) and state law. This training should be documented.

FIRE ALARM

If the fire alarm sounds while you are testing a client or holding a therapy session, you must leave the Clinic. Before you leave the Clinic, lock the file room and make sure the outer door to the Psychology Clinic is securely locked. If you were meeting with an adult client or a child client that is accompanied by an adult, then you should instruct them to wait outside and return to the Clinic when the building is reopened. Due to issues of confidentiality, you should not stand with your client outside of the building. However, if your client is in crisis or a child who is not accompanied by an adult, then you should remain with your client until the building is reopened.

CLIENT PARKING

Parking Permits: Clients may obtain a temporary parking permit for each session by stopping at the parking office (on 5th Avenue at 18th Street) prior to the time of the scheduled appointment. A fee may be charged by the parking office. Occasionally, the Clinic will obtain parking permits that clients can use. These permits should be given to clients who live off campus and do not already have a Marshall University Parking Permit. If parking permits are available, a therapist can obtain a permit for a client after the initial intake session. These permits are typically kept by the Clinic Director and/or the Administrative Secretary, Sr.

Directions: A clear set of directions helps so that the client can easily find the Clinic. Use major landmarks such as, “Third Ave., two blocks west of the football stadium, across the street from the Robert C. Byrd Biotech Center.”

COMPUTER USE

Computer Access: Computers are available for students to use for preparation of Clinic documents such as reports, psychotherapy notes, and for other academic purposes. A terminal is located in the Clinic lobby and Room D. Additional terminals are available in the graduate student computer lab adjacent to the Psychology Department offices.

To maintain client confidentiality and account security, therapists must save any information by password protecting it on a disc (A drive), their secure Marshall virtual drive (V drive), or flash drive. HIPAA requires that therapists be able to demonstrate that they only have access to computers with client records and back-up files are only accessible to the therapist. If client information is found saved to a computer (C drive) then the therapist’s supervisor will be notified and the therapist will be reprimanded. Possible consequences include removal from the Clinic practicum or expulsion from the Psy.D. program.

TELEPHONE USE

Returning Calls and Leaving Messages: When making telephone calls therapists should maintain client confidentiality and not identify the Clinic initially. The therapist must say something similar to the following: “This is Ms. Smith from Marshall University. I’m returning Mr. Jones’ call.” The reason for this is related to the fact that the person on the other end of the phone may have no idea that “Mr. Jones” has sought an appointment or information about the Psychology Clinic.

Repetitive rounds of phone tag can be avoided by asking when a better time for calling may be or request that the client call and leave a message including the best times and dates to reach him/her. The therapist may suggest times and dates when a client could reach the therapist by telephone, and leave the Clinic telephone number.

If attempts to return calls result in busy signals or no answer, the therapist should briefly document the activity on the phone contact sheet or in a psychotherapy note and the client activity record. For example, a therapist may write: "Busy at 10:15 am on 9/22/12" or "No answer at 2:35 pm on 11/23/11." If you left a message for the client, you should note it on the phone contact sheet or in a psychotherapy note and client activity record. For example, a therapist may write: "Left message at 11:10 am 12/3/12 for client to call therapist back." Be sure to let the GAs or Administrative Secretary, Sr. who may be answering the phone know what needs to be done if the client calls when you are not available.

Personal Phone: The only numbers you may give the client are campus numbers. **You must never give clients your home telephone number, cell phone number, or home address.**

Messages on Campus Phones and Confidentiality: Another issue involves leaving messages at on-campus extensions such as the dormitory rooms or hall. This presents a problem in confidentiality because an unanswered call from one extension to another is automatically recorded by the University's voice mail system. The recording will identify the origin of the call for anyone who has access to the messages at that number. This might include a roommate or some other person. Thus, to preserve confidentiality, you must return calls to campus extensions from a number outside the Clinic (such as the telephone in room 335 of Harris Hall or from a faculty member's phone). Keep in mind that when making such calls from areas outside the Clinic you must not be overheard by those passing-by.

Also, do not make telephone calls in the waiting area when other clients are present and waiting for their therapy appointments or to schedule a new appointment.

