



PSYCHOLOGY CLINIC

Policies and Procedures Manual

Prepared by: The Department of Psychology, Eastern Kentucky University
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Table of Contents

I.	EKU PSYCHOLOGY CLINIC MISSION STATEMENT.....	3
II.	CONTACT INFORMATION.....	3
III.	PSYCHOLOGY DEPARTMENT FACULTY AND STAFF.....	3
IV.	HOURS OF OPERATION.....	3
V.	CLINIC SERVICES.....	4
VI.	CLIENT SCREENING.....	5
VII.	EKU FEE & PAYMENT POLICY.....	6
	Intake Fee.....	6
	Fee for Individual, Marital, or Family Therapy.....	6
	Assessment Fees.....	6
	Fee for Groups, Classes and Other Special Activities.....	7
	Charges for Missed Appointments.....	7
	Delinquent Accounts.....	7
	Payment Documentation.....	7
VIII.	CLINIC STAFFING AND SUPERVISION.....	8
	Psychology Graduate Students.....	8
	Psychology Faculty.....	8
	Supervisors.....	8
	Clinic Coordinator/Assistant Clinic Coordinator.....	9
	Executive Clinic Director.....	10
	Clinic Director.....	10
	Clinic Secretary.....	10
	Clinic Advisory Board.....	11
IX.	CLIENT SEQUENCE.....	12
	Screening and Scheduling: Initial Contact.....	12
	Intake Session: Orientation, Consent, Interview.....	12
	Case Assignment.....	14
	Therapy Cases.....	14
	Assessment Cases.....	15
	Case Supervision.....	17
	Transfer of Clinic Cases.....	17
	Referrals.....	17
	Missed Appointments.....	18
	Case Closing Procedures.....	18

X.	CASE MANAGEMENT & DOCUMENTATION.....	19
	File Content.....	19
	Client Files.....	22
	Client File Organization.....	23
	Case File Monitoring.....	23
	Documentation Policies.....	23
XI.	CLINICIAN CASELOADS & RESPONSIBILITIES.....	25
	Caseload Requirements.....	25
	Professional Responsibility	25
XII.	CLINIC FACILITIES & MATERIALS	26
	The Cammack Building.....	26
	Directions and Parking.....	26
	Clinic Office and File Room.....	26
	Client Rooms.....	26
	Observation Areas.....	27
	Therapy and Assessment Materials.....	27
	Telephones, Computers, Printers and Fax Machine.....	27
	Video Recording System.....	27
XIII.	ETHICS. PATIENT RIGHTS AND CODE OF CONDUCT.....	28
	HIPPA Training and Compliance.....	28
	Ethical and Legal Conduct Policies.....	28
	EKU Psychology Protected Health Information Safeguard Policies.....	29
	Uses and Disclosures of Protected Health Information.....	31
	Ethical Conflicts.....	32
XIV.	RESEARCH & THE ECU PSYCHOLOGY CLINIC.....	33
XV.	EMERGENCY PROCEDURES.....	34
	Emergency Procedures.....	34
	Emergency Call System.....	35
XVI.	LIST OF APPENDICES.....	36

EKU PSYCHOLOGY CLINIC MISSION STATEMENT

The Eastern Kentucky University Psychology Clinic, established in 1990 by the Department of Psychology, is a training, service and research facility. The mission of the Psychology Clinic is threefold: 1) to provide professional training for graduate students enrolled in the Clinical and School Psychology programs at Eastern Kentucky University, 2) to provide high quality, low cost, evidence-based psychological services to the individuals from EKU and the local community and 3) to provide a venue for clinical research.

CONTACT INFORMATION

ADDRESS: EKU Psychology Clinic
Cammack Building, Room #5
Richmond, Kentucky 40475

PHONE: (859) 622-2356
FAX: (859) 622-6586
WEB: www.psychology.eku.edu/clinic1.php

CLINIC SUPERVISORS & STAFF

Robert Brubaker, Ph.D. (Clinical) Department Chair & Executive Clinic Director	Myra Beth Bundy, Ph.D. (Clinical) Clinic Director
Theresa Botts, Ph.D. (Clinical)	Dustin Wygant, Ph.D. (Clinical)
Dan Florell, Ph.D. (School)	Brenda Strong, Clinic Secretary
Theresa Nowak, Ph.D. (School)	Allison Simpson, M.S. Clinic Coordinator

HOURS OF OPERATION

The Eastern Kentucky University Psychology Clinic is open Monday through Friday and typical operating hours are from 9:00 am to 5:00 pm. However, there are occasions when clinicians will see clients at other times during the day. Specific operating hours will be determined at the start of each academic year. Clinicians may not meet with clients outside normal of normal business hours unless approved by the case supervisor and Clinic Director. In order to ensure continuity of services, the Clinic operates on a twelve-month calendar but is closed on weekends, in observance of University holidays and breaks, and in other cases where the University is officially closed (i.e., weather related closures). Clinicians and supervisors are responsible for structuring all therapy and assessment sessions around periods when the Clinic will be closed. The clinician and client should make arrangements for handling any emergencies that may develop during breaks or after hours. Phone calls received after hours will be answered by clinic voicemail. Clinicians should regularly check their personal mailboxes for messages regarding clients.

CLINIC SERVICES

The Eastern Kentucky University Psychology Clinic provides a variety of outpatient psychological services to children, adolescents, adults, couples, and families. The Clinic also provides consultation and training to other professionals and the community. The specific services offered by the Clinic are dependent upon the training and research needs of the faculty and student clinicians and on the availability of resources necessary for the services.

Psychological services provided by the Clinic may include (but are not limited to):

1. Individual and group therapy with children, adolescents, adults addressing social, behavioral and emotional concerns
2. Psychological testing for children, adolescents and adults including:
 - Learning Disabilities
 - Attention Deficit Hyperactivity Disorder
 - Conduct Disorder and Oppositional Defiant Disorder
 - Autism Spectrum Disorders
3. Intellectual, Academic and Personality Assessment
4. Vocational Assessment and Counseling
5. Anger Management Training
6. Evidence-based behavioral interventions for:
 - Disruptive Behavior Disorders
 - Autism Spectrum Disorders
 - Depression and Anxiety
7. Skills Training for Adaptive Functioning
8. Marital, Relationship and Family Therapy
9. Parent Consultation and Counseling
10. Stress Management & Relaxation Training
11. Grief/Victim Counseling
12. Social Skills Training
13. Professional and Community Groups/Workshops
14. Teleclinic – The teleclinic provides clinical services to the ECU Manchester and Corbin campuses via videoconferencing. An approved advanced student clinician will provide these services as part of their supervised practicum experience. The use of the Teleclinic or

videoconferencing to provide clinical services, in general, should not be utilized by student clinicians for services outside of the Teleclinic. All procedural and technical questions about the Teleclinic operations should be directed to the Teleclinic coordinator, Dr. McClellan. Teleclinic clients and clinicians are subject to the same policies and procedures (e.g., intake reports, case notes, record-keeping, confidentiality, supervision, timelines, etc.) that these individuals are in the EKU Psychology Clinic.

** Based on the training mission of the Clinic and the limited number of staff, the Clinic reserves the right to decide which potential clients can best be served at any given time.*

CLIENT SCREENING

The decision as to whether the needs of a particular client can be met by the Clinic, and whether acceptance of the client will serve the training mission of the Clinic will be made by the Clinic Director and Coordinator on a case-by-case basis. In general, the Clinic does not accept cases requiring services considered outside of the areas of expertise of the supervisors or beyond the capabilities of the student clinicians. The Clinic endeavors to provide professional quality services within the constraints of the training needs of the students. Cases are monitored to insure that training needs do not significantly disrupt or delay treatment. There are certain categories of individuals who, in general, are considered to be inappropriate for the Clinic and are not accepted unless approved by the Clinic Director.

These categories include:

1. **Eastern Kentucky University students**: EKU students who contact the Clinic should be referred to the EKU Student Counseling Center (SSB, Room # 571; 622-1303). Exceptions are made when specialized services are offered through the Clinic which are not otherwise available through the Counseling Center. Additionally, EKU students who desire to apply to the Doctorate of Psychology (Psy.D.), Clinical Psychology program are referred to outside services as the Psy.D. program staffs the EKU Psychology Clinic as a training opportunity and it could be an ethical problem to offer them services.
2. **Emergency services**: Individuals who evidence psychotic or other symptoms which indicate a need for hospitalization are not considered appropriate for the Clinic. Additionally, nor are individuals with active or serious suicidal or homicidal ideation who require intensive monitoring or protective services. Such individuals should be referred to an appropriate service provider such as a local Comprehensive Care Center or Pattie A. Clay Hospital (623-3131).
3. **Substance abuse**: Individuals who are in need of detoxification or other medical attention related to substance use/abuse, or are requiring intensive outpatient services, are not considered appropriate for the Clinic.
4. **Chronic mental illness**: Individuals with chronic mental illness who experience acute episodes requiring hospitalization are not appropriate for the Clinic.

5. **Psychiatric services:** Individuals appearing to need psychiatric services (e.g. evaluation for medication) should be referred to the local Comprehensive Care Center or other appropriate service provider.

6. **Legal involvement:** Individuals who are likely to be involved in a court appearance (e.g. custody evaluation) are not considered to be appropriate for the Clinic. A licensed faculty member may request a case involving the courts as a training case and is, thus, responsible for providing services, preparing written documents and making the necessary court appearances.

7. **Social Security or Vocational Rehabilitation:** Individuals seeking services related to evaluations for Social Security or Vocational Rehabilitation are not considered appropriate for the Clinic.

FEE AND PAYMENT POLICIES

Charges for all clinic services are calculated as “service units” and are determined on a sliding scale based on the client’s gross family income and number of dependents, as specified in the Fee Schedule (Appendix A). “Service unit” totals range from \$6.00 to \$40.00. Fees are set by the Clinic Coordinator during the initial intake interview at which time prospective clients are asked to review and sign a Fee Contract (Appendix B) specifying charges for services and explaining the procedures for collecting fees and for handling delinquent accounts. Any deviations from the standard Fee Schedule or any changes in the fee during the course of service (due to changes in the client’s circumstances) must be approved by the Clinic Director. Currently, the Clinic does not accept assignment of insurance benefits. In general, very few insurance companies reimburse for mental health services provided by graduate students.

Intake Fee:

The fee for an initial intake interview equals the cost of one “service unit”, based on gross family income, regardless of the actual time involved.

Fee for Individual, Marital or Family Therapy:

The fees for individual, marital or family therapy are based on 50-minute sessions (i.e. a 50-minute therapy session equals one “service unit”) and should be paid at front desk of the Clinic at the time of each visit. Checks should be made payable to the ECU Psychology Clinic and credit cards are not currently accepted. If a client becomes two (2) sessions delinquent in paying his/her bill, the clinician and the supervisor will be notified by the Clinic Secretary. It is the clinician’s responsibility to discuss the matter with the client and to establish a payment agreement. Former clients with outstanding balances will not be readmitted until a plan has been made to pay the balance on the account.

In the case that an ECU student is accepted for therapy services, the fee is a standard \$6.00 regardless of level of income or number of dependents.

Assessment Fees:

Fees for assessment services vary depending on the type of assessment being conducted and are determined using the Fee Schedule. Assessment fees are one-time charges and include all

activities involved in the assessment process (e.g. interviews, test administration, report writing, feedback session, etc.), excluding off-site services (e.g., school/home observation, consultation with teachers). Off-site services are billed at the client's "service unit" rate and are added to the base assessment charge. Assessment fee balances must be paid in full at or before the feedback session and/or before the report is released.

The fee for an assessment requested and paid for by a school system will be \$300.00 per child.

EKU students are charged a flat-rate of \$21.00 for assessments, with no intake fee.

Fees for assessments conducted in the context of ongoing therapy services are based on actual contact hours (i.e., one contact hour equals one "service unit"). Clients are not billed for the time required to score and interpret tests or to write corresponding assessment reports.

Fee for Groups, Classes and Other Special Activities:

The fees for therapy groups, classes (e.g., stress management, parenting, etc), and other activities will be determined on a case-by-case basis by the Clinic Director and the supervisor.

Charges for Missed Appointments:

Clients are asked to give 24-hour notice if they choose to cancel a scheduled therapy appointment (excluding cancellations due to emergency situations). Failure to adhere to the cancellation policy will result in a charge of one-half the regular fee for the missed session. Clients who fail to cancel a scheduled assessment session 24-hours in advance will be charged one-half the fee for the contact time scheduled for that session. For example, if a client does not attend a testing session scheduled to last two (2) hours, that client will be billed for one "service unit" hour which will be added to their assessment fee balance. Clients who fail to appear for a scheduled intake interview are not charged for the missed appointment. Clinicians, in consultation with their supervisors, are responsible for assessing and collecting missed appointment fees.

Delinquent Accounts:

If a client's account is delinquent at the time the case is terminated, the Clinic Secretary will notify the clinician and the Clinic Director. It is the responsibility of the clinician, in consultation with the supervisor and Clinic Director, to contact the client and make arrangements for paying the outstanding account balance. If the clinician is unsuccessful, the matter should be turned over to the Clinic Director for final disposition.

Payment Documentation:

The Clinic currently accepts payment by cash or check. Checks should be made payable to the EKU Psychology Clinic. Clinicians must document payment in three (3) separate locations and update any account balance. The first location is the Receipt Book. A receipt should be completed and signed and the white copy should be provided to the client. The second documentation location is on the Client Registration Log (located on a clipboard on the right side of the Secretary's desk). The third location for payment documentation is on the client's individual Fee Card (located in the black box on the Secretary's desk). Each payment must be documented in these three locations to ensure accuracy in client and Clinic accounts.

CLINIC STAFFING AND SUPERVISION

Psychology Graduate Students:

The majority of direct services in the Clinic are provided by graduate students in the clinical and school psychology graduate programs, under the supervision of Psychology Department faculty members. All graduate students are expected to carry a client caseload after they have completed the following courses: PSY 824, PSY 825 (clinical students only), PSY 826, and PSY 850 (not required for assessment-only caseloads). Graduate students not having completed these course requirements will be required to gain clinic hours by working, two (2) hours per week in the Clinic, learning about Clinic procedures, assisting with Clinic tasks and staffing the office during times in which the Secretary is not present. Graduate students typically begin carrying a caseload at the start of their second semester. Cases are assigned to eligible clinicians, on a rotating basis, by the Clinic Coordinator and Clinic Director. Students are expected to maintain an active caseload until they have completed their coursework. Students are not required to carry a caseload while on internship. Specific information regarding student caseloads may be found in the *Clinician Caseloads and Responsibilities* section.

Psychology Faculty:

Although graduate student clinicians comprise the majority of the direct services staff of the Clinic, faculty members licensed as Health Service Providers by the Kentucky State Board of Psychology may request to be assigned a case for training purposes.

Supervisors:

Supervision of student-clinicians is typically provided by members of the ECU Psychology Department faculty. Faculty members serving as supervisors are licensed as Health Service Providers in the state of Kentucky. Licensed Health Service Providers and others, not on the ECU staff, may serve as Adjunct Supervisors at the request of the Clinic Director and with the approval of the Chair of the Psychology Department.

Clinical Psychology Students: Supervision of clinical psychology graduate students is provided by clinical psychology faculty members.

Supervision coverage for Intersession and Summer session will be handled in one of two ways. Supervisors who wish to continue supervising cases during these periods may do so; otherwise cases will be supervised by the Clinic Director.

If a client continues in therapy for more than one semester, supervision may be handled in one of two ways: The original supervisor may agree to continue in the supervisory role for the case (even if he/she is not one of the designated supervisors for that semester), or the case may be transferred to the student's supervisor for the upcoming semester. The arrangements should be worked out by the student, the original supervisor, and the Clinic Director.

School Psychology Students: Supervision of school psychology graduate students conducting assessments is typically provided by school psychology faculty members. School psychology

students seeing therapy cases may be supervised by either a clinical or school psychology faculty member.

Supervisor Responsibilities: Supervisors provide weekly, face-to-face, supervision with each student-clinician assigned to them. Supervisors are responsible for reviewing each active case being carried by the student-clinicians and documenting the supervision in the client's Progress Notes. Supervision documentation should include information discussed and supervisor recommendations. Supervisors are also responsible for the following:

- ensuring that an adequate standard of care is maintained
- make certain that each case is handled in a manner consistent with the highest standards of professional behavior
- monitor clinicians' paperwork and documentation so that all required procedures are completed in a timely and accurate manner and in accordance with Clinic policies
- maintaining familiarity with all Clinic policies and procedures and for ensuring that clinicians are familiar with these policies and procedures as well
- completing a Student Evaluation Form (Appendix C) for each supervised clinician at the end of each semester

Clinic Coordinator/Assistant Clinic Coordinator:

The Clinic Coordinator is responsible for carrying out the following duties:

1. conduct initial intake interviews with prospective clients
2. complete intake reports for client files
3. case screening & case assignment to eligible clinicians (with the Clinic Director)
4. monitor individual clinician caseloads and clinic databases
5. field clinician questions and assist in maintaining daily functioning of clinic activities
6. serve as liaison between Clinic Staff and Clinic Director
7. make referrals and legal reports, when necessary
8. assist Clinic Director with various tasks
9. attend staff meetings, when necessary
10. be present in the Clinic during scheduled hours

The Clinic Coordinator position is typically filled by an advanced clinical psychology graduate student. The student is appointed to the position by the Clinic Director, based on the recommendations of the Department faculty. The recommendation is based on academic performance as well as evidence of ability to adhere to appropriate standards of professional behavior. The student must have successfully completed 12 hours of graduate coursework including PSY 824, PSY 825, PSY 826, PSY 850, prior to serving as Clinic Coordinator. The student is also simultaneously awarded a Graduate Assistantship.

The Clinic Coordinator typically serves for two (2) years (i.e., 3rd & 4th years) plus the intervening Intersession and Summer Session; however, he/she may be dismissed from the position at any time by the Clinic Director, in consultation with the Department faculty, for failure to perform the

duties of the position or for engaging in unethical and/or unprofessional behavior. The Coordinator's administrative work, including intake interviews, is supervised by the Clinic Director. The Coordinator is also expected to carry a regular caseload in the Clinic as part of the graduate program requirements. Supervision of this clinical work is arranged by the usual supervisor assignment procedure.

Executive Director:

The Executive Director is appointed by the Chair of the Psychology Department and is generally responsible for the following functions

- supervise Clinic staff members (i.e., Secretary)
- manage the annual Clinic budget
- working with the Clinical Director to develop and update Clinic policies and procedures and ensure compliance by all Clinic staff
- establish and maintain links between the Clinic and the community in order to market Clinic services and to develop referral resources
- serve on the Clinic Advisory Board
- working with the Clinical Director to review and approve proposals to conduct research using Clinic clients or archival materials

Clinical Director:

The Clinic Director is appointed by the Chair of the Psychology Department and is generally responsible for the oversight and supervision of all psychological services:

- supervise the Clinic Coordinator
- working with the Executive Director to develop and update Clinic policies and procedures and ensure compliance by all Clinic staff
- work with the Clinic Coordinator to assign clinic cases to eligible clinicians
- serve on the Clinic Advisory Board
- be available to supervise emergency situations in the Clinic (or make arrangements to such supervision in cases of his/her absence)
- oversee all training functions
- working with the Executive Director to review and approve proposals to conduct research using Clinic clients or archival materials

Clinic Secretary:

The Clinic Secretary is generally responsible for assisting the Clinic Director in the operation of the Clinic. Specific duties include, but are not limited to:

- complete the Clinic Application Form (Appendix D) and schedule initial intake appointments with prospective clients
- accept Clinic telephone calls and provide basic information regarding Clinic services

- greet incoming clients
- deliver client messages to clinicians
- prepare new case files and close case files according to the Clinic procedures
- notify clinicians of new client assignment or delinquent clinical procedures/paperwork
- monitor active case files and prepare weekly clinic summary report
- mail Clinic Evaluation Survey (Appendix E) to recently terminated clients
- maintain the closed case files
- establish the Clinic Master Schedule at the beginning of each semester
- type Clinic correspondence and materials
- monitor Clinic materials/resources (i.e., check-out, organization and purchasing)
- maintain Clinic bookkeeping operations (i.e., maintain the client accounts system, enter relevant data into the management system and monitor client accounts)
- supervise undergraduate workers, when necessary
- complete training in communicating with troubled individuals, confidentiality and procedures for handling emergency situations

In general, the Clinic Secretary must be familiar with the Clinic policies and procedures and be prepared to assist Clinic staff, students and faculty with compliance of these policies. The Secretary should interact with clients and prospective clients in a professional manner and should be prepared to handle emergency situations, as well as matters involving confidentiality and release of information in accordance with Clinic policy.

