Welcome to the School Psychology Clinic! We are pleased to have the opportunity to work together. This document contains important information regarding our clinic services, policies, and Washington State Law. It will answer many of the questions that you might have about the services we provide in our clinic, such as counseling and testing services. If you have any further questions, please discuss them with your counselor, or the Clinic Director, Won-Fong Lau Johnson, PhD, NCSP.

We are a training clinic and all of our services are provided by graduate students of the UW School Psychology Program. All services are supervised by a licensed psychologist/faculty member of the UW School Psychology Program. We provide the following services:

1) Counseling (5-18 years old, preschool-aged children may be accepted, please inquire)
2) Child/Adolescent Testing (6-18 years old)
3) Preschool Testing (up to age 5 years and 11 months)

In order to initiate any of the above services with our clinic, families need to call our clinic at 206-543-4970 and provide basic information (name, address, phone number, and reason for calling). Then, either a graduate student or the Clinic Director will contact the family to conduct a phone intake. During the phone intake, basic questions are asked in order to assess whether the family is an appropriate fit for our clinic and the requested services.

Office Procedures

Please call the clinic front desk for any questions related to scheduling, forms, or with general inquires (206-543-4970).

You may contact the Clinic Director, Won-Fong Lau Johnson, PhD, NCSP, for any questions regarding the content of your counseling sessions, content in the testing reports, and clinical related questions at (206-685-2365).
Counseling Services

Counseling is a process by which you learn to understand yourself and others better. Counseling means using therapeutic techniques to help another person understand mental, emotional and behavioral problems or to develop human awareness and potential. A wide variety of concerns can be discussed in counseling such as improving communication with parents, other family members, or friends; changing behavior patterns at school or at home; overcoming depression; or coping with self-esteem issues.

There are a number of different approaches that can be used in counseling, to address the problems many people bring into counseling. In our clinic, we used evidence-based interventions and all of the services are supervised by a licensed psychologist and/or faculty member. Typically, the most successful outcomes occur where the skills are practiced in the home as well as in the therapy sessions.

Counseling consists of several steps. First, the initial “intake” is scheduled where the counselor spends time to understand the client’s developmental history and background information. Significant amount of time in the early stages of counseling is devoted to building rapport and trust with the client. As trust is developed, it becomes easier to discuss your feelings and needs. This results in a better understanding of yourself and the development of plans for making changes in your behavior. Realistic goals can be set and alternatives can then be explored. Your active involvement both during the counseling session and outside of counseling is required in order for change and growth to occur.

If you have concerns about being dependent upon your counselor, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don’t fully understand what your counselor is doing or plans to do.

Sessions are typically scheduled for once a week, and last 45-50 minutes, giving the counselor the remainder of the hour to make notes. Because counselors at the School Psychology Clinic are UW graduate students in training, and enrolled in practicum courses, counseling offered at the clinic is normally available during the academic year, from October through early June.

We also offer school-based counseling to schools in the area that we have a partnership. Depending upon the supervisor, you may be asked to come to the clinic at least once, to complete the intake, then the remainder of the counseling sessions will be performed in the school setting. Sessions scheduled in the child’s school are once a week for 45-50 minutes. When longer-term counseling is therapeutically appropriate, we will provide relevant referrals.

Testing Services

Testing is conducted by school psychology graduate students under the direct supervision of a licensed psychologist specializing in the field of school psychology. Children who qualify for testing receive a comprehensive evaluation that includes a cognitive assessment, visual-motor screening, behavioral assessment, social/emotional screening, and other assessments as needed.

Following the initial phone intake, the parent is mailed a packet of questionnaires and permission forms to fill out. These include authorizations for release of medical, school, and private agency records.

The graduate trainee who will be doing an assessment of the school-age child does an anonymous in –
school observation in cooperation with the school. The graduate trainee then meets with the parent for an initial interview to obtain background information about the child. This will help in the selection of tests for your child’s assessment.

The school-age child then attends two, three-hour testing sessions (between 9 and noon) on two separate testing dates, to be arranged with the assigned counselor. For the preschool assessments, there is a simulated one-hour play period during the first appointment. The preschool child then comes for two, one and one half-hour testing sessions between 9 and noon, with snacks and breaks.