Obtaining voice mail messages: Only the Clinic Director, other clinical faculty members, the GAs, and the Administrative Secretary, Sr may retrieve messages from voice mail on the Clinic line. Messages taken for therapists will be left in their department mailbox.

To get voice mail: All therapists will be assigned a voice mailbox. You must dial extension 6-6245 (6-MAIL). The voice automated system will ask you to enter your extension followed by the # sign and your password followed by the # sign. From there, the voice automated system will guide you through setting up your voice answering system as well as how to retrieve and save voice messages. It is requested that therapists do not change their voice mail password. By not changing your password, it allows a supervisors or the Clinic Director to access voice mail messages in case of an emergency. However, this is not required and therapists may change the password if they desire. These therapists should inform the Clinic Director that a new password has been created (they do not have to tell the Clinic Director what it is) so that the Clinic Director knows to have that extension's password re-set once the therapist is no longer working in the Clinic.

Personal calls: To keep the line available for incoming calls, therapists must not make or receive personal or non-Clinical related calls on the Clinic phone. If you need to call a client from your personal phone (e.g., you are sick and need to cancel) then you should dial *67 (+the number being dialed). You are responsible for any fees charged to your that are associated with this feature.

Long distance calls: Therapists may occasionally need to make long distance telephone calls as part of their activities related to a particular client. The Clinic has a long distance code that can be obtained when needed. The Psychology Department Administrative Secretary, Sr. will assist therapists in obtaining an individual long distance code number for this purpose, if needed. Therapists may not use the code for calls other than Clinic-related activities. Personal use of the Clinic code

number will result in your dismissal from the practicum and may result in expulsion from Psy.D. Program.

EMAIL

Currently, it is recommended that you do not contact a client through email unless no other means of communication have worked. Much information passed along the Internet is not secure and therefore can breach confidentiality. Also, the HIPAA rule sets guidelines regarding the transmission of electronic data and these new regulations were mandated in Oct. 2003. ***If a client prefers to be contacted via email then the therapist must have the client sign the Email Consent Form indicating this preference and that the client understands that information may not be secure and therefore may not be confidential.*** This document is then filed in the client's blue folder. You may also have the client complete a Request for Confidential Handling of Health Information form. If you engage in email communication with a client and do not have this form signed, then you may have breached confidentiality. This action could result in your dismissal from the practicum and may result in expulsion for the Psy.D. program. When communicating with a client via email, you should use your Marshall email account and not a personal email address.

The Clinic Director often communicates with the Clinic staff via email. People affiliated with the Clinic are added to the psychclinic-list@lists.marshall.edu listserv. If you are not receiving messages from this listserv then you should immediately contact the Clinic Director since you are missing important information about the Clinic and its functioning. You should also periodically check your "junk mail" folder to make sure that important messages are not transferred there. Once you have completed your work in the Clinic, you will be removed from this listserv.

PHOTOCOPIES

Student therapists will occasionally make photocopies of various items as part of their Clinic responsibilities. The Psychology Department's Administrative Secretary, Sr. will assist therapists in obtaining a code for using the Psychology Department copier. Similar to the long distance telephone usage, therapists must employ this photocopier code only for Clinic-related business.

The printer in the lobby of the Clinic is equipped to copy and scan materials. This should be done when a copy is needed and it would be difficult to go and make a copy on the copier located in the Psychology Department. The number of copies that can be made should be limited to no more than 5 at a time. If more are needed, then the therapist should use the copier located in the Psychology Department.

OFFICE SUPPLIES

Obtaining office supplies: Most office supplies that therapists need are kept in the desk in the Clinic reception area (i.e. pens, paper, paperclips, etc.). These supplies should be returned after use as they are Psychology Clinic property. Two-hole and three-hole punches, clip boards, staplers, scissors, and tape dispensers are also available. These should remain in the Clinic at all times. Additionally, business forms that have been printed off-campus and forms that have been created and copied in the department for use in the Clinic are located at the desk. When a therapist becomes aware that a form is in short supply, he or she should make more copies. **NEVER USE THE LAST FORM!** Likewise, when office supplies are low, therapists should complete an *internal work request* (which is available on the clinic website) and turn it in to the Administrative Secretary Sr.