Clinic Advisory Board:

The Clinic Advisory Board is made up of representatives of the ECU Psychology Department faculty, the local mental-health community, the local medical community and other community leaders. The Executive Director and the Clinic Director also serve as members of the Board. Board members are selected by the Executive Director, in consultation with the Clinic Director, and serve for one-year, renewable terms. The Board shall consist of no more than ten (10) members. The functions of the Board include: facilitating good relationships between the Clinic and the community, facilitating an adequate referral base, receive advisement regarding training guidelines for students, and fundraising. The Board will meet once a year to elect a Chair and conduct other business but may meet more frequently as needs arise.

CLIENT SEQUENCE

Screening and Scheduling: Initial Contact:

Individuals seeking services will typically contact the Clinic via telephone. All calls will be referred to the Clinic Secretary or Coordinator, if available; otherwise the staff member/clinician accepting the phone call should complete a Clinic Application Form for the prospective client. All individuals seeking services through the Clinic should be provided with a brief description of the intake process and fee information, as well as information regarding timelines and waiting lists. If the caller is experiencing a crisis/emergency situation, the person answering the phone will follow the appropriate emergency procedures outlined in the *Emergency Procedures* section of this manual.

If the individual seeking services is a walk-in, the individual should be referred to the Clinic Secretary or Coordinator, if available, in order to complete the application procedure. If unavailable, the individual talking with the prospective client should follow the same procedures stated above for telephone calls. If an individual experiencing a crisis/emergency situation appears in the Clinic, contact the Clinic Director. If the Clinic Director is unavailable, contact a member of the clinical or school psychology faculty.

In both cases, the individual completing the Clinic Application Form is responsible for completing all of the necessary steps for scheduling an intake as outlined below:

How to Schedule an Intake:

1. Get a Clinic Application Form out of the Green folder on the right side of the main desk.
2. Ask the prospective client ALL of the information on the form, in order.
3. Make a preliminary determination of the individual's appropriateness for services.
4. Find an appropriate time in the Appointment Book (highlighted in yellow) and schedule intake.
5. Write the individual's first name and last initial in PENCIL in the Appointment Book.
(Ex. "Joe B. intake w/ Sally")
6. Inform the prospective client of date, time and location of intake appointment and provide the prospective client with all of the information outlined in the above paragraphs.
7. If the prospective client is under the age of 11 years, inform the parent/guardian children under the age of 12 years do not usually attend the intake appointment.
8. Leave a notice for the Clinic Coordinator, outlining the date and time of the intake as well as the first name and last initial of the prospective client.
9. Put the completed Clinic Application Form in the Secretary's folder (blue) on the main desk.

Intake Session: Orientation, Consent, Interview:

The intake interview is the client's first physical contact with the Clinic. Acceptance for an initial evaluation at the clinic does not necessarily mean that the client has been accepted for treatment/services. The initial assessment sessions are designed to evaluate whether the Clinic is the best option for the client or if referrals should be made to better serve the individual. After the intake session is complete, the case is reviewed by the Clinic Coordinator and Clinic Director to determine if the Clinic has the means and expertise to provide the necessary services.

At the start of the intake session, the client will complete a Personal History Form (Appendix F). Based on the information provided on the form, the Clinic Coordinator will make a preliminary determination of the appropriateness of the client for Clinic services. If the individual appears to be an appropriate candidate for services, the Clinic Coordinator will complete the intake process with the client or parent/guardian. The intake process consists of the following:

1. *Review of the Client Information Form (Appendix G)*

The Client Information Form outlines information on fees, confidentiality, and the training mission of the Clinic, as well as information on parking, emergency situations, scheduling, and appointment cancellations. The client should be given a copy of this information.

2. *Review and sign the Informed Consent for Services and Fee Contract (Appendix B)*

The Informed Consent for Services and Fee Contract outlines an understanding of the Client Information Form and lists the agreed upon fee for services. If a client refuses consent for audio/video taping, cross out the appropriate wording and inform the supervisor. The clinician is responsible for obtaining consent from the client (or parent/guardian) within two (2) sessions or the client will be referred elsewhere.

3. *Conduct the Intake Interview using the Intake Report Form (Appendix H)*

The intake interview is a semi-structured interview covering the client's presenting problems, developmental, school and health history, treatment history family, marital/dating and social history, current strengths and coping strategies, employment history, substance use, danger to self or others and abuse/trauma history. The interview also elicits information regarding the client's reason for seeking services and any goals or expectations he or she may hold at the time of the interview.

Prior to completing the intake session, the Clinic Coordinator will discuss with the client the expected timeline of events including when he or she should expect to hear from a clinician or the estimate length of the waitlist, if applicable. The client should be instructed to contact the Clinic Coordinator if any questions arise during the interim and should be directed to contact appropriate service providers if a crisis/emergency situation arises during interim. The Coordinator should also inform the client of the need for them to complete the Minnesota Multiphasic Personality Inventory-2-Restructure Form-Expanded (MMPI-2-RFEX) as part of the intake process. If able to do so, the Coordinator should schedule an appointment to complete the inventory. If unable to do so, the client should be instructed to call to schedule the appointment within the next week. Following the intake session, the Clinic Coordinator will complete the Intake Report and place all of the intake materials in the client's manila folder and file the folder in the "Cases to be Assigned" file in the Clinic office.

If, after completing the intake interview, the Clinic Coordinator determines that the individual is not an appropriate client for the Clinic, the Coordinator will attempt to refer the individual to an appropriate service provider (see *Referrals* section). If the individual is deemed inappropriate for services because they are experiencing a crisis/emergency situation (e.g. actively suicidal,

psychotic, medical problems, etc), the Clinic Coordinator must then follow the appropriate emergency procedures (see *Emergency Procedures* section). The Clinic Coordinator, and any other individuals involved in the referral process, is responsible for documenting referral actions. The Clinic Coordinator must then complete the Intake Report, place the intake materials in the client's manila folder and place the folder in the "Inactive Cases" file in the Clinic office.

If an individual fails to appear for an intake appointment, the Clinic Coordinator will attempt to contact him or her to reschedule. If unsuccessful at reaching the person by telephone, the Clinic Coordinator may, if appropriate, send a form letter (Appendix I) offering to reschedule the intake appointment. If the individual fails to respond, or declines services, the Clinic Coordinator will document this on the Clinic Application Form and return the file to the Secretary.

EKU Student Drop-In:

In the event that an ECU student attempts to utilize the walk-in services at the ECU Counseling Center, but is denied being seen that day and they come to the ECU Psychology Clinic the following procedure is in place to make sure proper information is attained. First, in order for an ECU student to be seen in a walk-in situation the clinician needs to be 1) the Clinic Coordinator, 2) the Assistant Clinic Coordinator, or 3) an advanced Clinical Psychology (i.e., 3rd and 4th year) doctoral student. Preferably, the clinician will be the Clinic Coordinator or Assistant Clinic Coordinator. Given the nature of this circumstance, it is likely that the ECU student will be in some sort of crisis that necessitates brief intervention. As such, the clinician assuming the role of therapist will provide the ECU student with informed consent for services. Part of informed consent will be identifying if the client already has a dedicated therapist at the ECU Counseling Center. If the ECU student already has a dedicated therapist, the clinician will inform the ECU student that they are to schedule an appointment the following day with their normal clinician and that the session today is just to help them bridge the gap in services and help them through their current crisis. Additionally, the clinician will advise the ECU student that at the resolution of the session, an Authorization to Release Information to the ECU Counseling Center will need to be signed to communicate what was discussed with the original therapist. If the ECU student does not have a current therapist at the ECU Psychology Clinic, the student will be advised that the ECU Psychology Clinic can continue to see them, but not on a walk-in basis and will be assigned a therapist who will conduct a more thorough intake during the next session. The fee for both such cases will be \$0.

Following informed consent, the clinician will need to get the following information from the client: presenting concerns, past psychological/psychiatric treatment, current medications, history of substance use, danger of harm to self, danger of harm to others, and abuse/trauma history (Appendix xx). The clinician will engage the client in brief intervention to help them attempt to resolve or cope with the problem that necessitated the need for immediate help. At the end of the session, the clinician should make sure that the ECU student is safe and is stable enough to leave the ECU Psychology Clinic, and if applicable, sign an authorization to release information to the ECU Counseling Center. Following the session, the ECU student should complete the personal history packet (Appendix F).

Case Assignment:

Following the intake session and completion of the Intake Report, the Clinic Coordinator will

meet with the Clinic Director to make case assignment decisions. The goal is to assign new cases within five working days of the intake session, whenever possible.

Cases will be assigned to student clinicians by the Clinic Director. A list of students available to see clients will be compiled at the beginning of each semester. Supervisors may, at that time, indicate any special requests/restrictions on the types of clients assigned to their supervisees. Cases will typically be assigned on a rotating basis to either the clinical or school student (depending on the nature of the services requested) whose is next on the list and is in need of a client. Clinician preferences regarding types of clients will be taken into consideration whenever possible but does not guide case assignment decisions. Whenever possible, no clinician will be assigned an additional case until all other clinicians have the same number of active cases. Number of client's assigned to clinicians is determined by the department's program requirements (see *Clinician Caseloads and Responsibilities* section)

Once a case has been assigned, the Clinic Director will complete the Case Disposition section of the Intake Report Form which indicates the assigned clinician, case supervisor, and the date the case was assigned. All assigned case folders should be placed in the "Needs Red/Yellow Folder" file for the Secretary. Upon receiving the folder, the Secretary will open a red file (active therapy case) or yellow file (assessment-only case) and notify the clinician and supervisor that the case has been assigned. At this time the Secretary will also assign a case number and open a client account for billing/bookkeeping purposes.

Therapy Cases:

Clinicians should contact new clients by telephone to arrange an appointment within two working days of receiving the assignment notice. Clinicians are responsible for scheduling a therapy room for each appointment in the Appointment Book, documenting the contact on the Face Sheet in the client's case file and recording the date and time of the appointment on the Intake Report Form. The clinician is responsible for contacting the case supervisor before meeting with the client for the first time.

Before the first session, the clinician is responsible for reviewing the client's file, including the intake report, Personal History Form, Informed Consent and Fee Contract, as well as any other pertinent documentation regarding the case and the delivery of services. The clinician should be at the Clinic with ample time prior to the session to ensure that everything is properly prepared.

After the first therapy session, clinicians should schedule a session with the client to administer appropriate tests/assessments, if necessary, and must complete an Initial Treatment Plan (Appendix J). Treatment plan updates (see Appendix K) must be completed after every sixth therapy session. Information regarding the development and maintenance of treatment plans can be found in the *Case Management and Documentation* section. Additionally, weekly supervision is required for all active cases.

Therapy sessions are typically scheduled for once a week and lasting 50 minutes. Deviations from this format should be discussed with the case supervisor. Payment for services should be obtained at each session and documented appropriately (see *Fee and Payment Policies*). All case activity, including therapy sessions, telephone contact, supervision, consultation, and

staffing, must be documented in the Progress Notes section of the client's file. The format for writing progress notes is described in the *Case Management and Documentation* section of this manual. The nature of the activity and the date must also be noted on the Face Sheet, located in the front of each file. The clinician and supervisor are responsible for seeing to it that documentation is accurate, complete and timely.

If the client decides not to schedule an appointment after completing the intake process, the clinician should follow the case closing procedures described below and notify the Clinic Coordinator. The clinician's name will then be placed back in rotation for new case assignment. If the client has a complaint about the Clinic or their treatment, refer the individual and the complaint to the Clinic Director.

If the client fails to keep the first therapy appointment (or subsequent appointments), the clinician, after consultation with the case supervisor, will attempt to contact the individual by telephone or form letter (Appendix L) to reschedule the missed appointment. If unsuccessful, or if the client elects not to pursue services through the Clinic, the clinician should follow the case closing procedures outlined below.

Assessment Cases:

The intake and case assignment procedures for assessment cases are identical to those for therapy cases, with the exception of school-initiated assessment cases, where an abbreviated intake form is used (Appendix M). The Clinic Coordinator, in consultation with the Clinic Director, is responsible for determining the appropriateness of the assessment request and for explaining the expected timeline of events and appropriate release of information policies.

Clinicians should contact new clients by telephone to arrange an appointment within two working days of receiving the assignment notice. Clinicians are responsible for scheduling an assessment room in the Appointment Book, reserving the appropriate assessment materials with the Clinic Secretary, documenting the telephone contact on the Face Sheet in the client's case file and recording the date and time of the appointment on the Intake Report Form. The clinician is responsible for contacting the case supervisor before meeting with the client for the first time.

Assessment cases will vary on the number and length of appointments, depending on the type of assessment being conducted and the types of tests/measures administered. Clients should be notified, during the first visit, concerning the estimated number of visits and length of each visit required for the completion of the assessment. Payment for assessments should be obtained before or during the final feedback session and must be received before any assessment results can be revealed. Payment should be documented appropriately (see *Fee and Payment Policies*). All case activity, including interview, testing and feedback sessions, telephone contact, supervision, consultation, and staffing, must be documented in the Progress Notes section of the client's file. The format for writing progress notes is described in the *Case Management and Documentation* section of this manual. The nature of the activity and the date must also be noted on the Face Sheet, located in the front of each file. The clinician and supervisor are responsible for seeing to it that documentation is accurate, complete and timely.

It is assumed that all assessment cases will result in a written psychological report. The format and content of the report will be determined by the clinician and supervisor. The procedure for producing the report is as follows:

1. An initial draft of the report is written by the clinician who submits the draft to the case supervisor for review and makes the recommended changes.
2. The clinician prepares and signs the final report and submits the report to the supervisor for final approval and signature. This report must be submitted to the supervisor within two (2) weeks of the last contact with the client.
3. The clinician is responsible for scheduling a feedback session and arranging for the delivery of the report to the appropriate person/agency and for placing a copy of the report in the client's file. If the report is to be delivered to someone other than the client, the clinician is responsible for obtaining the client's written permission on a Release of Information form (Appendix N). For additional information, see *Ethics, Patient Rights and Code of Conduct*.

If the client decides not to schedule an appointment after completing the intake process, the clinician should follow the case closing procedures described below and notify the Clinic Coordinator. The clinician's name will then be placed back in rotation for new case assignment. If the client has a complaint about the Clinic or his or her treatment, refer the individual and the complaint to the Clinic Director.

If the client fails to keep an appointment, the clinician, after consultation with the case supervisor, will attempt to contact the individual by telephone or form letter (Appendix L) to reschedule the missed appointment. If unsuccessful, or if the client elects not to pursue services through the Clinic, the clinician should follow the case closing procedures outlined below.

Case Supervision:

Supervision of both therapy and assessment cases entails weekly, face-to-face meetings with the assigned case supervisors. Client files should be up-to-date at the time of supervision and any questions or concerns should be addressed at this time. Supervision should include a review of the case progress, completion of necessary paperwork, outlining of future treatment/services, and documentation that supervision occurred. Clinicians should also feel free to contact supervisors outside of the scheduled weekly meeting times as problems or questions arise.

Transfer of Clinic Cases:

Occasionally it will be necessary for clients to be transferred from one clinician to another (e.g., a clinician is leaving for internship). If such a situation arises the clinician must consult with the case supervisor and Clinic Coordinator regarding the new clinician. Once a new clinician is determined, the previous clinician will complete a Change of Clinician Form (Appendix O),

obtain signatures from both the case supervisor and Clinic Coordinator, document the reason for the transfer and place the completed form in the client's file. The Clinic Secretary will note the change of clinician in the Clinic and client records.

Referrals:

It may be necessary to refer certain Clinic clients to other treatment providers. There are at least two (2) situations which might result in the need for such a referral. In the first situation, it may become apparent during the course of therapy that a client is in need of therapy or assessment services not offered by the Clinic. In this situation the client would be permanently referred to another provider who would then take over the case. The individual would, at that time, no longer be seen by their clinician at the Clinic. An example of this type of situation may include a clinician working with a client whose presenting problems was "general dissatisfaction with life" and after several sessions the clinician discovers that the real issues involves sexual dysfunction. The clinician, in consultation with the case supervisor, may elect to refer the case to a qualified sex therapist. A second situation that may necessitate a referral is where a clinician, in conjunction with the supervisor, seeks consultation from another professional on a particular issue involving the client, but expects to continue providing services to the client after the consultation. For example, a clinician working with a depressed client may elect to refer this individual to a psychiatrist for an evaluation to determine whether medication might be an appropriate option.

Clinicians should discuss any referral with the case supervisor prior to taking any action. Once the supervisor has approved the referral, the clinician should discuss it with the client, explaining the reason for the referral and the procedures involved in actually making the referral. If the clinician plans to contact the potential referral source directly to obtain information, he or she must first obtain written permission from the client on a Release of Information (Appendix N).

All referrals must be carefully documented in the Progress Notes section of the case file. Documentation should include the name and credentials of the referral resource, the reason for making the referral, a description of the client's response to the referral, and a plan for following up to obtain the results of the referral. Clinicians must have written consent from the client in order to release any information to the referral agency and/or make follow-up contact. The client should also give written permission for the referral source to release information to the Clinic (Appendix N). Signed forms should be placed in the client's case file.

In the case of a permanent referral, the clinician should initiate the normal case closing procedure as soon as the referral process is complete.

In order to avoid, even the appearance of, a conflict of interest, it is the policy of the Clinic not to make referrals to the independent practices of the ECU Psychology Department faculty members. Any exceptions to this policy must be approved by the Clinic Director.

Missed Appointments:

Two Consecutive Appointments: If a client misses two or more consecutive appointments without calling to cancel in advance, his/her Clinic case may be closed. In such cases the

clinician will inform the client via letter that the case has been terminated and state the reasons for the closing. A sample letter is provided in Appendix L. The letter should be modified in consultation with the clinician's supervisor. A copy of this letter should be placed in the client file.

Clinician Missed Appointments: It should be rare that a clinician must cancel or miss an appointment with a client. This is permitted only in a case of illness or extreme family emergency. When this happens, **the clinician is responsible for contacting their clients**, with as much advance notice as possible, so that the client will not make a needless trip to the Clinic. Clinicians should also notify the Clinic Secretary or Coordinator. The Clinic Director and the Director of Clinical Training should be notified in writing in advance if an extended absence from the Clinic is necessary. The notification should include dates of absence and a phone number where the clinician can be reached in case of an emergency.

Case Closing Procedures:

When it is determined, by the clinician and case supervisor, that a case is ready to be closed, the clinician should complete a Case Closing Notice (Appendix P) and turn in the client's folder to the Clinic Secretary. Before doing so, the clinician is responsible for completing all of the necessary documentation, including completion of a Case Closing Summary (Appendix Q) to be included in the client's file. The clinician should complete the closing procedure within one week of the client's final appointment.

Upon receiving the Case Closing Notice, the Secretary will send a Clinic Evaluation Survey (Appendix E) to the client, complete a Termination Data Form (Appendix R), notify the clinician of any missing documentation, and close the client's account. If the client's account is delinquent, the clinician will be notified and should follow the procedures for collecting delinquent fees outlined in the *Fee and Payment Policies* section of this manual. When the closing process is complete, the Secretary will transfer all documents in the client's file to a Blue Folder and place it in the Closed Case file for permanent storage.

For school-initiated assessment cases, the case is closed when the report is sent to the school and the Intake Form (Appendix M) is signed by the supervisor and clinician.

CASE MANAGEMENT & DOCUMENTATION

The procedures and documentation discussed in this section are designed to: 1) support the process of training and supervision; 2) provide a record of the services provided; 3) provide a mechanism for quality assurance by demonstrating adherence to an appropriate standard of care; and 4) ensure continuity and consistency in treatment planning and delivery.

Documentation is an essential component of the professional practice of psychological services and should receive the full attention of all individuals involved in the delivery of services through the Clinic. Complete and accurate documentation is critical in cases of alleged professional malpractice.

