

**POLICIES AND PROCEDURES
PSYCHOLOGICAL EVALUATIONS**

Client Name: _____

Please Read the Following Carefully before Signing

UMSL – Center for Behavioral Health (CBH) is a clinic associated with the doctoral training program in Clinical Psychology at UM-St. Louis. In most cases, clients will be seen by doctoral level licensed psychologists or psychological residents, psychology interns, or doctoral students in Clinical Psychology who will be supervised by licensed psychologists on the CBH staff.

- 1. Maintenance of confidential case file.** This file will contain identifying data, dates of services, types of services, test results, and an evaluation report. The files are kept under strictest security. All information contained in them is viewed as privileged and consequently is held in strict professional confidence. For a more detailed description of the limits of confidentiality and the potential uses of your Protected Health Information, please review our Notice of Privacy Practices. Some exceptions to the confidentiality of Protected Health Information about a CBH client are listed below. Notwithstanding the exceptions outlined in our Notice of Privacy Practices, personal information about a CBH client may only be revealed to someone outside the CBH staff under the following conditions:
 - a) Upon signed written authorization from the individual adult client or from a legal guardian for release of information pertaining to a minor child.
 - b) Missouri State Law (§210.110, 214.140, 210.165) requires all mental health professionals to report any and all cases of known or suspected child and/or elder abuse or neglect.
 - c) American Psychological Association standards for ethical practice and legal precedents (state and federal) require psychologists to report to involved parties, state mental health agencies, and/or law enforcement agencies situations involving clear evidence of an imminent danger to do harm to oneself or other persons.
 - d) Information required to be disclosed or permitted by law (R.S.Mo. §630.140 and related or similar laws and regulations as they may be from time to time enacted or amended) might not be regarded by the court as confidential. Information that you authorize to be disclosed to third parties may not be regarded or treated by those persons as confidential.
 - e) CBH will file for direct payment from third-party payers (e.g. grant funders, private foundation, or insurance payers) for payment of fees for services provided. By signing below, you authorize third-party payer staff to monitor, survey, or inspect your client records in order to determine compliance and performance with our contracts with the third-party payer.
- 2. Consultation.** Consultations with CBH staff may be conducted as necessary. Information shared in consultations and supervision is treated confidentially.

UMSL

3. Payment for Services Rendered.

- a) CBH will file for direct payment from the appropriate third-party payer (e.g. grant funders, private foundation, or insurance payers) for payment of the fee for the evaluation, including test scoring, interpretation, report writing, test feedback and case management.
- b) A handling and copying fee may be charged for additional copies of assessment reports in accordance with Missouri State Law §191.227.

4. Questions or complaints about services. Questions or concerns that you have about the services you or your child received should be discussed with the examiner. If after discussing the issues with your examiner you still are not satisfied, please call your examiner's supervisor or the Director of CBH, or file a written complaint in the clinic. Complaint forms are available in the CBH office. The complaint will be reviewed by the Director of CBH, who will respond directly to you and attempt to resolve the difficulty.

CBH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CBH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you believe that CBH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CBH, c/o Michael Leveque, Psy.D. – Section 1557 Coordinator, 12837 Flushing Meadows Drive, Suite 220, Town & Country, MO 63131; (314) 516-6275; Fax (314) 516-5347; (LevequeM@umsl.edu). You can file a grievance in person or by mail, fax, or email. The Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1800-868-1019, 800-537-7697 (TDD).

5. Participation in Telehealth Services. The Undersigned, an individual over the age of seventeen (17) years, or the parent or legal guardian of a minor, requests and agrees to participate in Telehealth services as follows:

- a) Telehealth services are being offered on a temporary basis due to public health concerns about COVID-19. These services will be conducted in a confidential and secure manner.
- b) These services may be offered via video-conferencing technology, such as a secure version of the Zoom platform that is compliant with Federal health care privacy laws and regulations.
- c) My health care provider has determined that telehealth is an appropriate medium to provide these services. However, I understand that my health care provider may at some point determine that telehealth is no longer appropriate for me, and may only agree to resume our sessions in-person if possible.
- d) I understand that there are certain risks and benefits to telehealth services. Benefits include allowing me to continue receiving healthcare services while limiting the risk of exposure to COVID-19 to me or my family. Risks include interruptions in service, technical difficulties, and possible breach of privacy should I participate in these services in a location that is not private.

- e) I understand that it is important for me to be in a quiet, private space that is free of distractions during the session.
- f) If the session is interrupted for any reason, such as the technological connection fails, and I am not having an emergency, I will disconnect from the session and my health care provider will re-contact me as soon as possible.
- g) At any time, in the event of a clinical emergency, please call 911 or go to the nearest emergency room, or call BHR on 314-469-6644.

