

GEORGE MASON UNIVERSITY CENTER FOR PSYCHOLOGICAL SERVICES

AUTHORIZATION FOR SERVICES AND INFORMED CONSENT

The George Mason University Center for Psychological Services is a non-profit outpatient mental health facility offering services to the public. It is a training facility for students in the graduate programs of the George Mason University Department of Psychology. All services are provided by graduate students/affiliates under the supervision of doctoral, licensed and/or certified psychology professionals. Because the GMU Center for Psychological Services is a training clinic, you may be transferred to a new psychotherapy provider according to the academic year. Psychotherapy sessions will almost always be audio or video recorded. Initial diagnostic interviews that are part of the psychological assessment process may be recorded as may test administration. Sessions or recordings of sessions may be observed and/or discussed by other trainees and supervisors affiliated with the George Mason University Center for Psychological Services. Audiotapes and videotapes are not retained as part of the client record and are erased following use in the supervision and training of your provider. Adult records are maintained for ten years, after which they may be expunged. Information retained by the Center may be used anonymously for research purposes. If you do not wish to have your information used for research, please notify your Center provider.

The Center also provides outpatient services to minor persons. Minor means a person under 18 who has not been emancipated by a court order. Notwithstanding any other provisions of applicable law, a minor, whether with or without the consent of a parent or legal guardian, may consent to receive outpatient mental health services to be rendered by this Center. Records of minors are maintained for ten years beyond the age of 18.

Payment is required in full by the client at the time of the service. Money owed to the University by the general public who use its services constitutes a legal obligation to the University and the Commonwealth of Virginia and may not be forgiven. Twenty-four hours is required for cancellation or change of appointment, or else full fee will be charged. We do not accept insurance or other third party reimbursement.

Outside of the circumstances outlined above, your Center provider will not disclose information obtained during your sessions at the Center, or the fact that you are a client, except with your written permission. There are exceptions to the rules of confidentiality. If your Center provider has reason to believe that you are at imminent risk for harming yourself or someone else, the provider will disclose information to the extent needed for insuring your safety or the safety of others. Also, at times, when your Center provider is out of reach, a colleague will cover your provider's practice and may need to be given sufficient information to be of assistance to you.

For minors, the issue of patient confidentiality is sensitive. Except for mandatory disclosures due to law, this Center will take the position that the treating therapist will determine what information in his/her professional judgment is appropriate to be shared with the parent concerning treatment issues, and what information, in the discretion of the therapist, will remain confidential between the minor and the therapist.

Under Virginia law, there are specific other circumstances in which your Center provider may be legally compelled to disclose information:

1. If you are involved in a court proceeding, a judge may order that information be disclosed. In that case you will be informed and with your consent the Center provider will work together with your attorney to protect the confidentiality of your relationship.
2. Certain types of information must be reported in Virginia with or without your consent. These include suspicion of abuse or neglect of a minor or of an aged or incapacitated adult. If you are licensed by certain Health Regulatory Boards, your Center provider may be required to report the fact that you are in treatment unless the provider believes that the condition places the public at no risk. Your Center provider may be required to report illegal practice or unprofessional conduct on the part of a Board of Medicine licensee.
3. If the client is a minor, Virginia law allows certain others to request and obtain access to information in Center records in specific circumstances. These include Department of Social Services Protective Services workers to whom the center provider reports suspicion of abuse or neglect; Court-Appointed Special Advocates in child abuse or neglect proceedings, if the court so orders; and evaluators for minors' involuntary commitment to inpatient treatment.

4. A mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm where the client has communicated a specific and immediate threat to identified or readily identifiable person or persons, and there is a reasonable belief by the provider that the client has the intent and ability to carry out the threat immediately or imminently. In such circumstances, information relating to the threat or threats will be reported to the appropriate authorities or persons in effort to take necessary and reasonable precautions to protect those third persons, including the protection of the provider or other Center clients.

5. Others where required by law or regulations not specifically mentioned herein.

If you have any questions about the above information, please discuss these with your Center provider before signing this document. Before signing this agreement, you and your provider should discuss the nature of the professional relationship and method of treatment or service, as well as any possible side effects and alternative treatments. You will receive a copy of this agreement and a signed copy will be placed in your file.

Having read and understood the above, I authorize _____,
Printed name of provider

under the supervision of _____ at the George Mason University
Printed name of supervisor

Center for Psychological Services to provide psychological services to:

Printed name of client

Identity of Client/guardian confirmed _____ (yes) _____ (no)
with photo ID

* Signature(s) of client/guardian _____ Date _____

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

Signature of provider or other witness Date _____

Printed name of witness

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