File Content:

Progress Notes:

All client contact must be adequately documented in the client case file on the Progress Notes form (Appendix S). Client contact includes therapy sessions, assessment sessions, telephone contact (including messages left or received), consultation/supervision, missed appointments, etc. Progress notes should be entered in the file immediately following the contact or correspondence, while details are fresh and clear in the clinician's mind. Progress notes must be signed and dated by the clinician or supervisor and should be written using the **Data, Assessment, Plan (DAP)** format:

Data (D): An objective summary of the progress and content of the contact. Document what was said and done, what topics were discussed, progress on presenting problem, review of homework assigned, objective measures administered and results, etc.

Assessment (A): Assessment of the client's current status; case conceptualization; in general, a subjective interpretation of the information reported in the Data section and how it relates to the overall case. Areas to consider include: client's affect, response to treatment, etc.

Plan (P): A description of any assignments for the client (or the clinician); description of plan for following session(s); documentation of date and time of next appointment, if applicable.

Other guidelines to consider when completing progress notes within the case file:

1. Proofread
2. Be timely
3. Consider the tone and language used in documentation
4. Watch abbreviation use---use only those abbreviations that have been approved
5. Use proper grammar, spelling and sentence structure
6. Avoid slang or curse words (unless quoting a client)
7. Document efficiently – so that another clinician would be able to continue quality care
8. Treat progress notes as legal documents
9. Use quotes from clients that are clinically pertinent
10. Describe what you observed, not solely your opinion of what was observed
11. Reference identified problems from the Treatment Plan
12. Reference diagnostic criteria from DSM-5

Supervision Notes:

Each supervision contact must be documented in the case file by the supervisor. Supervision notes should be entered on the same form as the general progress notes. Each note should include the following: the number of the supervision session, a summary of the client's problems and progresses, a summary of the issues/problems discussed, and the supervisor's comments and recommendations (for both the future handling of the case and for the clinician's training) including reading materials or other preparations for future sessions. The supervisor must sign and date each note on the Face Sheet and Progress Notes form.

Staffing Notes:

When a case is staffed, the clinician is responsible for documenting that the staffing took place

and summarizing any relevant issues raised and any recommendations offered by the participants. Staffing notes should be entered on the same form as general progress notes and must be signed and dated by the clinician.

Other Documentation/Materials:

A number of other forms are used to document various case activities. Each of the forms are briefly described below and are referenced throughout this manual. A copy of each form is included in an appendix.

1. *Clinic Application Form* (Appendix D): The Clinic Application Form is completed at the time the client first contacts the Clinic seeking services. The form covers basic demographic and other information such as client's name, address, telephone number, general presenting problem(s), as well as the date and time of the scheduled intake interview appointment.
2. *Personal History Form* (Appendix F): The Personal History Form is completed prior to conducting the intake interview. It includes demographic information, reason for seeking services, emergency contact information and a checklist of possible concerns or difficulties. A separate section of the form will request the client's permission to be mailed a Clinic Evaluation Survey (Appendix E) upon termination of services.
3. *Intake Report Form* (Appendix H): The Intake Report Form is completed by the Clinic Coordinator at the time the intake interview is conducted. It includes a summary of information collected during the interview including background, presenting problem description, developmental, school, health and family history, treatment history, behavioral observations, test results, and preliminary diagnoses. The case disposition portion of this form is completed by the Clinic Director at the time of supervision.
4. *Intake Report Form for School-Initiated Student Assessments* (Appendix M): This form is used for School-Initiated Assessments only. It includes basic demographic and other identifying information such as school name, student's name, address, parent/guardian, etc. It also includes the reason for assessment, instruments used, and a termination summary after the completion of the report.
5. *Informed Consent for Services and Fee Contract* (Appendix B): This form is completed during the intake interview. It describes the training mission of the Clinic and outlines the conditions under which services are provided. The person conducting the intake will review the form with the client (or, in the case of minors, the parent/guardian) and the client's (or parent/guardian's) signature indicates that he/she has agreed to the various conditions. The Fee Contract is part of the Informed Consent and specifies the fee for services set by the Clinic Coordinator, and in accordance with the Clinic Fee Schedule (Appendix A), during the interview. It also describes the clinic policy regarding payment of fees and the handling of delinquent fees. The client's signature (or, in the case of minors, the parent/guardian's signature) on this form indicates that he/she has reviewed the contents and has agreed to the conditions specified in the contract.
6. *Release of Information Form* (Appendix N): The Release of Information Form is used to authorize the exchange, release, or request of information or documentation to/from the Clinic and other agencies. The form specifies the agency to which the Clinic has authorization to

contact and the purpose of the exchange, release, or request of information. The form also outlines the time frame in which the authorization is effective and must be signed and dated by the client (or parent/guardian) and the clinician. See the *Ethics, Patient Rights and Code of Conduct* section for more information regarding release of information.

7. *Confidentiality Agreement Between Parent/Guardian and Minor* (Appendix U): This form outlines an individualized confidentiality agreement between the clinician and minor and the parent/guardian. The purpose of this agreement is to encourage an open therapeutic relationship. Limits to confidentiality are also addressed and outlined on the form. This confidentiality agreement must be dated and signed by the parent/guardian, the client/minor, the clinician and the case supervisor.

7. *Face Sheet* (Appendix T): The Face Sheet is located at the front of every case file and constitutes a concise record of all case activity. A notation is made on the Face Sheet indicating the date and the nature of each activity.

8. *Initial Treatment Plan* (Appendix J): This form describes the initial treatment plan for therapy cases and is completed by the clinician (in consultation with the case supervisor) following the first therapy session. The form includes a summary of a client's identifying information, presenting concerns, progress since last treatment plan, as well as treatment goals and plans. The Treatment Plan form must be signed by the clinician and supervisor and should be updated every six (6) sessions.

9. *Treatment Plan Update* (Appendix K): This form describes any modifications in the treatment plan over the course of treatment. Treatment Plan Updates must be completed and signed by the clinician and supervisor after every sixth therapy session.

10. *Psychological Assessment Reports*: If a client undergoes a psychological assessment, whether it be an assessment-only case or a regular therapy case, a psychological report must be written, signed by the clinician and supervisor, and placed in the client's file. The clinician is responsible for following the guidelines regarding psychological report addressed in the *Client Sequence* section of this manual. The format of the form is to be determined by the case supervisor.

11. *Case Closing Notices* (Appendix P): The Case Closing Notice is completed by the clinician when a case is ready to be closed. It specifies the date of the client's last contact with the clinic, the fee status, and the status of the Closing Summary. It signals the Clinic Secretary to begin the case closing process.

12. *Case Closing Summary* (Appendix Q): The Case Closing Summary is completed by the clinician for all therapy cases after the client has been terminated. It summarizes the client's progress in therapy and describes the circumstances under which the case was terminated (i.e., therapy completed, client discontinuation, referred to another provider, etc).

13. *Termination Data Form* (Appendix R): This form is completed by the Clinic Secretary after the case is closed. It includes a checklist of all documentation contained in the file, opening and closing dates, and final fee status.

14. *Change of Clinician Form* (Appendix O) and *Change of Supervisor Form* (Appendix V): These forms are completed by the clinicians when a case is transferred to a new clinician or a new supervisor while still considered an active case. These forms must be signed by the clinician and the supervisor.

Client Files:

When an individual, couple, or family is seen for an intake interview, the Clinic Secretary will establish the initial case file. All documentation relevant to a case should be placed in the file. Each case file will contain a Face Sheet, a Progress Notes Form, Informed Consent Form, Release of Information Form, and an Intake Report Form. Additional materials will be included depending upon the nature and status of the case. Case files will be color-coded according to the status of the case as follows:

1. Manila Folder – Intake in progress/case awaiting to be assigned
2. Red Folder – Active therapy case
3. Yellow Folder – Active assessment case
4. Blue Folder – inactive/closed therapy or assessment-only case

Client File Organization:

Left Side (front to back)	Right Side (front to back)
Personal History Form	Face Sheet
Clinic Application Form	Progress Notes (reverse chronological order)
Release of Information Form	Case Materials
Informed Consent for Services and Fee Contract	Treatment Plan and Updates
Correspondence	Psychological Reports & Test Protocols
<i>Other:</i>	Intake Report
Change of Clinician Form	<i>Other:</i>
Change of Supervisor Form	Case Closing Forms

Case File Monitoring:

The Clinic Secretary will monitor all active case files on a weekly basis to check for missing/delinquent documentation or deviations from the standards Clinic procedures. The clinician and case supervisor will be notified of any problems found during the weekly review. Repeated failure to maintain adequate documentation will be brought to the attention of the Clinic Director and may be viewed as evidence of a lack of professional responsibility on the part of the clinician.

Documentation Policies:

1. *Dates, Signatures and Spacing:* Clinicians must date and sign all reports, addendums, and entries made in the client file. Clinicians should record all notes in chronological order and any documentation that occurs out of chronological order should be recorded as “Late Entry”, with both the current date and date of activity included in the documentation.

2. *Errors in Documentation:* Clinicians should carefully process the content of any documentation before beginning the actual documenting. In the event of a written error, the clinician should draw a single line through the incorrect information, write “error”, initial and date and then write in the correct information. Do not use white-out on any clinic documents.

3. *Grammar and Spelling:* Clinicians should make every effort to use proper spelling, grammar and sentence structure when documenting in client’s files. Reports should be carefully proofread before obtaining supervisor signature and placing in client file. Clinicians should refrain from using slang or curse words, unless directly quoting the client.

4. *Abbreviations:* The use of abbreviations in client records presents potential quality issues through legibility challenges. Even when documented clearly, abbreviations may have several different definitions contributing to misinterpretation, thus, limit the use of abbreviations to only those that have been approved by Clinic supervisors.

5. *Psychotherapy Notes and Other Documents:* Any documents relevant to a case must be stored electronically in Titanium. Paper copies must be shredded. This includes psychotherapy notes. Clinicians are required to obtain supervisor approval of any document uploaded into Titanium.

6. *Documentation of Assessment Materials:* Before closing an assessment case, a final, signed drafts of assessment reports must be scanned into Titanium and paper copies are to be shredded. Paper copies of assessment protocol forms, collateral records provided by clients (e.g., school transcripts, previous assessment reports, etc.), computer scoring reports, and other assessment data are to be kept as paper copies in client folders.

CLINICIAN CASELOADS & RESPONSIBILITIES

Caseload Requirements:

Clinical psychology graduate students are expected to be involved in the Clinic throughout their tenure in the program. During the first semester students are expected to fill a variety of non-direct-service roles in the Clinic. Clinical psychology students are required to begin carrying a full client caseload in the Clinic at the start of the second semester. A standard client caseload for clinical psychology students is defined as some combination of therapy and assessment cases totaling between four (4) and seven (7). Adjustments to this load can be made by the supervisor and Clinic Director.

At times, clinicians may carry more than the standard caseload; however, overloads must be approved by the supervisor and Clinic Director. Caseloads must be maintained throughout the

school year, including summer sessions, but excluding the internship semester.

School psychology students are required to complete two assessments in the Clinic as part of the program requirements. Assessment requirements for school psychology students include the completion of one assessment during the first spring semester and one during the second fall semester. In addition, school psychology students may request to carry a maximum caseload of one therapy client in the Clinic beginning during the second semester.

Professional Responsibility:

Individuals working in the Clinic are expected to adhere to the highest standards of professional conduct. Demonstrating promptness, maintaining case file documentation, and meeting scheduled deadlines are important aspects of professionalism. Clients and prospective clients may be present in and around the Clinic at any time and clinicians are expected to behave and dress in an appropriate manner at all times. Loud conversation, socializing and discussing cases in public areas of the Clinic are always inappropriate.

Dress and physical appearance are important and contribute to the client's attitude toward the clinician and the profession. Therefore, the clinician should dress neatly and appropriately, following the Clinic Dress Code (Appendix W).

All materials gathered for use by the clinician are considered by the Clinic to be highly confidential. Any discussion of cases should take place in therapy rooms, supervisor's offices, or other private settings. Cases should not be discussed in hallways, the reception area, or any other public area in or out of the Clinic. If recorded sessions are played, the clinician should be alert to keep the volume low.

Failure to behave in a professional manner may result in disciplinary actions and, in some cases, dismissal from the graduate program. If there are any questions about what constitutes appropriate professional behavior, please discuss them with the Clinic Director or your supervisor.

CLINIC FACILITIES & MATERIALS

The Cammack Building:

The Cammack Building, built in 1918, is the home to the ECU Psychology Department and to the Psychology Clinic. The building houses a number of classrooms, a computer laboratory and the offices of the psychology department faculty. The building is handicap accessible via the rear entrance of the building and is equipped with an elevator. The Psychology Clinic is located on the basement floor of the building.

Directions and Parking:

Eastern Kentucky University's Main Campus is located off exit 87 (Interstate 75), on the Eastern bypass. The Clinic is located on the basement floor of the Cammack Building, on the corner of University Drive and Lancaster Avenue on the ECU main campus. Parking information is available from the Clinic office.

Clinic Office and File Room:

The Clinic Office consists of the waiting room area, Clinic Secretary desk area, and clinician computer/work area. The File Room is located within the clinician computer/work area and houses client files and other Clinic materials. The File Room door must stay locked if no one is in the Clinic Front Office. If a clinician is seeing a client and no one else is in the Clinic Office the File Room door must be locked.

The Clinic Office should be kept neat and organized. Clinicians and workers are responsible for any materials used and are responsible for returning the Office area to the original condition prior to leaving the Clinic. Clinic forms and supplies are located in the file cabinets behind the Secretary desk and in the Observation area hallway. Closing the Clinic in the evenings is the responsibility of the last person leaving the Clinic. Closing procedures include turning off all lamps, lights and the radio, and locking all of the doors.

Client Rooms:

The use of Client Rooms must be reserved in the Appointment Book, located on the desk of the Clinic Secretary. At times it may be necessary for clinicians to move furniture in or out of the Client Rooms or make other modifications to the rooms, however all furniture and materials must be placed back in the original positions and clinicians are responsible for ensuring that the room is clean and neat before leaving the Clinic.

Observation Areas:

Each of the therapy/assessment rooms are equipped with a one-way mirror as well as audio devices, located in the observation area, for observers use. Mirror blinds in each of the rooms should be left open for observation purposes. All observers should be aware that excess noises can be heard in client rooms from the observation area and should take appropriate action to avoid distractions during observation times.

The observation of therapy or assessment sessions via the one-way mirrors in the observation areas, as well as review of the session video and audio tapes, is restricted to student clinicians

and supervisors involved in the training program who have a specific reason for making the observation. Information gathered during observation or video record should be treated just like information gathered directly in a therapy/assessment session.

Any other individuals (other students, parents, etc.) must obtain permission from the Clinic Director and/or sign a Clinic Confidentiality Agreement prior to making any observations of therapy or assessment sessions. Clients are made aware of the possibility of observations during the intake interview. The signing of the Informed Consent during the intake session provides the authorization for these observations to occur.

Therapy & Assessment Materials:

The Clinic contains a number of resources and materials for use by clinicians including reading materials, assessment materials and kits, therapy resources, recording devices, office supplies, electronic scoring programs, and games and toys. Materials are located in the File Room, file cabinets in the Clinic Office, the Observation Area hallway, in the hallway closets of the Clinic, and in Dr. Brubaker's office. The complete Clinic inventory is listed in Appendix ?. A copy of this inventory is also posted on the bulletin board outside the File Room in the Clinic.

Clinic materials are not to be removed from the Clinic without permission from the Clinic Coordinator or the Clinic Secretary. **All materials used must be checked out using the Sign-Out sheet posted on the bulletin board outside of the File Room. Materials should be returned to the Clinic in a timely manner and must be signed back in upon the return. Clinicians failing to return materials to the Clinic will be held responsible for replacing them.** Materials should be kept organized and neat at all times.

Telephones, Computers, Printers and Fax Machine:

Clinic telephone, computer, printer and fax machine use should be reserved for Clinic use. Refer to *Ethics, Patient Rights, and Code of Conduct* section of the manual for policies regarding the use of telephones, computers, and fax machines in the Clinic.

Video Recording System:

The Clinic is equipped with a Video Recording System used for the recording of therapy and assessment sessions with clients. Each Client Room houses a video camera that is connected to an individual computer and monitoring system in the Clinician Computer/Work Office. Instructions for operating the Recording System are located on the wall in the Clinician Computer/Work Office. Problems associated with the use of this system should be directed to the Clinic Coordinator who then is responsible for contacting the service department for the system. Additionally, there is a Handycam available to use to record sessions as well. Should clinicians be interested in using this, they must supply their own SD card to record sessions.

ETHICS, PATIENT RIGHTS AND CODE OF CONDUCT

HIPPA Training and Compliance:

The HIPAA Privacy Rule provides federal protections for Personal Health Information held by covered entities and gives clients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of Personal Health Information needed for patient care and other important purposes. The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic Protected Health Information.

The Clinic requires that all individuals who work with and around Protected Health Information follow the guidelines outlined by the Health Insurance Portability and Accountability Act (HIPAA). To ensure the knowledge and understanding of these guidelines all individuals working within the Clinic are required to review and sign the HIPPA Confidentiality Agreement (Appendix X) prior to engaging in any work in the Clinic. A copy of the signed agreement will be kept in the individual's permanent record file.

It should be noted that any violations of the agreement may result in disciplinary actions, up to and including dismissal from the program or termination of employment, and may also include civil and criminal legal penalties as a result of the final Privacy Rule issued by the federal government.

Ethical and Legal Conduct Policies:

1. **Confidentially Agreements:** All individuals working in the Clinic are required to complete a Confidentiality Training session, conducted by the Clinic Coordinator, and to sign a copy of the Clinic HIPPA Confidentiality Agreement (Appendix X).
2. **Background Checks:** Background checks are performed on all Clinic staff, including clinicians and undergraduate student volunteers. Checks are completed by the Program Coordinators and are kept in the individual's permanent file.
3. **Release of Information:** Although case files are the property of the Clinic, the information contained in the files is the property of the client. As such, no information is to be released from the client files without the written permission of the client or the client's parent/guardian, in the case of minors. The Release of Information Form (Appendix N) should be used in cases where it is necessary to release information about a client or to request information from another individual or agency about the client. No information regarding the client is to be released unless this form is signed by the client (or parent/guardian), the clinician, and the supervisor. All requests for information from the client's file must be discussed with the case supervisor prior to any action taking place.
4. **Leaving a Child/Adolescent Client Unattended in the Clinic:** Parents or guardians of minors are required to remain on the Clinic premise while their child receives services. In cases in which it may be necessary for a parent/guardian to leave a minor unattended with Clinic staff, the parent or guardian must sign a Waiver of Liability for Unattended Minors (Appendix Y).

5. Leaving Clinic Premises with Child/Adolescent Client: It may be, at times, clinically appropriate to accompany clients to a location outside of the Clinic property (e.g., to conduct in vivo desensitization, play a game outdoors as a reward). Such activities must be approved in writing by the supervisor and by the client's parent/guardian. The Authorization for Client to Leave Clinic Premises Form (Appendix Z) must be completed, signed and witnessed prior to the activity, and placed in the client's file.

6. Legal Counsel: All Clinic consents, authorizations, policies and procedures, and other official documents are reviewed by the Eastern Kentucky University Counsel prior to implementation, to ensure compliance with relevant laws and regulations.

7. Client Access to File: Occasionally clients may ask to review the information contained in their files. As indicated, the information contained in the file is the property of the client; however, the file itself is the property of the Clinic. According to the Specialty Guidelines for the Delivery of Services by Clinical Psychologists (APA), "Users [clients] have the right to obtain information from their psychological records. However, the records are the property of the psychologist or the facility in which the psychologist works and are, therefore, the responsibility of the psychologist and subject to his/her control."

Requests by clients to review files can create a very difficult situation that may have potentially damaging consequences for the client and the Clinic, if mishandled. The clinician must not take any action on such a request without first discussing it with the supervisor. An appropriate procedure for handling such a request is to discuss with the client the reasons for making the request and attempt to answer any questions without having to examine the materials. If this approach fails, the client should be provided with a summary of case materials presented in such a way that the information is understandable to a layperson.