MAILING

Only mail directly related to the Clinic or client concerns may be sent from the Psychology Department's mail box in the main office (room 330). Incoming mail will be placed in the individual therapist's departmental mailbox (room 330). Have the sender address correspondence to the following address:

Marshall University Psychology Clinic

Attn: _____

One John Marshall Dr.

Huntington, WV 25755

Psychology Clinic letterhead and Psychology Department envelopes are available at the main desk in the Clinic. This stationary is available to Clinic staff members and therapists to write letters or other documents associated with Clinic business. If the supply begins to run low, please let the Clinic Director or Administrative Secretary, Sr. know so that more letterhead and envelopes can be obtained. When sending mail, make sure to write your last name in the upper left-hand area of the envelope (by the return address). Therefore, if the envelope is returned, it can be given back to you and minimizes the risk of someone else opening the envelope and potentially breaching a client's confidentiality.

WEB PAGE

The Clinic web page is maintained by the Administrative Secretary Sr. Basic information about the Clinic is located on this page, as well as special announcement such as a new group therapy opportunity or continuing education workshops sponsored by the Clinic. If there is something that a therapist would like put on the web page, the therapist should contact the Clinic Director and discuss this information. Most Clinic forms for clients and therapists can be found through the Psychology Dept. web page. These forms can be downloaded, printed, and used. If there is a problem with the web page, please contact the Clinic Director. The web page can be located at:

<http://www.marshall.edu/wpmu/psych/clinics/campus-psychology-clinic/> with many Clinic forms located under Student Resources found at: **<http://www.marshall.edu/wpmu/psych/current-student-resources/>**

TIME2TRACK

The Psychology Clinic subscribes to a computer database to track and monitor various aspects of the Clinic's functioning. Information regarding client demographics and therapists' clinical activity are maintained through data collected and are to be entered by the therapist into the database on a weekly basis. Although maintaining the database is the responsibility of each therapist, accurate data collection can occur only with the help of all therapists involved with the Clinic.

One of the advantages of the database is the ability to generate useful reports concerning clients, therapy sessions, and other Clinic activities. The database can help answer these questions about the Clinic's viability. By monitoring our own strengths and deficits, we can assess the effects of our marketing efforts, determine if more training is needed in a particular area, and help work toward continued funding for the Clinic.

A particular advantage of the database is the ability to generate information on clinical hours and activities accrued by therapists in one simple step. This information is very useful for internship applications. As vital as the database is, it is only as accurate as the data that goes into it. All staff and therapists need to ensure that all forms are completed correctly and that all procedures are followed precisely.

If Time2Track is not completed each week and kept up-to-date, then the student therapist may not receive credit for practicum that semester. This could result in the student therapist having to repeat his/her time in the Clinic in order to obtain this credit.

The data base can be accessed on-line at: <http://www.time2track.com>. You will receive logon information at the Clinic orientation training. If you have problems with the Time2Track system, please inform the Administrative Secretary Sr.

TB TEST

All Clinic staff are required to get TB (PPD) skin test. This can be obtained at no charge through the Cabell County Health Dept. located at 703 7th Ave. from 8-11am and 1-3 pm on Mondays and Fridays. The test requires two visits, once to get the test and a return visit to read the results. All Clinic employees **MUST OBTAIN** the TB skin test **WITHIN ONE MONTH** of starting his/her work in the Clinic. A copy of the test results should be given to the Clinic Director.

DRUG-FREE WORKPLACE POLICY & SCREENING

Marshall University, which includes the Psychology Clinic, is a drug-free workplace which includes but is not limited to drugs that require a prescription but have not been validly obtained, alcohol, and illegal substances. Being under the influence or using these substances is incompatible with the educational mission of Marshall University and the Psychology Clinic. The role of the University and the Psychology Clinic is in the pursuit, creation, and dissemination of knowledge that requires that all members of the University and the Psychology Clinic to function at their optimal level. The illegal use or abuse of drugs and/or alcohol has a clear and adverse effect on the educational environment. Accordingly, Marshall University and the Psychology Clinic are committed to promoting the responsible use of alcohol and preventing the use of illegal drugs.