6. Participation in Face-to-Face Services During COVID-19.

Due to the nature of some psychological measures, resuming in-person services may be necessary to complete the most accurate and comprehensive psychological evaluations and to provide treatment. This document contains important information regarding our mutual decision to engage in face-to-face services during the COVID-19 pandemic. Please read the following carefully and ask any questions you have. Your signature on this document will indicate an official agreement between you and the UMSL-Center for Behavioral Health.

Decision to Meet Face-to-Face

We have agreed to meet in-person for some or all future sessions. We agree to first discuss and address any concerns you may have about meeting in-person. However, when feasible and appropriate, we will meet via the telehealth format. Should there be a resurgence of the pandemic or if other health concerns arise, this may require a return to telehealth only services. CBH may determine it is best for everyone's well-being to return to telehealth services. If you decide you would feel safer returning to telehealth services, that decision will be respected.

Risks of Opting for In-Person Services

You understand that by coming to the physical office setting, you are assuming the risk of exposure to the coronavirus (or other public health risks). This risk may increase if you travel via public transportation, cab, or ride sharing service.

Your Responsibility to Minimize Your Exposure

To obtain in-person services, you are agreeing to take certain precautions in an effort to keep everyone safe (you, your child, CBH staff, and other families) from exposure, sickness, and possible death. If you do not adhere to the following safeguards, it may result in returning to/starting telehealth only services. Those precautions include:

- You will take you and your child's temperature before coming to each in-person appointment. If it is elevated (100 degrees Fahrenheit or more), you will not present to the Center and will cancel your appointment.
- You and your child agree to an infrared (contactless) temperature check by CBH staff upon entering the Center and understand that you may be asked about common symptoms related to coronavirus.
- You and your child will not come to the Center if you have other symptoms of the coronavirus, including cough, shortness of breath/difficulty breathing, muscle pain or fatigue, chills, sore throat, gastrointestinal difficulties (nausea, vomiting, or diarrhea), or a new loss of taste or smell.

- You and your child will only come to the in-person appointment if you have been free of coronavirus symptoms for 14 days.
- If asked to do so, you and your child agree to wait in your car/outside the office building until retrieved and escorted by your clinician.
- You and your child will wash your hands or use an alcohol-based hand sanitizer when you enter the building.
- You and your child will wear a protective mask that covers your mouth and nose, in all areas of the building (as will our staff).
- You and your child will continue to practice safe social distancing practices during your visit, including no physical contact (e.g. no handshakes, sharing of writing utensils) and maintaining safe distancing procedures.
- You will try to not touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- You will monitor your child and ensure they adhere to all the above sanitation and safe distancing protocols.
- If you have more than one in-person appointment, you and your child will take steps in between sessions to minimize your exposure to COVID-19.
- If you have a job, commute, or other responsibilities and activities that exposes you to or puts in you close contact with others (beyond members of your household) with coronavirus, you will inform CBH.
- If you, your child, or a member of you household tests positive for COVID-19 infection, you will immediately inform CBH and telehealth services will resume.

CBH reserves the right to change the above precautions in accordance to local, state, or federal orders or published guidelines. If this occurs, we will discuss the necessary changes.

CBH's Commitment to Minimize Exposure

CBH has taken precautionary steps to reduce the risk of spreading coronavirus within the office. Please let your clinician know if you have questions about these efforts.

You understand CBH is committed to keeping you, your child, our staff, and other families safe from the spread of coronavirus. If you present for an appointment with a fever or other symptoms, or share your belief that you have been exposed, you will be required to leave the office immediately. We can follow up with telehealth services as appropriate.

By signing this Consent, I certify:

- I have read or had this Consent read to me and my questions about this Consent or telehealth services have been answered to my satisfaction.
- I understand the contents of this Consent, including the risks and benefits of telehealth services and face-to-face services, as applicable.
- I acknowledge and agree that this Consent may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature, or typed signature below as follows: /s/ (Signature).

- I understand that this Consent is intended as a supplement to any other informed consent that I have signed at the outset of my clinical work with my health care provider and it does not amend any of the terms of that consent.

Consent Agreement. I have read, understood, and agreed to each of the previous sections. I have asked questions about any parts that I did not understand fully. I have also asked questions about any parts that I was concerned about. By signing below, I indicate that I understand and agree to the nature and purpose of this evaluation, how it will be used and reported, and to each of the points listed above. Further, I understand that I am financially responsible for all charges for services rendered to me at CBH and I guarantee payment for these services. If signing as a parent or legal guardian on behalf of a client, by signing below I affirm that I have legal authority to make medical decisions on their behalf.

Patient Name and Date of Birth: _____

Patient/ Parent/ Guardian Signature

Date

Please indicate relationship to patient:

☐

Self

☐

Parent

☐

Legal Guardian