There may, however, be cases in which the supervisor and clinician elect to allow the client direct access to the file. The supervisor and clinician are responsible for preparing the client and for making certain that all case materials are adequately explained. Given the possibility that clients may at some point have access to case materials, clinicians should give careful consideration to what is written in a client's file. (See *Case Management & Documentation* section)

8. Archival Documents: All Clinic documents are retained, indefinitely, for clinical and research purposes. Documents are kept in a secure location, accessible only to authorized personnel.

EKU Psychology Protected Health Information Safeguard Policies:

The EKU Psychology Clinic has developed and established "Protected Health Information" Policies. "Protected Health Information" (or "PHI") is defined under HIPAA as information relating to (1) the past, present, or future physical or mental health condition of an individual, (2) the provision of health care to an individual, or (3) the past, present, or future payment for the provision of health care to an individual. These safeguards include appropriate administrative, technical and physical safeguards to reasonably protect clients from any intentional or unintentional disclosure of patient information in violation of these policies.

At a minimum, EKU Clinic staff (clinicians, students, faculty/supervisors, administrators, etc) must comply with the following:

1. Oral Communications: Clinic staff must exercise due care to avoid unnecessary disclosures of Protected Health Information through oral communications. Due care should be implemented both within the Clinic premises as well as in other settings (i.e., public venues, community settings).

2. Telephone Messages: Telephone messages and appointment reminders may be left on a client's answering machine and/or voicemail system only if the client has indicated this to be acceptable on the Client Information Sheet. If unclear, clinicians should confirm with the client, and document, the acceptability of leaving voicemails and/or messages at each phone number located in the client's file. Always exercise caution when leaving telephone messages regarding sensitive, personal information.

Telephone messages left by prospective or current clients on the Clinic voicemail system should be reviewed via the telephone handset, not through the speakerphone function, in order to maintain individual confidentiality.

3. Faxes: Prior to sending a fax containing Protected Health Information, the sender should contact the recipient to verify the fax number and notify them of the transmission. The sender should immediately confirm that the transmission was received by the recipient. All faxes of Protected Health Information should be accompanied by an official Clinic Fax Cover Sheet (Appendix AA) that includes a confidentiality notice. Sensitive information should not be transmitted via fax, except if deemed to be necessary under the circumstances (e.g., emergency situations or immediate need by a governmental agency).

The Clinic fax machine is located in the Clinic and is not accessible to unauthorized personnel; however, incoming faxes not immediately obtained by the recipient should be placed in the corresponding client file and the recipient should be notified of the receipt and placement.

4. E-mails: Communication via email is not considered a confidential means of information exchange. Clinicians will not communicate with clients via email. Communicating with clients via email presents a number of concerns about confidentiality thus should be avoided at all times.

Communication between clinicians and supervisors should be limited and only used when all other forms of communication (face-to-face, telephone, etc.). Clinicians and supervisors should avoid including any identifying client or case information. All email communications should be documented appropriately in the client file.

5. Computer/Work Stations: Computer monitors must be positioned away from the common areas to prevent unauthorized access or observation. The screens on unattended computers must be returned to the main menu and all computers should use a password protected screensaver.

6. Observation Areas: Observation of therapy/assessment sessions via the one-way mirrors is restricted to students and supervisors involved in the training program who have a specific reason for making the observation. On rare occasions, with supervisor authorization, it may be permissible to allow parent/guardians to observe specific sessions or activities from the observation area. Information gathered during observation should be treated as information gathered directly in a therapy or assessment session.

7. Paper Records: Paper records, including client files, should be stored or filed in such a way to avoid access by unauthorized personnel. Paper records should be secured/locked when the Clinic is unattended. Clinic records should not be removed from the Clinic premises unless necessary to provide care or treatment or as required by law. Paper records, including paper messages, clinic records and client documents, should be kept in locations that prevent unauthorized access or observation.

Client files are the property of the Clinic and are to be maintained in a locked file in the Clinic office. Clinicians and supervisors may check out files through the Clinic Secretary, Coordinator or Director. Files must be returned to the locked file before the Clinic closes for the day.

8. Electronic Documents: Clinic documents containing Protected Health Information (i.e., psychological reports or therapy/assessment materials) that have been saved to personal flash drives must have all identifying information removed before they are taken out of the Clinic. Additionally, these documents should be password protected even when all identifying information is erased.

Video and/or audio recordings of client sessions saved to flash drives or other electronic media device may not be taken from the Clinic except for supervision purposes. Under no circumstances may they leave the Cammack Building. All personal flash drives used for the storage of the Protected Health Information should be kept in a secure location within the Clinic.

9. Destruction Standards: Protected Health Information must be discarded in a manner that protects the confidentiality of that information. Paper and other printed materials should be destroyed or shredded.

Uses and Disclosures of Protected Health Information:

The EKU Psychology Clinic may use or disclose Protected Health Information *without a client's consent or authorization* in the following circumstances:

1. Child Abuse: If a client provides information that leads the Clinic staff to suspect child abuse, neglect, or death due to maltreatment, such information must be reported to the Department of Social Services. If asked by the Director of Social Services to turn over information from client records relevant to a child protective services investigation, the Clinic is required to do so.

2. Protected Adult/Elderly Abuse: If information provided by a client gives reasonable cause to believe that any adult is in need of protective services, the Clinic must report this to the Director of Social Services.

3. Judicial or Administrative Proceedings: If a client is involved in a court proceeding, and a request is made for information about the professional services that the clinic has provided to the client and/or the records thereof, such information is privileged under state law, and the clinic must not release this information without the client's written authorization, or a court order. This privilege does not apply when the client is being evaluated for a third party or where the evaluation is court ordered. The client will be informed in advance if this is the case.

4. Serious Threat to Health or Safety: The clinic may disclose the client's confidential information to protect the client or others from a serious threat of harm by him or her.

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to the clinic will be made only with the client's written permission. If he or she provides the Clinic with permission to use or disclose medical information about the him or her, he or she may revoke this permission, in writing, at any time. If the client revokes his or her permission, the clinic will no longer use or disclose medical information about the client for the reasons covered by the written authorization. The Clinic is unable to take back any disclosures it has already made with client permission, and that are required to retain our records of the care we provide to the client.

Ethical conflicts:

Student-clinicians are expected to be sufficiently familiar with ethical issues to be able to detect when an ethical or professional concern is present, but are not expected to be able to resolve any and all such issues by themselves. Clinicians should feel both a duty and the freedom to consult with appropriate others at any time that matters of ethics or professional conduct arise. Possible resources for such consultation include other clinical students, the case supervisor, the Director of Clinical Training, the Clinic Director, and/or members of the psychology department faculty.

It is possible that clinicians will encounter a situation that brings them into conflict with another mental health professional or student clinician. They may, for example, learn of a violation of confidentiality, a dual relationship or other possible impropriety. In such cases they should always seek counsel from their immediate supervisor or, if he or she is unavailable, from the Clinic Director or another member of the clinical faculty. The generally accepted procedure in these cases is to discuss the issue with the person in question before taking further action.

RESEARCH & THE ECU PSYCHOLOGY CLINIC

A primary objective of the psychology Doctoral program is to train students to be effective practitioners. Carrying out an independent research project can help meet this objective in several ways. First, completion of a research project will make the student a better-informed consumer of research. Such a project requires that the student become familiar with the resource materials and research methods and issues in the field, and helps to sharpen the skills necessary for critically evaluating the research literature. The ability to locate and intelligently digest relevant research can significantly enhance the student's effectiveness as a practitioner. Second, research can help foster an empirical approach to clinical practice, one which recognizes the importance of demonstrating the efficacy of a particular intervention. The skills and experience acquired in carrying out a research project are directly applicable to the problem of establishing accountability in clinical practice. Third, research allows students to develop special expertise in a specific area, and thereby enhance their effectiveness as clinicians.

Faculty and graduate students are encouraged to use the Clinic as a research venue. Proposals to conduct research using Clinic data or clients must first be submitted to the Clinic Director for approval. Following approval by the Clinic Director, all research proposals must be submitted for university approval through the ECU Institutional Review Board (IRB). Information regarding university IRB approval can be found on the university website: http://www.sponsoredprograms.ecu.edu/IRB_SITE/.

EMERGENCY PROCEDURES

Emergency Procedures: The Clinic is not equipped to serve individuals requiring emergency services. In general, clinicians or other non-licensed Clinic staff should contact the Clinic Director immediately. In cases where the Clinic Director is not available clinicians and staff should contact the case supervisor or other licensed faculty member. Procedures for handling some specific emergency situations are outlined below.

1. Potentially suicidal/ dangerous individual calls the Clinic for services:

The individual answering the call should attempt to keep the caller on the phone while locating the Clinic Director or other faculty supervisor, or Clinic Coordinator. If possible, attempt to get the caller's name, telephone number and address. The Clinic Director or faculty supervisor is responsible for assessing the situation and taking appropriate action (e.g., contacting the authorities, warning others who may be in danger).

2. Potentially suicidal/dangerous, active client calls the Clinic:

Follow the same procedure as for situation #1. In addition, once the Clinic Director or faculty supervisor has been contacted, the Clinic Coordinator or Secretary should pull the client's file, document the incident and attempt to contact the client's clinicians.

3. Client reports danger to self or others during a therapy session:

The clinician should collect information necessary for determining the seriousness of the threat (see Appendix BB for guidelines). While the client is in the office, the clinician should consult with the Clinic Director or faculty supervisor. It is the responsibility of the Clinic Director or faculty supervisor to see to it that appropriate action is taken to protect the client (e.g. by initiating Emergency Mental Detention procedures) and others who may be at risk (e.g. contacting potential victims), and that the appropriate authorities are contacted. If the client or other individuals are in immediate danger, the campus police should be contacted.

4. Client is suspected of being under the influence of a substance during a session:

The clinician should contact the faculty supervisor or Clinic Director. If the client drove him or herself to the Clinic, the Clinic Director and/or faculty supervisor should take steps to prevent the client from driving. Depending on the circumstances, this may involve calling a taxi, contacting family or friends (with written permission from the client), or contacting the campus police. Although protecting the client's confidentiality is an issue in such cases, this should be balanced against the obligation to prevent the client from harming him or herself or others.

5. Apparent medical emergency (injury, heart attack, stroke, etc):

If an apparent medical emergency arises in the Clinic, call the campus police and then notify the Clinic Director.

Clinicians should contact the faculty supervisor of the case (or other faculty member if the supervisor is unavailable) and the Clinic Director regarding the need for a possible emergency referral. Details of the situation should be provided, including information obtained in the Risk Assessment (Appendix BB) and the completion of a No-Harm Contract (Appendix CC). Possible emergency providers include:

1. Comprehensive Care Center of Madison County_____	623-9367
2. Pattie A. Clay Hospital_____	623-3131
3. Ridge Behavioral Health System_____	269-2325
4. Eastern Kentucky University Campus Police_____	622-2821
5. Richmond City Police Department_____	623-8911

Following any emergency situation, the incident must be carefully documented. If the individual is an active client in the Clinic, a note should be written in the Progress Notes section of the client's file. In the case that the individual is a non-client, a note should be placed in the Incident File, located in the Clinic office. In either case, the note should describe the events as clearly and concisely as possible and should include statements on who was involved, what steps were taken and why they were taken, and what the outcome of the situation was. Notes should also detail the date and time of the situation and should be signed by the faculty member(s) and clinician directly involved in the incident.

Emergency Call System: The Clinic is equipped with an “emergency call” system. When the system is activated, the ECU campus police dispatcher is immediately notified and the police officers are immediately dispatched to the Clinic.

Clinicians should only activate the system when a genuine emergency exists. An emergency is defined as a situation in which there is an immediate danger of physical harm to the clinician, the client or others. Examples of such situations include (but are not limited to): A client...

- threatening to harm the clinician or another person in the clinic
- judged to be at risk for a suicide attempt (meets criteria for imminent suicide risk)
- threatening to leave the clinic and cause harm to someone else

Clinicians should not inform the client that the police have been summoned and should make every effort to keep the individual calm and remaining in the therapy room. Clinicians should not attempt to physically restrain the client (note: there may occasionally be exceptions to the “no physical restraint” policy with some child clients).

Clinicians should make every reasonable attempt to manage a dangerous situation following the Clinic's standard policy before activating the emergency system. The Clinic standard policy involves contacting the faculty supervisor, Clinic Director, or other faculty member and requesting consultation and, if warranted, the faculty member's direct intervention.

Following the incident, the clinician is responsible for immediately documenting the event in the client's case file. The clinician is also responsible for contacting the Clinic Director, if not done so previously, regarding the situation.

LIST OF APPENDICES

Appendix A: Fee Schedule
Appendix B: Informed Consent/Fee Contract
Appendix C: Student Evaluation Form
Appendix D: Clinic Application Form
Appendix E: Client Satisfaction Questionnaire
Appendix F: Personal History Form
Appendix G: Client Information Form
Appendix H: Intake Report Form
Appendix I: Form Letter for Missed Intake Appointment
Appendix J: Initial Treatment Plan
Appendix K: Treatment Update Form
Appendix L: Form Letter for Missed Appointment(s)
Appendix M: School-Initiated Intake Report Form
Appendix N: Release of Information
Appendix O: Change of Clinician Form
Appendix P: Case Closing Notice
Appendix Q: Case Closing Summary
Appendix R: Termination Data Form
Appendix S: Progress Notes
Appendix T: Face Sheet
Appendix U: Confidentiality Agreement between Parent/Guardian and Minor
Appendix V: Change of Supervisor Form
Appendix W: Clinic Dress Code
Appendix X: HIPPA Confidentiality Agreement
Appendix Y: Waiver of Liability for Unattended Minors
Appendix Z: Authorization for Client to Leave Clinic Premises Form
Appendix AA: Clinic Fax Cover Sheet
Appendix BB: Risk Assessment Guidelines
Appendix CC: Assessment Timeline Contract
Appendix DD: Clinic Orientation/Training Contract
Appendix EE: HIPAA Training Participation Verification
Appendix FF: Computer Usage Agreement
Appendix GG: Titanium Cheat Sheet/Orientation

APPENDIX A
CLINIC FEE SCHEDULE
 Eastern Kentucky University Psychology Clinic

# in Household:	Cost Per Unit (in dollars) Based on # of People in Household		
	1	2-4	5+
Gross Family Income			
0.00 - 9,999	10	6	6
10,000 - 10,999	11	6	6
11,000 - 11,999	12	6	6
12,000 - 12,999	13	11	6
13,000 - 13,999	14	11	6
14,000 - 14,999	15	12	11
15,000 - 15,999	16	12	11
16,000 - 16,999	17	13	12
17,000 - 17,999	18	13	12
18,000 - 18,999	19	14	13
19,000 - 19,999	20	16	13
20,000 - 20,999	22	18	14
21,000 - 21,999	24	20	16
22,000 - 22,999	26	22	18
23,000 - 23,999	28	24	20
24,000 - 24,999	30	26	22
25,000 - 25,999	32	28	24
26,000 - 26,999	34	30	26
27,000 - 27,999	36	32	28
28,000 - 28,999	38	34	30
29,000 - 29,999	40	36	32
30,000 - 30,999	40	38	34
31,000 or more	40	38	36

ASSESSMENT FEE CONVERSION TABLE

Assessment Category	# of Units Required for Children/Adolescents*	# of Units Required for Adults
Intellectual	10	10
Emotional/Behavioral/Personality	10	10
Academic	10	10
Vocational	10	10

*individuals under age 18 or currently enrolled in grade 12 or lower

APPENDIX B
INFORMED CONSENT FOR SERVICES AND FEE CONTRACT
Eastern Kentucky University Psychology Clinic

I, the undersigned, hereby apply for the services of the Psychology Clinic, Eastern Kentucky University. (If you are applying on behalf of a minor, please write his or her name and your relationship to the client on the line below.

Name of Client

Relationship to Applicant

I understand that the Psychology Clinic is a training facility and that services will be provided by a graduate student under the supervision of a licensed psychologist. I give my consent for therapy, assessment, and other services with Clinic staff members to be observed and/or recorded (audio and/or video) for training purposes by Clinic staff and understand that such recordings will be held in strictest confidence. I further understand that the Clinic staff will not be held responsible for minors left unattended by parent/guardians in the Clinic.

I understand that information in my files (including assessment data, demographic data, and treatment-related data) may be used for outcome assessment and research purposes. I further understand that any identifying information will be removed from my records prior to such use.

I understand that information about my case will not be disclosed by Clinic staff to any person or agency without my written consent except in the following circumstances: 1) the staff member has reason to believe that I pose a danger to myself or others, 2) the staff member has reason to believe there is evidence of child abuse or abuse of a vulnerable adult party, such as an elderly person or a person with a disability, 3) clinic materials are subpoenaed under court order.

I further understand that I will be charged a fee in the amount of: _____, for these services and that payment is due at the time services are rendered.

Finally, I give my consent do not give my consent (please check one box) for the Clinic to contact me by: __mail, __telephone, __leave voicemail, __other: _____ following termination of services for the purpose of evaluating the quality of the services provided by the Clinic.

I ___ have received ___ have not received a copy of the Notice of Privacy Practices

Date

Signature of Client (or Parent/Guardian where applicable)

Date

Signature of Witness

APPENDIX C

Clinical Psychology Graduate Student Practicum Evaluation Form

Student Name: _____ Dates of practicum: _____

Practicum Site: _____ Supervisor: _____

Rating scale

- NA = Not Applicable or not enough information to form a judgment
- 1 = Far Below Expectations-needs much improvement
- 2 = Below Expectations-needs some improvements meet standards
- 3 = Acceptable-meets basic standards for practicum level
- 4 = Above Expectations-performs above average for practicum level
- 5 = Far Above Expectations-performs well beyond average for practicum level

I. Basic Work Requirements

- Arrives on time consistently.....NA 1 2 3
4 5
- Uses time effectively.....NA 1 2 3
4 5
- Informs supervisor and makes arrangements for absences.....NA 1 2 3 4
5
- Reliably completes requested or assigned tasks on time.....NA 1 2 3 4
5
- Completes required total number of hours or days on site.....NA 1 2 3 4
5
- Is responsive to norms about clothing, language, etc., on site.....NA 1 2 3 4 5
- Comments/Suggestions for improvement

II. Personal and Professional Characteristics

- Objectivity in addressing problems.....NA 1 2 3
4 5
- Weighing of evidence before making judgments.....NA 1 2 3 4
5
- Willingness to accept responsibility for actions.....NA 1 2 3 4
5
- Respect for opinions and beliefs of others.....NA 1 2 3
4 5
- Willingness to assume appropriate responsibilities.....NA 1 2 3 4
5
- Tact and discretion in relationships with others.....NA 1 2 3 4
5
- Comments/Suggestions for improvement:

III. Ethical Awareness and Conduct

- Knowledge of general ethical guidelines.....NA 1 2 3 4
5
- Demonstrates awareness and sensitivity to ethical issues.....NA 1 2 3 4 5
- Personal behavior is consistent with ethical guidelines.....NA 1 2 3 4
5
- Consults with others about ethical issues if necessary.....NA 1 2 3 4
5
- Comments/Suggestions for improvement

IV. Knowledge and learning

A. Client Population

- Knowledge of client population at beginning of practicum.....NA 1 2 3 4
5
- Knowledge of client population at end of practicum.....NA 1 2 3 4
5
- Knowledge of diagnostic/psychological issues.....NA 1 2 3 4
5

B. Treatment approaches

- Knowledge of treatment approaches at beginning of practicum.....NA 1 2 3 4 5
- Knowledge of treatment approaches at end of practicum.....NA 1 2 3 4
5
- Knowledge of basic interviewing skills, including initiating and terminating the session..... NA 1 2 3 4 5
- Ability to engage in appropriate goal setting with clients.....NA 1 2 3 4 5
- Knowledge of theoretical model(s) for treatment.....NA 1 2 3 4
5
- Ability to generate hypotheses regarding client behavior and dynamics.....NA 1 2 3 4 5

C. Treatment Setting

- Knowledge of treatment setting at beginning of practicum..... NA 1 2 3 4
5
- Knowledge of treatment setting at end of practicum.....NA 1 2 3 4
5

D. Assessment Issues

- Knowledge of assessment issues at beginning of practicum.....NA 1 2 3 4
5
- Knowledge of assessment issues at the end of practicum.....NA 1 2 3 4
5
- Ability to coordinate psychological tests with referral questions.....NA 1 2 3 4 5
- Ability to integrate data from different sources into a clear and coherent report.....NA 1 2 3 4 5
- Knowledge of advantages and limitations of particular instruments.....NA 1 2 3 4 5
- Ability to work effectively with clients in both giving tests and providing feedback.....NA 1 2 3 4 5
- Comments/Suggestions for improvement