All members of the Marshall University community are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of illegal controlled substances and/or abuse of alcohol/legally controlled substances on any property owned of controlled by the University as well as any place adjacent to their practicum/job site. Members of the University community are responsible for knowing and complying with provisions of local, state, and federal laws that prohibit the unlawful possession, sale, delivery, manufacture, or use of those drugs known as “controlled substances.”

This policy shall be a condition of employment and placement in the practicum site. Student therapists will receive a copy of the drug-free workplace policy and are expected to abide by this policy during their time at Marshall University. Student therapists will sign a drug free workplace policy acknowledgement statement. For more information, please see the Substance Use and Abuse Policy within the University Policy section of the Student Handbook and on the Human Resources web page for those employed by the University.

A student therapist may be asked to take a drug test at his or her own expense *at any time* while working at the Clinic. The staff member will not be allowed to continue his/her work in the Clinic until this drug screening has been completed and results are obtained. Once the drug test has been requested, the staff member will have three business days to complete the drug screen. Failure to comply and/or the results of the drug screen could result in consequences related to removal from the practicum and/or expulsion from the Psy.D. program.

If a student therapist feels that s/he has problematic use of a substance, this should be discussed with a faculty member, administrator, or supervisor so that appropriate referrals and help can be provided through a viable and recognized treatment program.

BACKGROUND CHECKS

Student therapists may be required to go through a background check prior to or at any time during their work in the Psychology Clinic. This policy specifically pertains to criminal background checks but could include other areas that would be relevant to the student therapist's work in the Psychology Clinic or the welfare of those served by anyone working in the Clinic. All records obtained as a result of a background search will be maintained in a file separate from the students' academic file and will be held in strict confidence. Actual documents will not be circulated or divulged; rather results will be summarized for those who have a need to know. That is, upon request, written documentation will be provided indicating that the student has been screened and cleared (or not) of any history of criminal convictions.

Student therapists may be asked to complete a Background Checks Authorization Form. Although the background check is not limited to these areas, typical information checked includes Social Security Validation and Verification; County Criminal Records Search (for last 7 years of residence); Federal Criminal Records Search; Search of Sexual Offender Registry; Healthcare Fraud and Abuse Scan. *Student therapists should disclose, prior to the background check, any relevant information that may come back from the background check results including criminal convictions, or pending charges.*

Student therapists will be notified that the background check is required and will sign a release authorizing the background check, including the release of the report to the school and Psychology Clinic. Background checks will be conducted using a web-based format established by a reputable screening agency. Student therapists will provide the information necessary to obtain the check (e.g., all names used, previous addresses, social security number) and will be responsible for payment of the background check fee (to be determined but estimated to be from \$50-\$85). Failure to disclose information needed to thoroughly conduct the background check will put the student therapist at risk for immediate removal from the practicum and/or dismissal from the Psy.D. program or University.

The student therapist has the opportunity to confirm the accuracy of the information obtained in the report and explain any of the findings. In cases in which an adverse event is identified, consideration will be given on a case by case basis of the (a) nature, circumstances and frequency of offense, (b) length of time since the offense and (c) documented successful rehabilitation. Failure to comply with the background check process and/or the results of the background check could result in consequences related to continuation at the practicum site and/or in the Psy.D. program.

For general principles guiding the development and implementation of this policy, refer to Marshall University Board of Governors Policy, Appendix B: Procedures for Student-Related Background Checks.

SEXUAL HARASSMENT POLICY

It is the policy of Marshall University to maintain a work and educational environment free from all forms of sexual harassment of any employee, applicant for employment, or student. Sexual harassment in any manner or form is expressly prohibited. It is the responsibility of the University to provide educational opportunities to create this free environment and to take immediate and appropriate corrective action when sexual harassment is reported or becomes known. Supervisors at every level are of primary importance in the implementation and enforcement of this rule. Any complaint regarding discrimination or sexual harassment should be made to your immediate supervisor, your department manager, or the Director of Equity Programs. All allegations will be investigated by the Director of Equity Programs. A complete copy of the Sexual Harassment Policy can be obtained from the Equity Programs office, 206 Old Main.