V. Use of Supervision

- Actively seeks supervision when necessary.....NA 1 2 3
4 5
- Receptive to feedback and suggestions from supervisor.....NA 1 2 3 4
5
- Understands information communicated in supervision.....NA 1 2 3 4
5
- Successfully implements suggestions from supervisor.....NA 1 2 3 4
5
- Aware of areas that need improvement.....NA 1 2 3
4 5
- Willingness to explore personal strengths and weaknesses.....NA 1 2 3 4
5
- Comments/Suggestions for improvement

VI. Interactions with Clients

- Appears comfortable interacting with clients.....NA 1 2 3 4
5
- Initiates interactions with clients.....NA 1 2 3

4 5
 Communicates effectively with clients.....NA 1 2 3
 4 5
 Builds rapport and respect with clients.....NA 1 2 3 4
 5
 Is sensitive and responsive to clients needs.....NA 1 2 3
 4 5
 is sensitive to cultural differences.....NA 1 2 3
 4 5
 Is sensitive to issues of gender differences.....NA 1 2 3
 4 5
 Comments/Suggestions for improvement

VII. Interactions with Coworkers

Appears comfortable interacting with other staff members.....NA 1 2 3 4
 5
 Initiates interactions with staff.....NA 1 2 3
 4 5
 Communicates effectively with staff.....NA 1 2 3
 4 5
 Effectively conveys information and expresses own opinions.....NA 1 2 3 4 5
 Effectively receives information and opinions from others.....NA 1 2 3 4
 5
 Comments/Suggestions for improvement

VIII. Work Products

Reliably and accurately keeps records, including case notes.....NA 1 2 3 4 5
 Written or verbal reports are accurate and factually correct.....NA 1 2 3 4 5
 Written or verbal reports are presented in professional manner.....NA 1 2 3 4 5
 Reports are clinically or administratively useful.....NA 1 2 3 4
 5
 Comments/Suggestions for improvement

 SIGNATURE OF PRACTICUM STUDENT, DATE

 SIGNATURE OF SUPERVISOR, DATE

Return to: Clinical Psychology Coordinator, 127 Cammack Building, Eastern Kentucky University
 521 Lancaster Avenue, Richmond, KY 40475-3102

APPENDIX D
CLINIC APPLICATION FORM
Eastern Kentucky University Psychology Clinic

Date: _____ **Time:** _____ **Form Completed by:** _____

1. Have you been court-ordered to receive counseling? Yes No

2. Are you seeking an assessment/evaluation or therapy/counseling services?
 Assessment/Evaluation Therapy/Counseling

3. Are you an EKU student? Yes No

Name of Client: _____
(Last) (First) (Middle)

Age: _____ **Date of Birth:** _____

If client is a minor:

Parent/Caller: _____

Does parent currently have legal custody/guardianship of client? Yes No

If no, Legal Guardian: _____

Address: _____
(Street) (Apartment)

(City) (State and Zip Code)

Phone Number (Day): _____

May we call the client at this number? Yes No

May we leave a message for the client at this number? Yes No

Phone Number (Evening): _____

May we call the client at this number? Yes No

May we leave a message for the client at this number? Yes No

General reason for seeking services: _____

Have you had any previous contact with the EKU Psychology Clinic? Yes No

If yes, when: _____

Intake:

Date: _____ Time: _____

Room: _____ Clinician: _____

Comments:

APPENDIX E
CLIENT SATISFACTION QUESTIONNAIRE
Eastern Kentucky University Psychology Clinic

PLEASE CIRCLE YOUR ANSWERS TO THE FOLLOWING QUESTIONS:

1. How would you rate the quality of service you received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of services you wanted?

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has our program met your needs?

4	3	2	1
Almost all have been met	Most have been met	Only a few met	None have been met

4. If a friend were in need of similar help, would you recommend our program to him/her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you received?

1	2	3	4
Quite dissatisfied	Indifferent/mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, a great deal	Yes, somewhat	No, not really	No, seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent/mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

PLEASE WRITE ADDITIONAL COMMENTS ON THE BACK OF THIS SHEET. THANK YOU.

APPENDIX F
PERSONAL HISTORY FORM
Eastern Kentucky University Psychology Clinic

Date: _____

INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING QUESTIONS. THIS INFORMATION WILL BE USED ONLY BY OUR STAFF AND WILL NOT BE RELEASED TO ANY OTHER PERSON OR AGENCY WITHOUT YOUR WRITTEN PERMISSION.

Name of Client: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apartment)

(City) (State and Zip Code)

May we write the client at this address? Yes No

Age: _____ Date of Birth: _____ Sex: Male Female

If client is a minor:

Name of person completing the form: _____

Does you currently have legal custody/guardianship of client? Yes No

Phone Number (Day): _____

May we call the client at this number? Yes No

May we leave a message for the client at this number? Yes No

Phone Number (Evening): _____

May we call the client at this number? Yes No

May we leave a message for the client at this number? Yes No

EKU Student: Yes No If applicable: Major: _____ GPA: _____

Full-time Part-time Classification (circle): Freshman Sophomore Junior Senior Graduate

Client Education (highest grade completed):

- _____
- High School/GED
- College
- Graduate/Professional School

Client Marital Status:

- Single
- Living Together
- Married: # of years: _____
- Separated
- Divorced
- Widowed

Number of Children: _____

Have you been **courted-ordered** to receive counseling? Yes No

Household: Who currently lives with the client at home?:

	<i>First Name</i>	<i>Age</i>	<i>Relationship to Client</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Client or Parent/Guardian Employment: Place of Employment: _____

Type of Work: _____ Annual Gross Family Income: _____

Reason for Seeking Services: Assessment/Evaluation Therapy/Counseling

Briefly explain: _____

Have you ever received (or currently receiving) **treatment** for this or any other psychological problems?

Yes No If yes, please explain: _____

Are you currently taking any **medications**? Yes No

If yes, please list: _____

Emergency Contact:

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apartment)

(City) (State and Zip Code)

Phone Number (Day): _____ Phone Number (Evening): _____

Relationship to Client: _____

The following is a list of the issues people may report. Place an "X" in the box if you would like help with that issue and circle the extent to which each concerns you.

KEY: 0 = "none" 1 = "some" 2 = "much" 3 = "very much" 4 = "all the time"

Requesting Help For: "X"	Issues	Extent	Comments
	Career issues	0 1 2 3 4	
	Academic problems	0 1 2 3 4	
	Loneliness/feeling isolated	0 1 2 3 4	
	Breakup/loss of a relationship	0 1 2 3 4	
	Relationship with family/parents	0 1 2 3 4	
	Relationship with friends/roommates/peers	0 1 2 3 4	
	Shyness/being ill at ease with people	0 1 2 3 4	
	Dating concerns	0 1 2 3 4	
	Afraid of close relationship	0 1 2 3 4	
	Communication skills	0 1 2 3 4	
	Dealing with anger	0 1 2 3 4	
	Perfectionism	0 1 2 3 4	
	Tendency to be critical/sarcastic	0 1 2 3 4	
	Death of friend or loved one	0 1 2 3 4	
	Alcohol or drugs	0 1 2 3 4	
	Eating problems (binging/vomiting)	0 1 2 3 4	
	Weight problems/physical appearance	0 1 2 3 4	
	Physical handicap or disability	0 1 2 3 4	
	Pregnancy (yours or hers)	0 1 2 3 4	
	Sleep problems	0 1 2 3 4	
	Depression	0 1 2 3 4	
	Anxiety or tension	0 1 2 3 4	
	Worrying too much	0 1 2 3 4	
	Feeling unworthy or inferior	0 1 2 3 4	
	Unhappy much of the time	0 1 2 3 4	
	Thoughts of hurting self/suicide	0 1 2 3 4	
	Thoughts of harming others	0 1 2 3 4	
	Physical or sexual abuse	0 1 2 3 4	
	Sexuality/intimate relationships	0 1 2 3 4	
	Sexually transmitted disease	0 1 2 3 4	
	Arrest or legal problems	0 1 2 3 4	
	Financial difficulties	0 1 2 3 4	
	Adjustment to divorce	0 1 2 3 4	
	Parenting skills	0 1 2 3 4	
	Relocation/change in school	0 1 2 3 4	
	Other:_____	0 1 2 3 4	
	Other:_____	0 1 2 3 4	
	Other:_____	0 1 2 3 4	

APPENDIX G
CLIENT INFORMATION

Eastern Kentucky University Psychology Clinic

Cammack Building, Room 5, Eastern Kentucky University, Richmond, Kentucky 40475
Phone: 859-622-2356 Fax: 859-622-6586

The Eastern Kentucky University Psychology Clinic is a training and research facility operated by the Department of Psychology. The Clinic offers a wide range of psychological services, including therapy and psychological evaluations, to children and adults in central and eastern Kentucky. Services are provided by individuals working on graduate degrees in either clinical or school psychology under direct supervision of members of the Department's clinical or school faculty.

Location:

The Clinic is located in Room 5 in the basement of the Cammack Building on the EKU campus. The Clinic is accessible to individuals in wheelchairs via the entrance on the east side of the building. Handicapped parking is available (by permit) along University Drive and in the parking lot behind the Jones Building. Parking information and campus maps are available from the receptionist.

Scheduling Appointments:

Clients are typically contacted within one week after the intake appointment by the staff member who will be providing services, to schedule the next appointment. Therapy sessions typically last for 50 minutes and are scheduled once a week. Testing sessions will take somewhat longer, depending upon the number and types of tests administered. If it is necessary to cancel or reschedule an appointment, please contact the Clinic 24 hours in advance, if possible. Parents/guardians of minors must remain present in the Clinic for the entirety of the scheduled appointment. All adult clients will complete the MMPI-2-RF as part of standard clinic procedures. This will be scheduled following the intake session.

Fees:

There are charges for all Clinic services. Fees are determined on a sliding scale, based on family income and are set at the first appointment. Clients should feel free to inquire about fees, and any questions about charges can be discussed with staff. Payment is expected on the day of each appointment. Because all appointments are scheduled in advance and require an advance allocation of time and resources, it is Clinic policy that clients are charged one-half the normal fee for missed appointments or appointments not cancelled 24 hours in advance. The Clinic typically does not accept reimbursement from insurance companies.

Confidentiality:

The Clinic staff assumes responsibility for protecting a client's confidentiality. No information about a client will be released by the Clinic without the written permission of the client (or parent/guardian, in the case of a minor) except under three conditions: 1) the client poses a clear and imminent danger to self or others (the staff may have to break confidentiality in order to protect the client and others), 2) there is evidence of child abuse, or the abuse of a vulnerable adult party, such as an elderly person, or a person with a disability, 3) Clinic materials are subpoenaed under court order. Any questions about confidentiality should be discussed with a staff member.

Since the Clinic is a training facility, audio and/or video tapes will be made of virtually all clinical activities. These tapes may be reviewed by supervisors and other trainees for teaching purposes. No one else will have access to the tapes. In addition, some sessions may be viewed through the one-way mirrors by supervisors and/or other trainees. All staff members are obligated to respect your right to confidentiality and will not discuss any information about your case with anyone outside the training program.

Research is sometimes conducted in the Clinic and clients may be asked to participate. No client will be involved in research in which his/her identity is known to the researcher(s) without the client's written permission. Participation in research activities is strictly voluntary.

Emergency Situations:

Clients are seen by appointment only. If an emergency situation should arise, clients should contact their local comprehensive care center (listed in the Yellow Pages under Mental Health Services). Residents of Madison, Fayette, and Estill counties can contact the Comprehensive Care Crisis Line at 233-0444 for services after hours and on weekends and holidays.

Operating Schedule:

The Clinic operates year-round in accordance with the ECU Calendar and offers both daytime and evening appointment times during the typical business week. If ECU is closed, the Clinic will also be closed. This includes closures for inclement weather.

APPENDIX H
INTAKE REPORT FORM
Eastern Kentucky University Psychology Clinic

Client Name: _____ Case Number: _____

Clinician Name: _____ Date of Interview(s): _____

CASE DISPOSITION INFORMATION:

Case Assigned To: _____ Date Assigned: _____

Supervisor: _____

Date Contacted by Clinician: _____

Appointment Scheduled For: _____

Placed on the Waiting List: _____

If services declined, reasons: _____

Case Referred To:

Reason for Referral:

Fee: \$

Comments:

IDENTIFYING INFORMATION:

PRESENTING CONCERNS:

DEVELOPMENTAL HISTORY:

SCHOOL:

PSYCHOLOGICAL/PSYCHIATRIC TREATMENT HISTORY:

CURRENT MEDICATIONS:

SERIOUS ILLNESS, GENERAL MEDICAL CONDITION, OR HOSPITALIZATIONS:

FAMILY HISTORY:

FAMILY HISTORY OF MENTAL ILLNESS OR SUBSTANCE USE DIFFICULTIES:

PERSONAL/SOCIAL HISTORY:

MARITAL / DATING HISTORY:

CURRENT STRENGTHS / RESOURCES / COPING STRATEGIES:

EMPLOYMENT HISTORY:

SUBSTANCE USE:

DANGER OF HARM TO SELF:

DANGER OF HARM TO OTHERS:

ABUSE HISTORY/ TRAUMA HISTORY:

OBSERVATIONS:

ASSESSMENT INSTRUMENT USED:

THERAPEUTIC RECOMMENDATIONS:

Initial DSM-5 Diagnosis

By history:

Rule out:

Date

Clinic Coordinator

Date

Clinic Director

APPENDIX I
FORM LETTER TO RESCHEDULED MISSED INTAKE APPOINTMENT
Eastern Kentucky University Psychology Clinic

Date

Client Name
Client Address
City, State, Zip

Dear Mr./Mrs. :

You were scheduled for an appointment at the EKU Psychology Clinic on _____ (date) at _____ (time). It is our policy to contact individuals who miss an appointment to determine whether this was an oversight or whether it reflects a change in your decision to use our services. We attempted to reach you by telephone but were unsuccessful.

Please call us if you have any questions or concerns about the Clinic, or if you wish to reschedule your appointment with us.

Sincerely,

Your Name
Title (i.e. Clinic Coordinator; Clinician)

APPENDIX J
INITIAL TREATMENT PLAN
Eastern Kentucky University Psychology Clinic

This document can be found in Titanium under “Data Forms” then select “Initial Treatment Plan”; first forward this document electronically to your supervisor to discuss treatment plan; once the treatment plan is agreed to by the supervisor and clinician, sign it and forward it to the supervisor to sign it

Data Form: Initial Treatment Plan

Save Cancel New Delete Print Copy Data Forms (1): Initial Treatment Plan

John Doe Unlocked

Initial Treatment Plan

Description of client and client's needs:

DSM-V Diagnosis:

Additional notes:

Problem:

Goal:

Goal measurement / data to collect:

Treatment plan:

Right click for menu
- Expand this field to full screen
- Spell check this field
- Insert Template into this field

APPENDIX K
TREATMENT PLAN UPDATE
Eastern Kentucky University Psychology Clinic

This document can be found in Titanium under “Data Forms” then select “Treatment Plan Update”; first forward this document electronically to your supervisor to discuss treatment plan; once the treatment plan is agreed to by the supervisor and clinician, sign it and forward it to the supervisor to sign it

Data Form: Treatment Plan Update

Save | Cancel | New | Delete | Print | Copy

Data Forms (1): Treatment Plan Update

John Doe Unlocked

Treatment Plan Update

Update #

DSM-V Diagnosis:

Progress since last treatment plan:

Additional Notes:

Problem:

Goal:

Goal measurement / data to collect:

Treatment plan:

APPENDIX L
FORM LETTER TO RESCHEDULED MISSED THERAPY/ASSESSMENT APPOINTMENT
Eastern Kentucky University Psychology Clinic

Date

Client Name
Client Address
City, State, Zip

Dear Mr./Mrs. :

You were scheduled for an appointment at the EKU Psychology Clinic on _____ (date) at _____ (time). It is our policy to contact individuals who miss an appointment to determine whether this was an oversight or whether it reflects a decision to terminate your involvement with us. We attempted to reach you by telephone but were unsuccessful.

Please call the Clinic as soon as possible to reschedule your appointment, or, if you wish to discuss this matter with me, please leave a message with the Clinic Secretary and I will return your call. If I have not heard back from you by _____ (date) I will assume that you are no longer interested in continuing services and your case will be closed at that time.

I look forward to hearing from you.

Sincerely,

Your Name
Title (i.e. Clinician)

APPENDIX M
INTAKE FORM FOR SCHOOL-INITIATED STUDENT ASSESSMENT
Eastern Kentucky University Psychology Clinic

SCHOOL: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

FEE: _____

STUDENT'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

CASE NUMBER: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

REASON FOR ASSESSMENT: _____

DATE OF ASSESSMENT: _____

CLINICIAN NAME: _____

SUPERVISOR: _____

ASSESSMENT INSTRUMENTS: _____

TERMINATION SUMMARY:

DATE REPORT MAILED TO SCHOOL: _____

COMMENTS: _____

DATE

SIGNATURE OF CLINICIAN

DATE

SIGNATURE OF SUPERVISOR

APPENDIX N
AUTHORIZATION FOR RELEASE OF INFORMATION
 Eastern Kentucky University Psychology Clinic

Client Name: _____	Date of Birth: _____
Address: _____	
Street	City, State Zip
Client Phone Number: _____	Dates of Services: _____

<input type="checkbox"/> I hereby authorize the EKU Psychology Clinic to release information to:	<input type="checkbox"/> I hereby authorize the EKU Psychology Clinic to obtain information from:
_____ Name of Provider or Facility	_____ Name of Provider or Facility
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip
_____ Phone Number (including area code)	_____ Phone Number (including area code)
_____ Fax Number (including area code)	_____ Fax Number (including area code)

Purpose of Request: _____

Type of Records Authorized: Psychiatric/Psychological Evaluation and/or Treatment Medical
 Educational Records Other: _____

Authorization expires: When the requested information is sent/received One year from this date
 When I am no longer receiving services here Other: _____

I understand that:

1. I am not required to sign this authorization and that my refusal will not affect my ability to obtain services.
2. I may cancel this authorization at any time by submitting a written request to the Psychology Clinic, except where a disclosure has already been made in reliance on my prior authorization. All information I, hereby, authorize to be exchanged will be held strictly confidential and cannot be released by the recipient without my written consent.
3. The information that is shared will be subject to redisclosure (i.e., Redisclosure is the act of sharing or releasing health information that was received from another source (e.g., external facility or provider) and made part of a patient's health record or the organization's designated record).
4. I have the right to inspect/copy the information that is to be disclosed if authorized by the provider.
5. I have the right to a receipt of this authorization if requested.

Printed Name of Client or Parent/Guardian: _____

Signature of Client or Parent/Guardian: _____ Date: _____

APPENDIX O
CHANGE OF CLINICIAN FORM
Eastern Kentucky University Psychology Clinic

This document can be found in Titanium by creating a new note then by selecting “Change of Clinician Form” under “Type of Note”; sign this document electronically and forward to your supervisor to sign on Titanium

The screenshot shows a software window titled "Ti Note Expanded". The window has a menu bar with "Exit", "Template", and "Spelling" options. Below the menu bar is a large text area for entering information. The form contains the following labels: DATE:, CLIENT NAME:, CASE NUMBER:, CURRENT CLINICIAN:, NEW CLINICIAN:, SUPERVISOR:, and REASON FOR CHANGE:. A context menu is visible over the CLIENT NAME field, listing "Right click for menu", "Spell check this field", and "Insert Template into this field".

APPENDIX P
CASE CLOSING NOTICE
Eastern Kentucky University Psychology Clinic

Client Name: _____

Case #: _____

Clinician: _____

Date: _____

Supervisor: _____

Case Information:

Date of Last Appointment: _____

Closing Summary Status:

- Completed
- Pending (To be Completed by: _____
Date)

Fee Status:

- Paid in Full
- Delinquent (Amount Due: \$ _____)

Comments/Notes: _____

APPENDIX Q
CASE CLOSING SUMMARY
Eastern Kentucky University Psychology Clinic

This document can be found in Titanium by creating a new note then by selecting “Case Closing Summary” under “Type of Note”; sign this document electronically and forward to your supervisor to sign on Titanium

The screenshot shows a software window titled "Ti Note Expanded". At the top, there is a menu bar with three items: "Exit" (with a red X icon), "Template" (with a dropdown arrow), and "Spelling" (with an "ABC" icon and a blue checkmark). Below the menu bar, the form contains the following fields:

- Client Name: Client #:
- Clinician: Date:
- Supervisor:
- Number of Sessions: From: (Intake date) To: (Last session)
- Identifying Information:
- Presenting Problem(s)/Chief Complaint(s):
- Treatment Goals and Procedures:
- Response to Treatment:
- Reason for Termination:
- Prognosis:

APPENDIX R
TERMINATION DATA FORM
Eastern Kentucky University Psychology Clinic

Client Name: _____

Case #: _____

Clinician: _____

Date: _____

Supervisor(s): _____

Case Information:

Date Case Opened: _____

Date Case Closed: _____

Final Fee Status:

Paid in Full

Delinquent (Amount Due: \$ _____)

Indicate whether each of the following materials are contained in the file:

Face Sheet

Case Closing Summary

Progress Notes

Treatment Plan/Updates

Intake Report Form

Clinic Application

Informed Consent for Services/Fee Contract

Personal History Form

Comments/Notes: _____

APPENDIX S
PROGRESS NOTES

Eastern Kentucky University Psychology Clinic

This document can be found in Titanium by creating a new note that is attached to an individual session then by selecting "Progress Note" under "Type of Note"; sign this document electronically and forward to your supervisor to sign on Titanium

Client Note - John Doe

Save Cancel New Delete Navigate Print Addendum Client Unlock Da

Narrative Diagnosis

Client: **John Doe**

Type of note: Progress Note Date: 08/09/2017

Counselor: Tanner Muehler

See attached Progress Note by selecting "Data Forms" above.

DATA:

ASSESSMENT:

PLAN:

Sign: 1: 2:

Forward to: Forward to note:

APPENDIX T

FACE SHEET

Eastern Kentucky University Psychology Clinic

<p>CASE NUMBER: _____</p> <p>CLIENT NAME: _____</p> <p>DATE CASE OPENED: _____</p> <p>DATE CASE CLOSED: _____</p>	<p style="text-align: center;"><u>ACTIVITY CODES:</u></p> <p>I INTAKE TS THERAPY SESSION AS ASSESSMENT SESSION SP SUPERVISION TC TELEPHONE CONTACT C CANCELLED APPOINTMENT NS NO SHOW ST STAFFING CR CORRESPONDENCE O OTHER</p>
---	---

DATE	ACTIVITY	INITIALS	DATE	ACTIVITY	INITIALS	DATE	ACTIVITY	INITIALS

APPENDIX U
CONFIDENTIALITY AGREEMENT BETWEEN PARENT/GUARDIAN AND MINOR
Eastern Kentucky University Psychology Clinic

I understand that as a parent/guardian I have a legal right to access my child's records. However, in order to encourage an open therapeutic relationship between my child and his or her therapist, I agree to allow information my child discloses during therapy sessions to be kept between my child and the clinician.

If any of the following circumstances arise, I do wish to be informed:

Parent/Guardian Signature

Date

Signature of Client/Minor

Date

Clinician Signature

Date

Supervisor Signature

Date

APPENDIX V
CHANGE OF SUPERVISOR FORM
Eastern Kentucky University Psychology Clinic

DATE: _____

CLIENT NAME: _____

CASE NUMBER: _____

CURRENT SUPERVISOR: _____

NEW SUPERVISOR: _____

REASON FOR CHANGE:

Signature, Clinic Director

Signature, Clinic Coordinator

APPENDIX W
DRESS CODE FOR THE ECU PSYCHOLOGY CLINIC & PRACTICUM/INTERNSHIP SITES
Eastern Kentucky University Psychology Clinic

The Clinical and School faculty have adopted a dress code to provide a standard to follow while working in the ECU Psychology Clinic and at all Practicum and Internships sites, including Model Laboratory School.

Clients come to the Clinic looking for professional help. Dressing appropriately, as a professional clinician, contributes to giving the client confidence that you can be of help. The following guidelines have been established regarding appropriate and inappropriate dress:

1. Male graduate students are expected to wear dress slacks or khakis (with a belt) and a dress shirt with a collar or a polo shirt.
 2. Female graduate students are expected to wear professional tops including blouses or sweaters. Female may wear dress slacks or skirts, however, skirts must be of an appropriate length and style.
-

In addition:

1. Hair should be neat.
 2. Jewelry should be kept to a minimum.
 3. Facial piercings are not appropriate
 4. Tattoos should be covered while in the Clinic and at Practicum and Internship sites
 5. Sweatshirts, t-shirts, sweatpants, workout clothing, shorts, blue jeans, or baseball hat are not allowed
-

When working with child clients:

1. Casual khakis, cargo pants or neat, dark colored jeans are allowed.
-

When working on paperwork in the workroom, the dress code does not have to be followed. However, if you are not properly dressed, remain in the Clinician workroom and do not loiter in the Front Office or Waiting area.

APPENDIX X
HIPPA EMPLOYEE CONFIDENTIALITY AGREEMENT
Eastern Kentucky University Psychology Clinic

I acknowledge that during the course of performing my assigned duties at the EKU Psychology Clinic I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations (*please initial each item stating that you have read and understand it*):

- _____ 1. I will use and disclose confidential information only in connection with and for the purpose of performing my assigned duties.
- _____ 2. I will request, obtain or communicate confidential information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties.
- _____ 3. I will not disclose any information to individuals other than the client (or client's parent/guardian) unless written permission has been obtained to do so and this permission has been documented in the client's file.
- _____ 4. I will take reasonable care to properly secure confidential information on computers and will take steps to ensure that others cannot view or access such information, including logging off and/or using a password-protected screensaver to prevent unauthorized access.
- _____ 5. I will keep all security codes and passwords used to access the facility, equipment or computer systems confidential at all times.
- _____ 6. I will not discuss any information, either client-related or operations-related in public areas unless that public area is an essential place for the performance of my duties.
- _____ 7. I will not disclose, copy, transmit, inquire, modify or destroy client information or other confidential information without permission from my supervisor.
- _____ 8. If I have any questions or concerns regarding the release of information or other matters of confidentiality, I will immediately consult with my supervisor before disclosing any information.
- _____ 9. Even after my position is terminated, I agree to meet my obligations under this agreement.
- _____ 10. I understand and agree that my failure to fulfill any of the obligations set forth in this Agreement, and/or my violation of any terms of this Agreement will result in disciplinary action, up to and including termination of employment or dismissal from the program. This may also include civil/criminal legal penalties as a result of the final Privacy Rule issues by the federal government.

Employee Signature:		Date: _____
Employee Printed Name:		
Witness Signature:		Date: _____
Witness Printed Name:	_____	

APPENDIX Y
Waiver of Liability for Unattended Minors
Eastern Kentucky University Psychology Clinic

This Release and Waiver of Liability (The Release) executed on this day of

_____, by _____ a minor child (the "Client"),

and _____, the parent/guardian having legal custody and/or the legal

guardian of the client (the Guardian), in favor of the Eastern Kentucky University Psychology

Clinic, its directors, officers, employees and agents (collectively, the "Clinic").

The Client and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver. The Eastern Kentucky University Psychology Clinic is not responsible for monitoring or supervising the activities and/or behavior of minors before or after the scheduled therapy or assessment session.

I, _____, understand that by leaving my child,

_____, unattended in the Clinic during the above stated specified

times, that he or she will not be under adult supervision.

Parent/Guardian Signature

Date

Clinician Signature

Date

Supervisor Signature

Date

APPENDIX Z
AUTHORIZATION FOR CLIENT TO LEAVE CLINIC PREMISES
Eastern Kentucky University Psychology Clinic

I, hereby, authorize _____, to take _____
(Clinic staff name) (Child's name)

from the EKU Psychology Clinic premises on the following dates (or other schedule):

for the following purpose(s):

_____.

I understand that my child will be under the supervision of the Clinic staff member at all times.
I understand that I may revoke this authorization at any time, and agree to notify the Clinic of my decision.
Unless otherwise indicated, this authorization will expire on the following date: _____.

Parent/Guardian Signature

Date

Clinic Staff Member Name

Date

Supervisor Signature

Date

Witness Signature

Date

CONFIDENTIAL FAX COVER SHEET

Eastern Kentucky University Psychology Clinic

521 Lancaster Avenue, Cammack Building, Room 5, Richmond, KY 40475

Telephone: (859) 622-2356

Fax Number: (859) 622-6586

"Confidential Protected Health Information Enclosed"

Protected Health Information is personal and sensitive information related to a person's health care. You, the recipient, are obligated to maintain it in a safe and confidential manner. Re-disclosure without additional client consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

TO: _____ FAX #: _____

FROM: _____ FAX #: 859.622.6586

DATE: _____ # OF PAGES (including cover sheet): _____

RE: _____

MESSAGE:

Fax Transmittal Sheet

IMPORTANT WARNING: THIS MESSAGE IS INTENDED FOR THE USE OF THE PERSON OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGE AND CONFIDENTIAL, THE DISCLOSURE OF WHICH IS GOVERNED BY APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AND ARRANGE FOR THE RETURN OR DESTRUCTION OF THESE DOCUMENTS.



APPENDIX BB
RISK ASSESSMENT GUIDELINES
Eastern Kentucky University Psychology Clinic

Circle the level of risk associated with each domain.

Performance/Degree	RISK PRESENT, BUT LOWER	MEDIUM RISK	HIGHER RISK
1. Suicide Plan			
a. Details	Vague	Some specific	Well thought out, knows when, where, how
b. Availability of means	Not available	Available, have close by	Have in hand
c. Time/Intent	No specific time or in future	Within a few hours	Immediately
d. Lethality of method	Pills, slash wrists	Drugs and alcohol, car wreck, carbon monoxide	Drug, charcoal, hanging, jumping
e. Chance of intervention	Others present most of time	Others available if called upon	No one nearby; isolated
2. Previous Attempts	None or one of low lethality	Multiple of low lethality or one of medium lethality, history of repeated threats	One high lethality or multiple of moderate lethality
3. Stress	No significant stress	Moderate reaction to loss and environmental changes	Severe reaction to loss or environmental changes
4. Symptoms			
a. Coping Behavior	Daily activities continue as usual with little change	Some daily activities disrupted; disturbances in eating, sleeping school work	Gross disturbances in daily functioning
b. Depression	Mild, feels slightly down	Moderate, some moodiness, sadness, irritability, loneliness and decrease of energy	Overwhelmed with hopelessness, sadness and feels worthless
5. Resources	Help available; significant others concerned and willing to help	Family and friends available but unwilling to consistently help	Family and friends not available or are hostile, exhausted, injurious
6. Communication Aspects	Direct expression of feelings and suicidal intent	Inter-personalized suicidal goal ("They'll be sorry – I'll show them")	Very indirect or non-verbal expression of internalized suicidal goal (guilt, worthlessness)
7. Life Style	Stable relationships, personality, and school performance	Recent, acting out behavior and substance abuse; acute suicidal behavior in stable personality	Suicidal behavior in unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers
8. Medical Status	No significant medical problems	Acute but short term or psychosomatic illness	Chronic debilitating or acute catastrophic illness

Other things to consider during a Risk Assessment:

1. Don't be afraid to ask questions directly and clearly.
2. Don't promise confidentiality.
3. Consult with a supervisor

The above checklist is adapted from "Dallas Independent School District Suicide Risk Assessment Worksheet-Probability of Attempt"

APPENDIX CC
NO-HARM CONTRACT
Eastern Kentucky University Psychology Clinic

I, _____, promise not to harm or injure myself in any way for the time period

from _____ to _____. If, for any reason, I feel like harming

myself I will immediately contact _____ at _____ or

_____ at _____, or go to the nearest emergency

department for help. If I am unable to complete either of the above stated actions, I agree to contact the

Comprehensive Care Crisis Line at (859) 233-0444.

Signature of Client: _____ Date: _____

Signature of Clinician: _____ Date: _____

Signature of Witness: _____ Date: _____

APPENDIX CC
Assessment Timeline Contract
Eastern Kentucky University Psychology Clinic

This document can be found in Titanium under “Data Forms” then select “Assessment Timeline Contract”; sign this document electronically and forward to your supervisor to sign on Titanium

Data Form: Assessment Contract Timeline

Save Cancel New Delete Print Copy Data Forms (1): Assessment Contract Timeline

John Doe Unlocked

Clinician

Supervisor

Date Case Assigned

Date set (Required)

Date First Appointment

Date set (required)

Date of 2nd appointment

Date set (required)

Date of 3rd appointment

Date set (if not applicable, not required)

NotApplicable

Date of 4th appointment

Date set (if not applicable, not required)

NotApplicable

Date of 5th session

Date set (if not applicable, not required)

NotApplicable

Date of 6th session

Date set (if not applicable, not required)

NotApplicable

Date of first draft due to supervisor (4 weeks after first assigned)

Date set (required)

Date of feedback session with Client

Date set (required)

Date the contract was reviewed with client

Comments/notes

APPENDIX DD
Clinic Orientation/Training Contract
 Eastern Kentucky University Psychology Clinic

I, _____, have received the proper training and orientation to the clinic procedures that are listed below:

Goal	Initials
I have read the EKU Psychology Clinic Policies and Procedures Manual and understand that It is my responsibility to understand the material therein.	
I have received the orientation to the EKU Psychology Clinic	
I have received an orientation to where to find the materials in the EKU Psychology Clinic	
I have received training on the Health Insurance Portability and Accountability Act (HIPAA)	
I have signed the HIPAA Employee Confidentiality Agreement found in Appendix X and the HIPAA Training Participation Verification form found in Appendix DD of the EKU Psychology Clinic Policies and Procedures Manual	
I have signed that EKU Psychology Clinic Materials contract and understand that I need to check materials both out and in when taking clinic materials from the clinic	
I have received training on how to operate the computers that are located in the EKU Psychology Clinic and know how to access the software located on said computers to score assessment material	
I have received an orientation to the EKU Psychology Clinic recording software and understand that I am to use it during all client contacts in the EKU Psychology Clinic unless someone in the adjacent room started recording their session first	
I have reviewed and signed the Computer Usage Agreement for the EKU Psychology Clinic	
I have received training on how to use the Titanium Software that is located on the computers in the clinic for documentation of client files	

 Clinician Signature

 Date

 Clinic Coordinator

 Date

 Clinical Program Director

 Date

APPENDIX EE
HIPAA Training Participation Verification

NAME (PRINTED): _____

My signature below certifies that I viewed the HIPAA training video provided by the EKY University Counsel's office and that I am familiar with the HIPAA-related information it presented.

Signature of Participant

Date

Signature of Participant

Date

APPENDIX FF
Computer Usage Agreement

NAME: _____ Date: _____

I agree to keep ECU Psychology Clinic patient information confidential and secure by complying with all policies and procedures and observing the following:

1. I will protect my password from use or theft by others.
2. I will log off my computer when I leave the workstation and not allow others to use my access.
3. I will only look up medical information when it is necessary for performing my job duties.
4. I will share patient information only with people who have a right to access the information in order to perform their job function, and ensure that I am in a private setting where others cannot hear or see the confidential information.
5. I will not access or store any patient information on any personal devices, including personal digital assistants or phones.
6. I will not use or disseminate confidential information from my home computer.
7. I will dispose of confidential information properly in accordance with all applicable policies.
8. I will immediately notify my supervisor or Deputy Privacy Officer of any suspected breach of confidential information.
9. I understand that when using the internet, I may not stream audio or video; I may not excessively connect to non-work related sites; I may not view anything that would violate ECU's sexual harassment or discrimination policy; I may not download from unknown/suspicious sources; I may not play internet based games.
10. I understand that when sending email, I may not send protected health information; I must keep personal email to a minimum; I may not send SPAM; I may not send emails for commercial or political purposes; I may not send anything offensive/disruptive (that would offend a protected class).
11. I understand that when using the Network or a Mobile Computing Device (MCD), I may not save unencrypted PHI on my hard drive; I may not save unencrypted PHI on a MCD.
12. I understand that when using social media after work hours that no confidential patient information may be posted on the internet; I may not post anything obscene, etc. about ECU Psychology Clinic or another employee on the internet; I may not reference ECU Psychology Clinic unless given permission to do so or consistent with policies; if I have my own healthcare blog/website, I must post a non-affiliation to ECU Psychology Clinic statement.
13. I understand that random audits will be performed relating to computer usage to ensure compliance with all computer related policies and this agreement.
14. I understand that ECU has the right to take appropriate action, up to and including termination of employment, for violation of this agreement.
15. I understand that this agreement serves only as a complement to ECU and ECU Psychology Clinic HIPAA policies and protocols.

Please sign to confirm that you have read and agree:

Clinician

Date

Clinic Coordinator

Date

APPENDIX GG

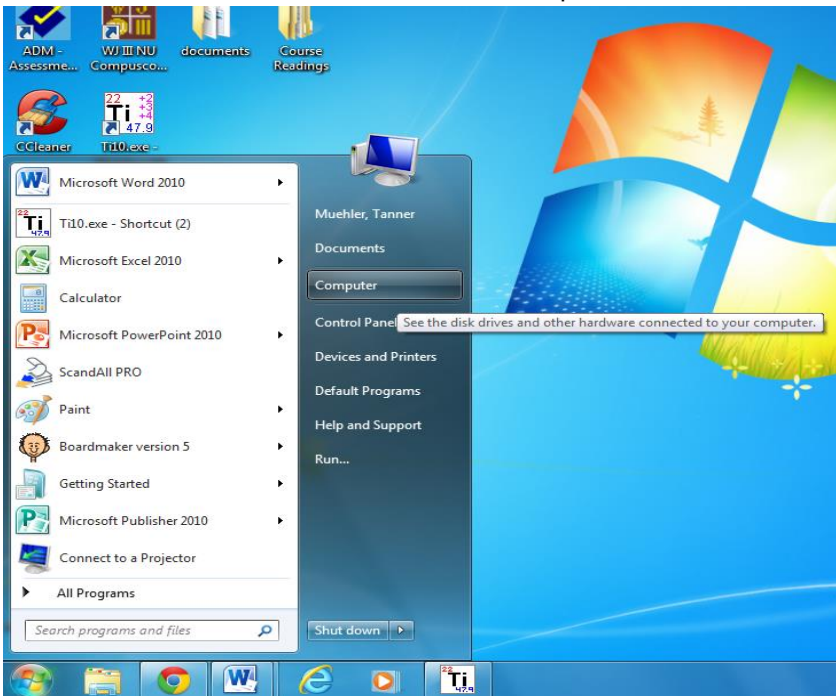
TITANIUM ORIENTATION & CHEAT SHEET Updated 7/2014

Here is a list of tasks/commands for Titanium.

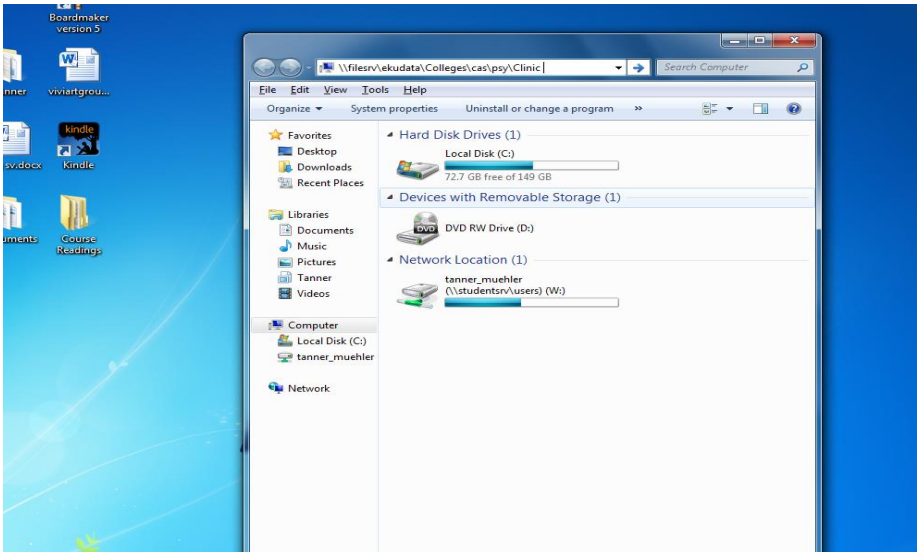
To orient yourself to Titanium, **please complete each item on this list and check it off.** This must be completed before by the end of the second week of classes.