All Clinic employees **MUST COMPLETE** the Sexual Harassment Training **WITHIN ONE MONTH** of starting his/her work in the Clinic. This training can be completed by going to: <http://training.newmedialearning.com/psh/marshallu/choice.htm> A score of 80% or greater must be obtained on the exam at the end of the training. Employees can re-enter the training program and go through the training again if s/he scores below 80% on the exam. At the completion of the training and exam, the employee should print a copy of his/her completion certificate, sign it, and give this to the Clinic Director. If the employee has already taken the training, then a copy of the completion certificate needs to be given to the Clinic Director.

VIOLATIONS & ADHERENCE OF CLINIC POLICIES

Some violations of Clinic policy might be quite minor while others, including ethical violations can be quite serious. Such violations may result in removal from the Clinical practicum and on occasion may result in expulsion from Psy.D. Program and/or University.

Infraction System: If a violation from a student therapist occurs with any Psychology Clinic policy, the student therapist will be given an infraction slip. Any person affiliated with the Clinic or the Psychology Dept. can complete this infraction slip if an infraction is discovered. This document will summarize what infraction occurred and should be signed by the person completing the slip as well as the person who incurred that infraction as acknowledgement that the problem has been reviewed with him/her and how to best correct the behavior so no further infractions occur. Failure or refusal to sign the infraction slip does not negate the infraction. Copies of the infraction slip will go to the Clinic Director, the student therapist's supervisor, and the person who incurred the infraction. *Once three infractions of any sort have been acquired then disciplinary action will be taken by the Clinic Director.* At the Clinic Director's discretion, s/he can consult with the student therapist's supervisor, the Psy.D. Committee, the Psychology Dept. faculty, and/or University administrators for appropriate disciplinary steps to be implemented. *In some serious instances, such as an ethical violation, fewer than three infraction slips are needed for disciplinary action to occur.* Consequences of obtaining an infraction could be, but are not limited to, a remediation plan; documentation on the person's practicum evaluation, annual evaluation, and/or certification for internship form; being brought in front of the Psy.D. ethics/judicial committee; suspension or removal from the practicum placement; or expulsion from the Psy.D. program or University.

If a student therapist feels that an infraction has been unjustly distributed to him/her then the staff member can write a rebuttal to the infraction slip and submit this to the Clinic Director for review within three business days from the date the infraction was discovered and/or the person being

charged with the infraction was informed of the problematic situation. This rebuttal will be taken into consideration prior to any disciplinary action occurring.

To avoid obtaining an infractions, if you have questions concerning a policy or procedure, consult with your primary supervisor, with any other clinical faculty member, or the Clinic Director at once.

Merit System: If a student therapist does something above and beyond his or her expected duties in the Psychology Clinic, then a merit slip will be given. Any person affiliated with the Clinic or the Psychology Dept. can complete this merit slip if an exceptional behavior is discovered. This document will summarize the exceptional behavior that occurred and be signed by the person completing it as well as the person who incurred the merit slip as acknowledgement that the exceptional behavior has been reviewed with him/her. Not signing the merit slip does not negate the merit. Copies of the merit slip will go to the Clinic Director, the staff member's supervisor, and the person who incurred the merit slip. After a set number of merit slips have been obtained then action will be taken by the Clinic Director and a bonus will be awarded to the outstanding student therapist. If needed, the Clinic Director will consult with the staff member's supervisor, the Psy.D. Committee, the Psychology Dept. faculty, and/or University administrators for appropriate steps to be taken for this bonus. In some instances, where extraordinary behavior has occurred, fewer merit slips will be needed for a bonus to be awarded. Consequences for obtaining several merit slips could be, but are not limited to, a certificate of appreciation; documentation on the person's practicum evaluation, annual evaluation, and/or certification for internship form; a reduction of a Clinic duty such as permission to miss Clinic meetings for a month; voiding of a previous infraction slip; a gift card; or some other token of appreciation for a job well done.

OTHER POLICIES

Psychology Clinic staff are expected to follow all policies and procedures of Marshall University. Other policies not found in this policies and procedure manual can be referenced by accessing the PsyD policy manual as well as the Marshall University Graduate Catalog and Green/Red Book. If you have questions about where to locate a specific policy not covered in this manual, please ask the Clinic Director.

NOTE: As previously mentioned, those involved with Marshall University and the Marshall University Psychology Clinic reserve the right to revise or change these policies and procedures at any point in time without notice.