Bring this completed packet with you to your supervision during the third week of classes so your supervisor can sign off on it.

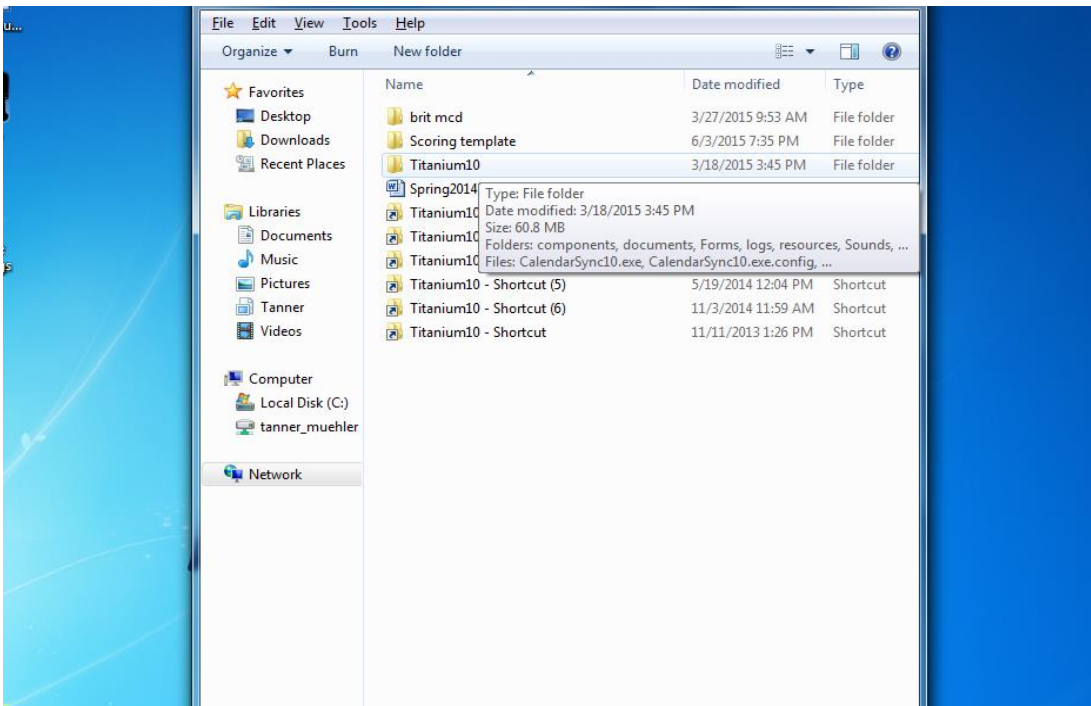
1. You should be able to just hold “ctrl” and click on the link: <\\filesrv\ekudata\Colleges\cas\psy\Clinic> if this works skip to step 4, if not continue to step 2
2. Click windows button on bottom left, click “Computer”.



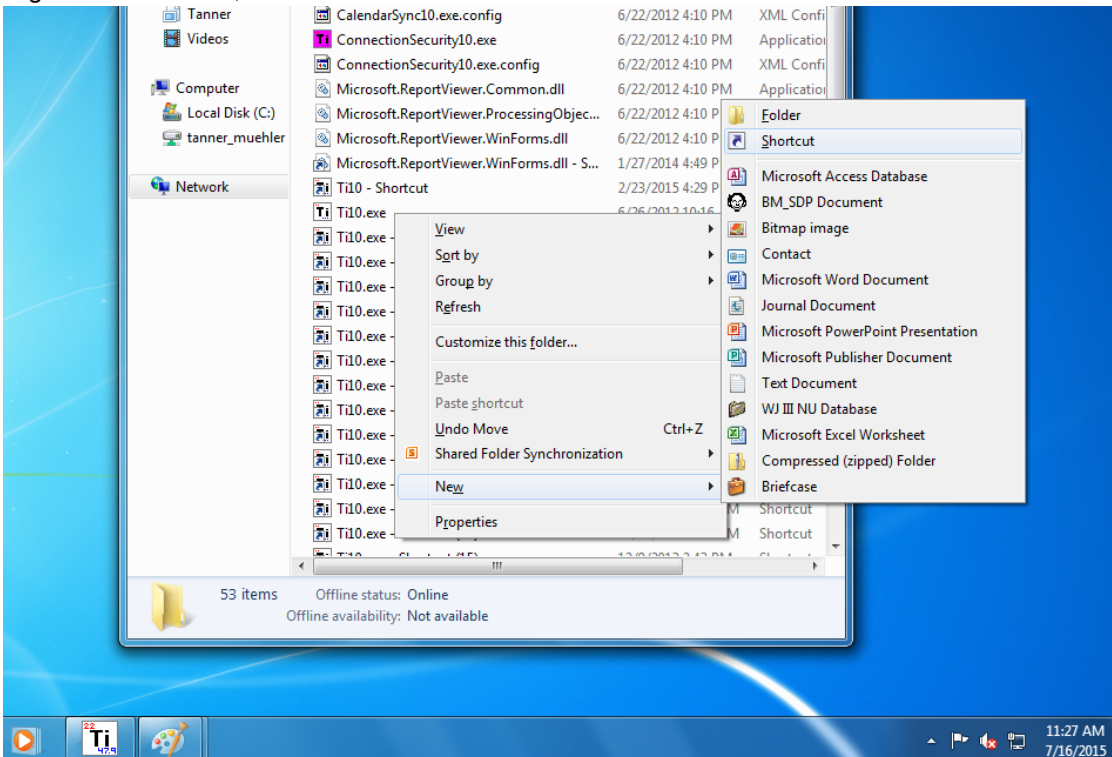
3. Copy and paste into address bar: <\\filesrv\ekudata\Colleges\cas\psy\Clinic> and hit enter



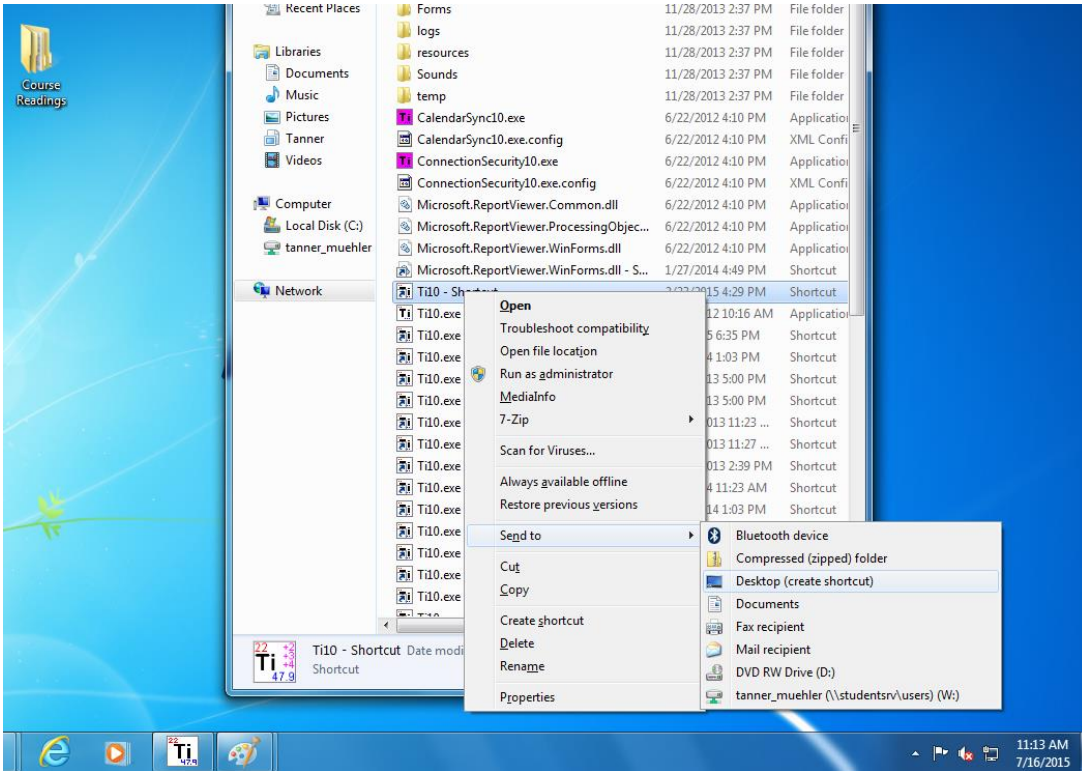
4. Double click on Titanium folder



5. Right click Ti10.exe, new-> create shortcut



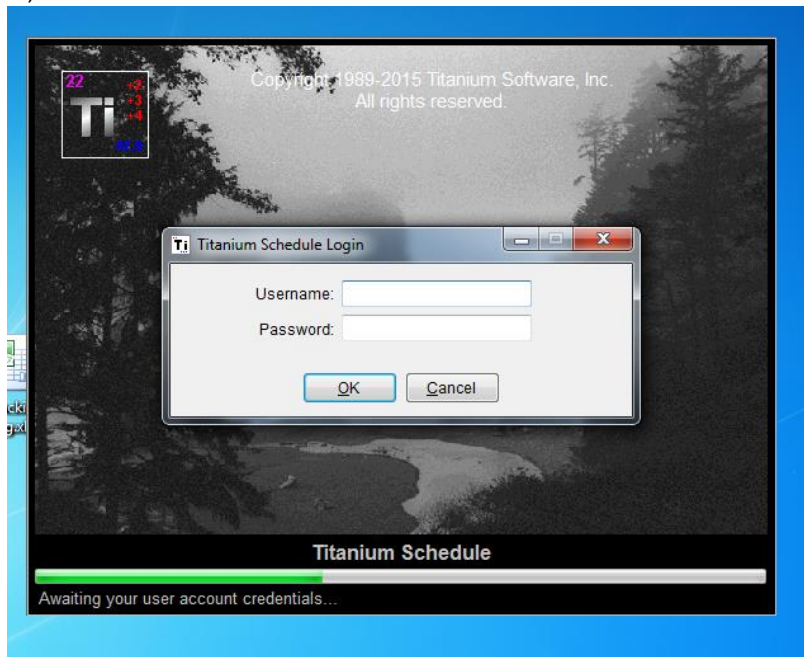
- Right click on Ti10 - shortcut select send to-> desktop (create shortcut)



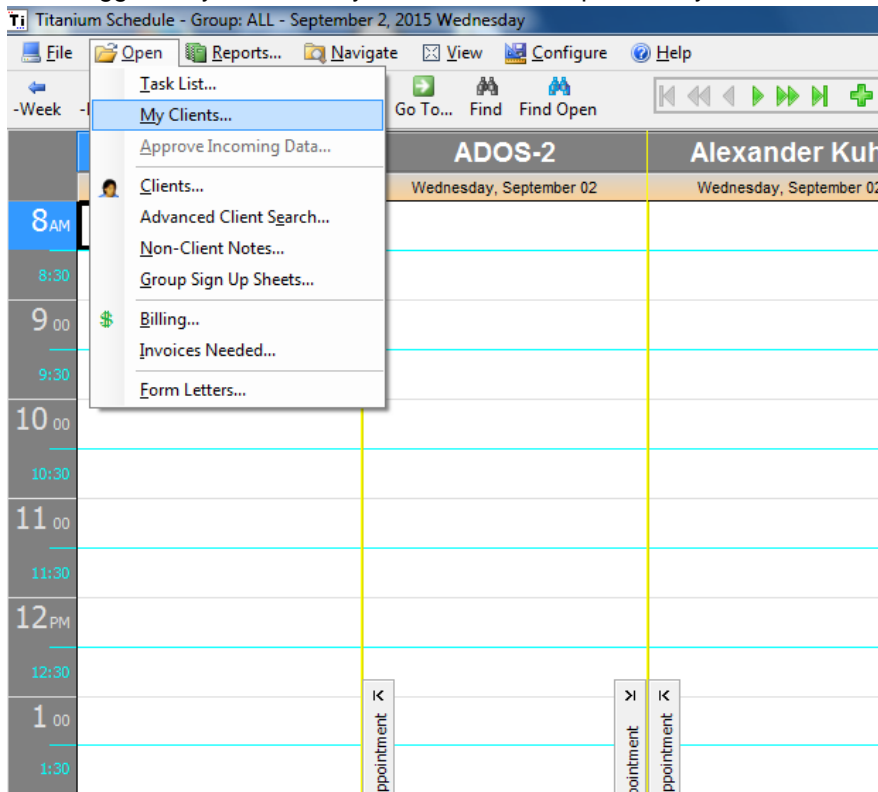
This should create a shortcut on your desktop so you don't have to go through these steps every time that you need to log on to Titanium.

Logging in and using Titanium

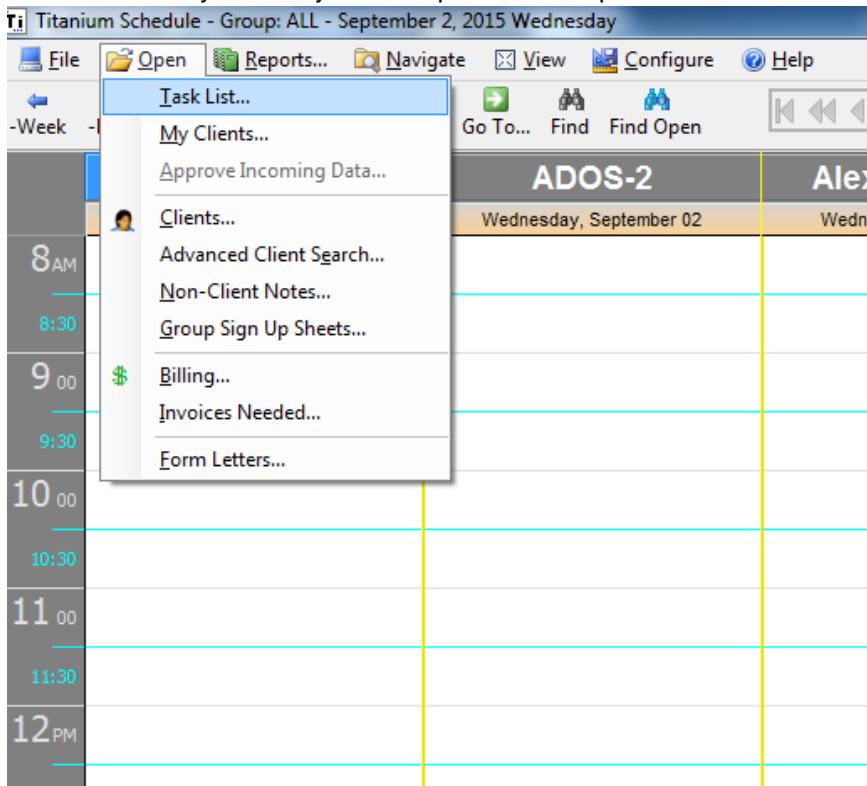
- Enter username (last name)/Password (Initial password will be set by the Clinic coordinator when he sets up your Titanium account, you will be instructed to change it when you first log in).



2. Once logged in, you can find you clients under Open => My Clients

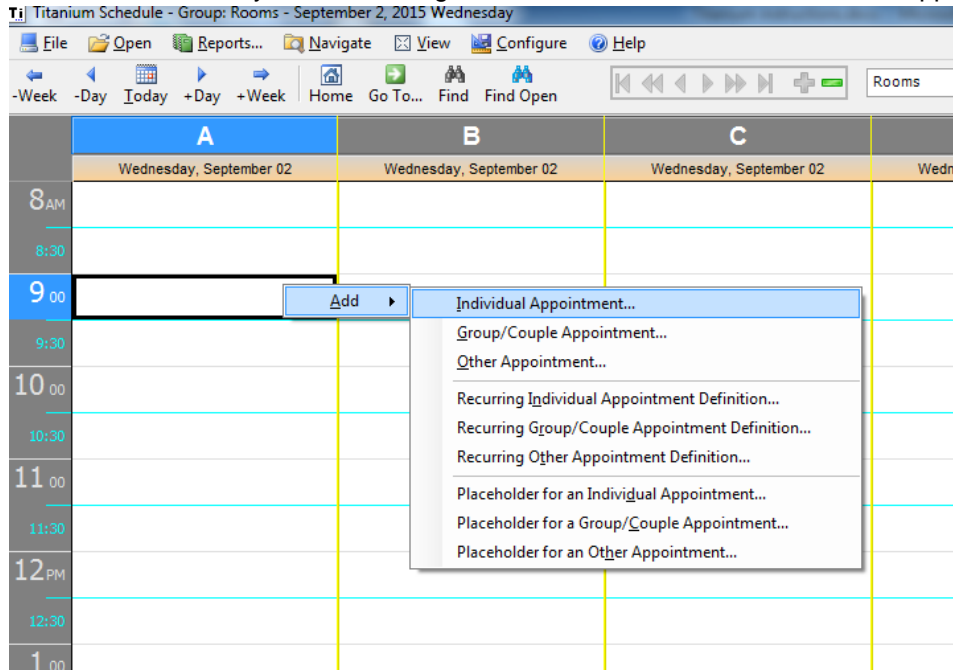


3. Find what tasks you have yet to complete under Open => Task list

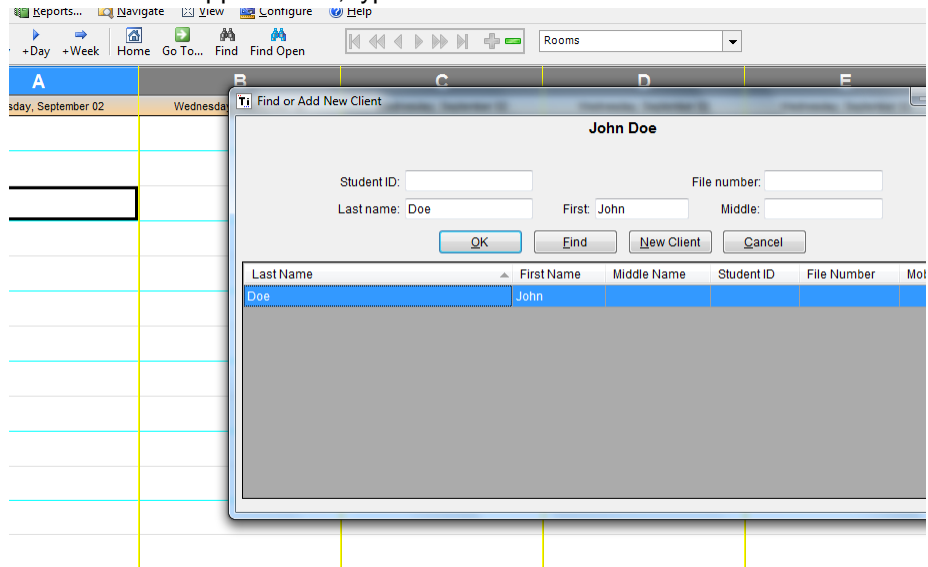


Schedule sessions

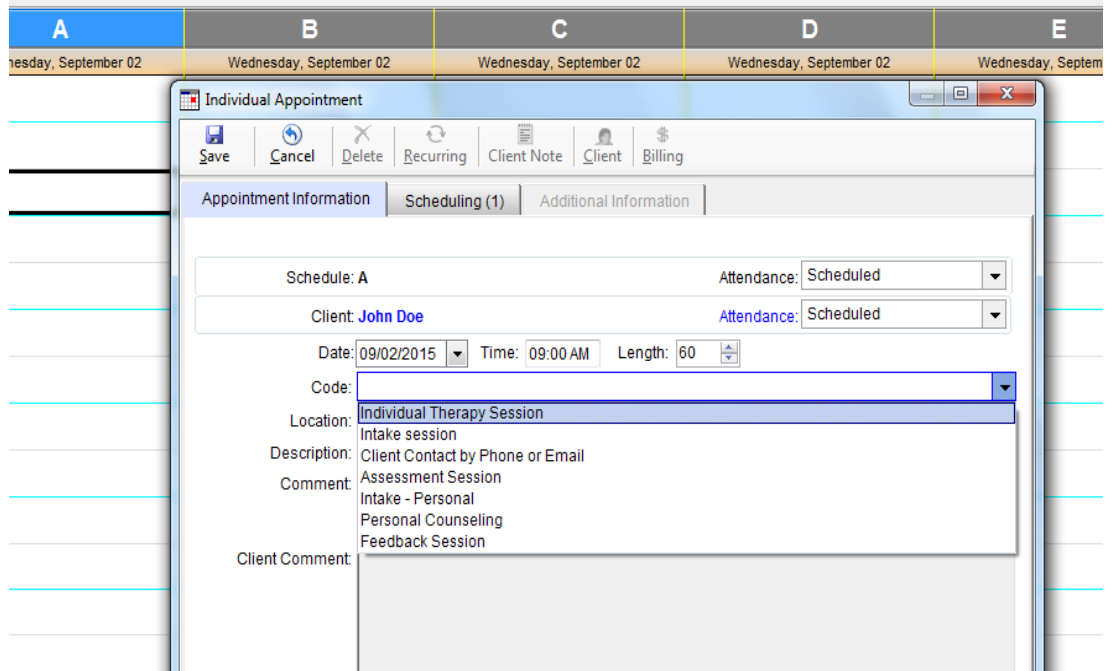
- Schedule sessions by double clicking a room and time => add => individual appointment



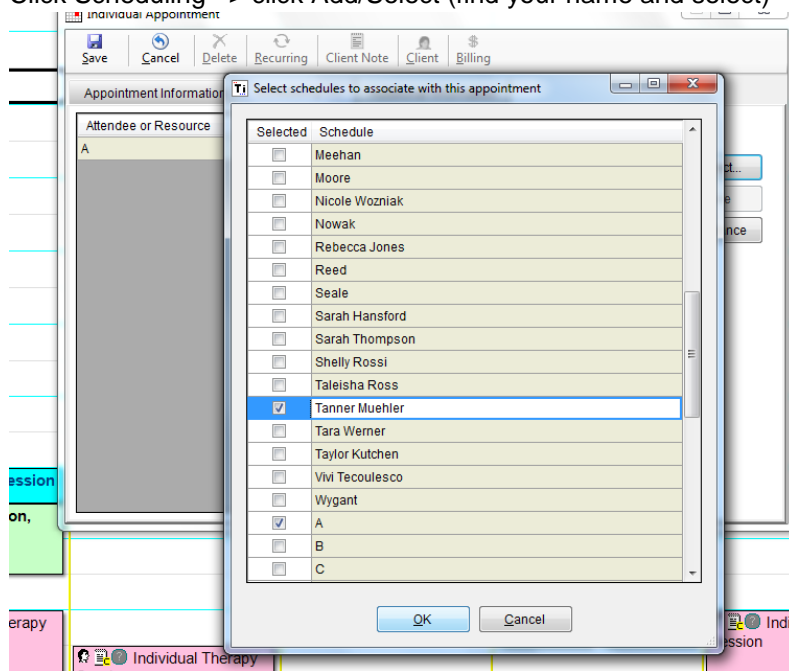
- After individual appointment, type name of client click Find



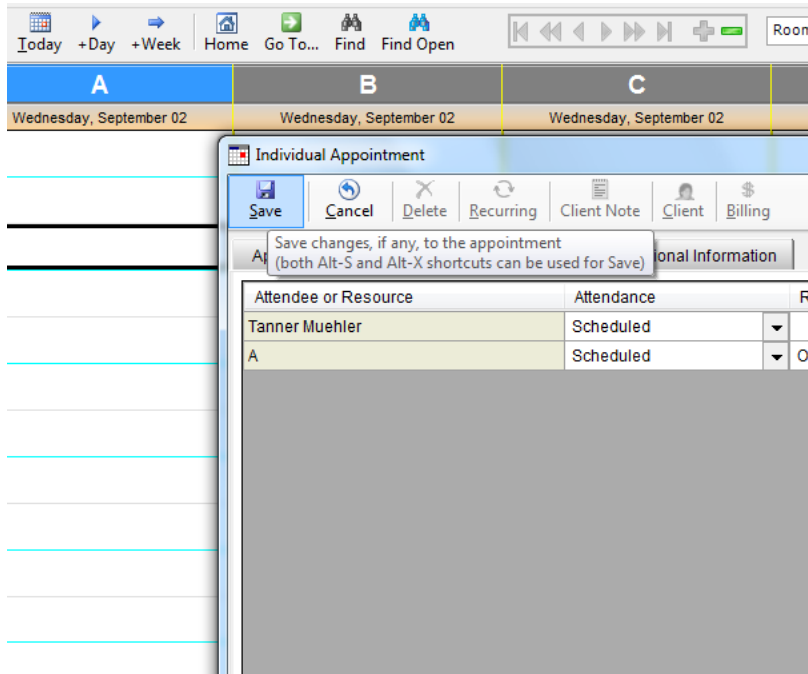
6. Select the proper code



7. Click Scheduling => click Add/Select (find your name and select) => click OK

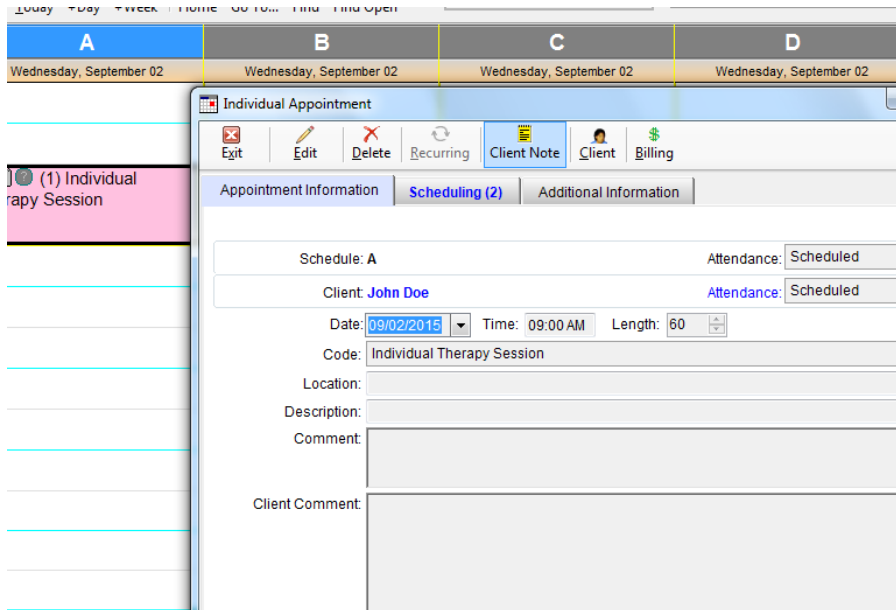


8. Hit save



Documenting sessions/notes

9. Select "Client Note"



10. Two options Documenting: Fill out DAP (Data/Assessment/Plan)

Narrative | Diagnosis

Client: **John Doe**

Type of note: Progress Note | Date: 09/02/2015 | Time: 09:00 AM

Counselor: Tanner Muehler

*****Clinicians: Either fill out the the progress note template below, or use the new Progress Note Data Form by selecting "Data Forms" above and chote Note (Form)." If you use the form, erase the text in this window and replace it with "See attached Progress Note Data Form."

Progress Note

Client Name:
Client Number:
DATE:
DATA:

Sign: 1: | 2: | 3:

Forward to: | Forward to note:

11. Or fill out data then select "Data Form"

Client Note - John Doe

Save | Cancel | New | Delete | Navigate | Print | Addendum | Client | Unlock | **Data Forms** | Attach

Narrative | Diagnosis

Client: **John Doe**

Type of note: Progress Note | Date: 09/02/2015 | Time: 09:00 AM

Counselor: Tanner Muehler

"See attached Progress Note Data Form."

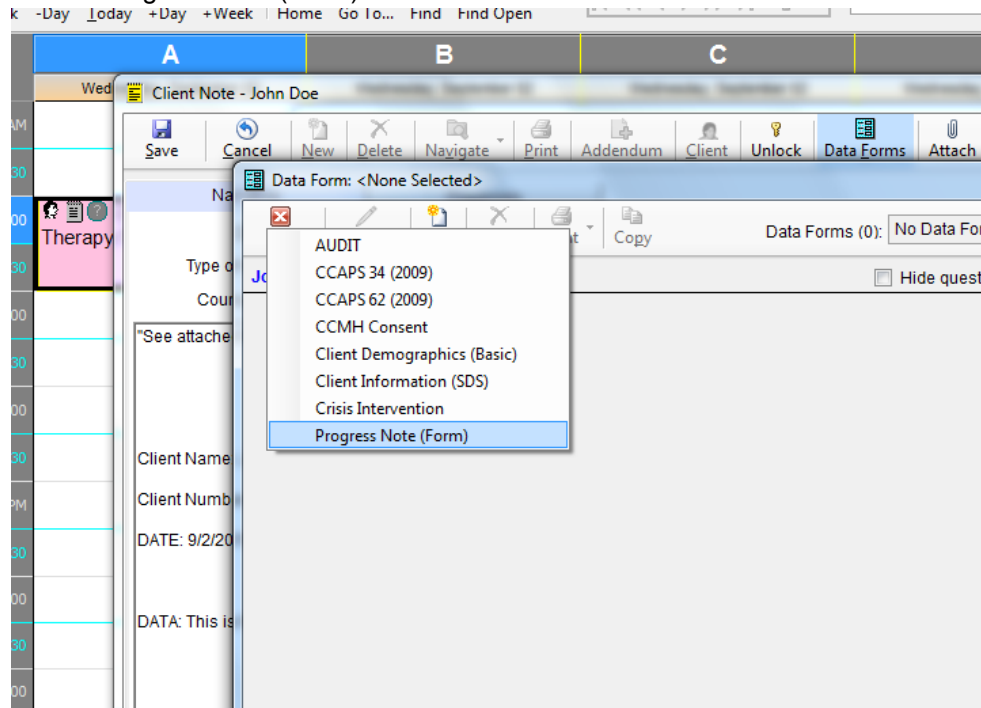
Progress Note

Client Name: John Doe
Client Number: 0123
DATE: 9/2/2015
DATA: This is the data.

Sign: 1: | 2: | 3:

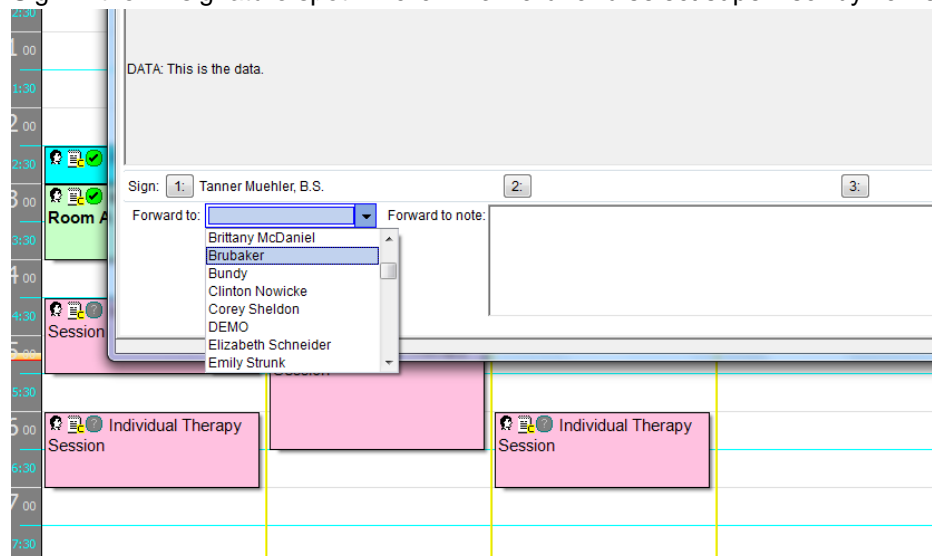
Forward to: | Forward to note:

12. Select "Progress Note (Form)"

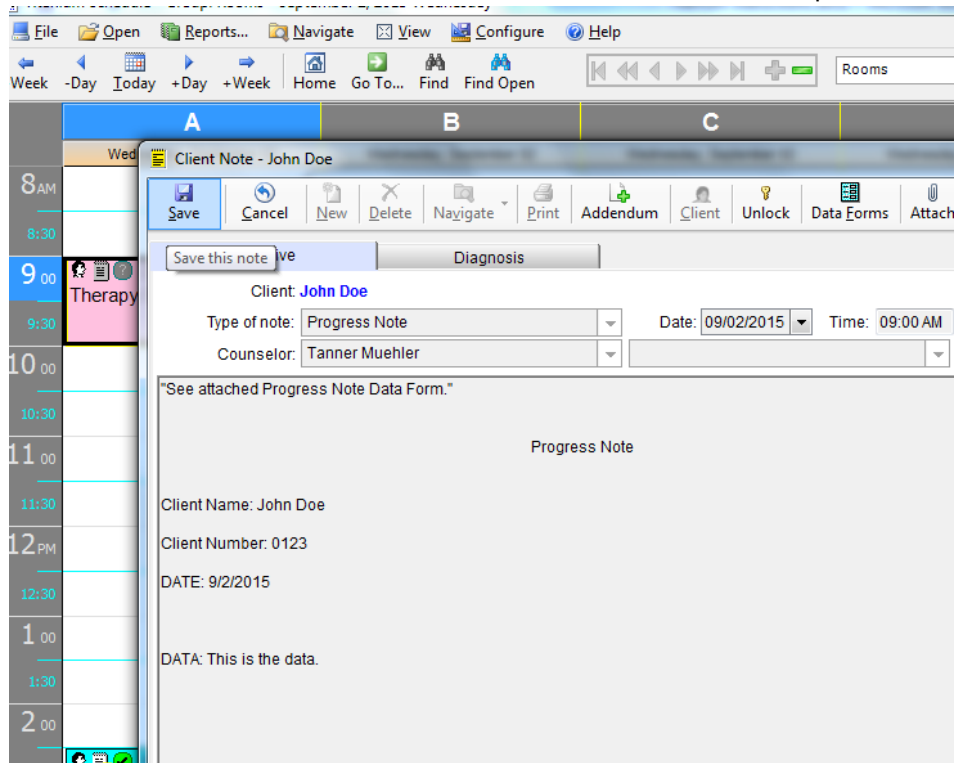


13. Complete form and click save

14. Sign in the 1st signature spot => click "Forward" and select supervisor by name

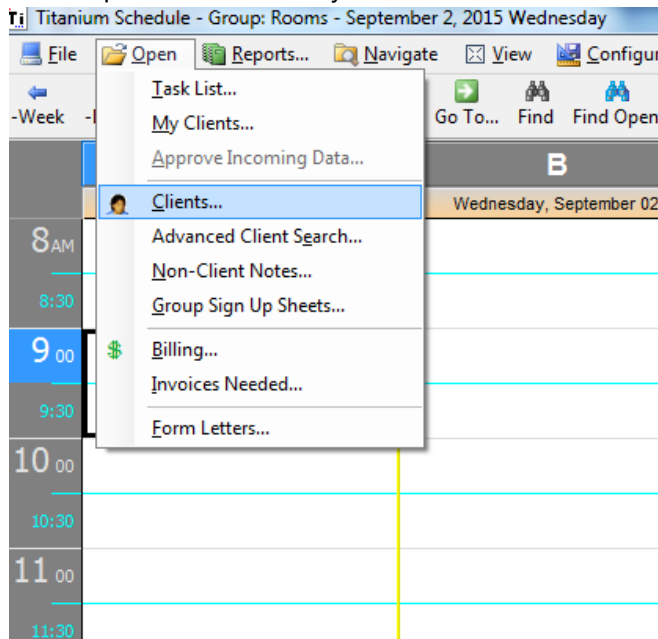


15. Click "Save" and the session is documented and forwarded to the supervisor



Locate Clients

16. Click "Open" => click on "My Clients"



17. Type name => click "Find" => Select client

Find or Add New Client

John Doe

Student ID: File number:

Last name: Doe First: John Middle:

Last Name	First Name	Middle Name	Student ID	File Numt
Doe	John			

Feedback Session

Log In to Titanium:

- 1.) Login into the computer using your username/password combination for ECU email/BB. You will have to type student\ before your username.
- 2.) Go to the startup button, click on Computer
- 3.) Type in <\\filesrv\ekudata\Colleges\cas\psy\Clinic>
- 4.) Click on Titanium folder
- 5.) Click on **Ti10.exe**
- 6.) Use your specific username/password that has been assigned to you to login to Titanium.

Creating a **shortcut** on your desktop:

1. Follow directions above through number 4.
2. In the Titanium folder, copy one of the **Titanium shortcut** icons to the desktop. (don't copy the Titanium.exe file itself – make sure it is a shortcut with the little arrow in the corner)
3. You'll need to do this for all of the computers that you'll be working from in the Clinic.
4. Now you can access Titanium from the desktop without going through all steps above each time.

Room View

- At the top of the screen when you enter Titanium, there is a drop-down box that says "ALL." This is the **Room View** box.
- Select **Rooms** from the drop-down menu. This should be your default when you are scheduling clients for you or for other clinicians, as it allows you to see the daily schedule with the room in the top row and the times in the left-hand column.

Clinician View – to see your weekly schedule of appointments on one screen

- Select "ALL" from the Room View box at the top of the screen to set the view back to default.
- Drag the scroll bar at the bottom of the screen to the right until you see your name at the top of a column.
- Double-click on your name, and click OK. This gives you a weekly view of your schedule, with days at the top and times at the left. You can do this for any other client, as well, to see their weekly schedule.

- To view a list of your **current clients**:
 - Click **Open** in the top left corner
 - Click on **My clients**. This should list all of your active cases in the clinic. If you click on a specific client name it will open up to a screen where you can view their client file by clicking the **client file** button.

- To view your **task list** / things that require your attention:
 - Click **Open** menu and click on **Task List**. This list should tell you every client file that requires some action from you (document attendance for an appointment, write a client note, etc.)

- To **schedule an appointment** & reserve room / test materials
 - Switch to **Rooms view** by using the drop-down box at the top of the screen
 - Find the date/time that you need
 - Right-click on the appropriate time slot in the Room column that you want to schedule in and select **Add -> Individual appointment** (or **Recurring Individual Appointment Definition** if you want to schedule the client for the same time/day every week for a certain number of weeks)
 - Search for the client by last name and double-click to select
 - Select the type of session from the **Code** drop-down box
 - Click on the **Scheduling** tab at the top of the appointment box
 - Click on **Add/Select** and select the clinician and any test materials that you would like to reserve and click OK. The Room, Clinician, and any test materials that you need are checked off and appear on the scheduling screen after you hit OK.

- To create a **session note**
 - Go to **Open- My Clients**
 - Click on the specific client you want
 - Double-click on the appointment that you need to write a note for, then click **New Note**
 - Select **progress note** or **assessment session** note from the dropdown box
 - Type your note in the template provided and don't forget to **sign, forward to your supervisor, and save.**

- To create a **supervision note** or **other kind of note** not associated with an appointment:
 - Go to **Open- My Clients**
 - Click on the specific client you want
 - Click on **Client File- New Note-** click **yes**
 - Select from the drop down menu the type of note you want- **Supervision note**
 - Fill out and don't forget to **sign, forward to your supervisor, and save.**
 - These directions are the same if you need to write any kind of note from the drop down menu such as email correspondence, treatment plan update, etc.

- To **add a client to your list** (so they appear under **My Clients**):
 - Go to **Open- Clients**
 - Search for the client, and then double-click to select
 - Click on the **Client Security tab**
 - Click **Add/Select**

- Check boxes to add clinicians and supervisors to the client’s security list (the client will now show up in their “My Clients” window) or uncheck to remove the clinician or supervisor.

To Upload Documents to Client Files:

- Create a client note (see instructions above if necessary) or open an existing client note that you wish to attach the document to.
- Click **Attach** at the top of the screen.
- This is where you would attach final assessment reports, intake reports, or computer-generated reports for tests (like the WAIS, WISC, etc.)

Titanium Reports

- Click on the **Reports** menu at the top of the Titanium Screen
- In the Reports window that pops up, the Counselor Activities section in the top right-hand corner has several options for generating reports for counselor activity and viewing counselor caseloads. These are useful in generating a log of hours you spend in the clinic.

Supervisor signature: _____ Clinician Signature: _____