Several weeks later after the completion of testing, parents attend a feedback session to discuss the findings and recommendations written in their signed, final report. Final reports must have a parent signed authorization form in order to be distributed.

**What happens first?**

After you complete the initial phone intake, and are determined an appropriate fit for our training clinic, you will then be contacted by either a counselor that has been assigned to work with you and your family, or a clinic staff member to schedule your first appointment. Then, you will receive a welcome packet, forms (different, depending upon whether you are receiving counseling or testing services), directions and parking instructions to our clinic. If your child is scheduled for sessions at his/her school, the time will be arranged between our graduate student and the school’s administration to minimize the educational impact on your child.

Your initial session is called an intake. It will last 45-50 minutes where the counselor will ask detailed questions about your and your child’s history, life situation, and present concerns or problems. The intake counselor will then bring your concerns to a meeting of the Clinic staff, and their supervisor and the team will attempt to place you with the best counselor available to assist you. Very often the intake counselor will be the counselor assigned to you. Occasionally, however, you will be paired with someone more appropriate to address your particular problems. If you require medical treatment such as medication, the counselor will refer you to a physician. If, at any time, your counselor believes that she/he can no longer be of help to you, another appropriate professional will be suggested. Following the American Psychological Association’s Code of Ethics, the University of Washington School Psychology Clinic is committed to offering the best treatment available given the limitations of our agency.

**Is everything confidential?**

The code of ethics and the state laws consider the personal information you discuss to be confidential. This means that no information regarding your counseling sessions is released without your written permission. If you would like someone else to be informed that you have accessed services at the UW School Psychology Clinic, you must sign a release of information form, authorizing us to do so. However, in a small number of situations, counselors are legally and ethically required to disregard confidentiality. These usually involve instances of imminent harm. For example, if you reveal information that indicates a clear and present danger of injury to yourself or others, the counselor will need to contact appropriate authorities or family members. Also, counseling professionals are required by law to report any knowledge of the abuse or neglect of an incompetent or disabled person, or of a child. Your records may also be subpoenaed in the event criminal charges are filed against you, though even courts have access to your counseling records only under extremely limited circumstances. If you are concerned about the limits of confidentiality, please discuss your concerns with your counselor.
What about taping?

We typically videotape via DVD and/or audio your counseling/testing sessions. We have found that DVDs are a useful tool for counselors to learn how to improve their skills. DVDs will be treated with the same strict confidentiality procedures that have been previously explained. DVDs are not allowed to leave the CTL. The majority of the time, only the supervisor of a trainee will review the counseling DVD. DVDs are destroyed after they have been played, and always at the end of every quarter. Sessions in the school setting are audiotaped with the same strict confidentiality policies in place. In order to tape your counseling session, we are required to obtain your permission. Our consent form is included in this welcome packet for your review. If you have any questions about our taping policy, please feel free to discuss them with your counselor or their supervisor.

What will I be charged?

All of the services provided in the UW School Psychology Clinic are completely free. We do not charge insurance, out-of-pocket fees, or have a sliding fee scale. Our services are completely free.
Health Insurance Portability and Accountability Act (HIPAA)

This refers to a federal law that provides protection and patient rights with regards to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care. HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of Protected Health Information (PHI) for treatment, payment, and health care operations. The law requires that I obtain your signed signature acknowledging that we have provided you these disclosures. Please review it carefully so you understand fully what confidentiality does and does not mean in therapy. We welcome discussion of any of these rights with you, and any questions you might have.

Notice of Privacy Practices

With your signature on the Authorization form that I provide, I may disclose information in the following situations.

- Consultation with other health and mental health professionals
- Court Proceedings (discussed elsewhere in this Agreement)
- Government Agency requests for information in health oversight activities
- Patient-initiated complaint or lawsuit against the UW School Psychology Clinic. (We may disclose relevant information regarding that client in our defense.)
- If I have reasonable cause to believe a child has suffered abuse or neglect.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I reasonably believe there is imminent danger to the health or safety of the patient or any individual.

Expanded Clinical Records Rights

HIPAA provides you with several new or expanded rights with regards to your clinical records and disclosures of protected health information. These rights include:

- Requesting restrictions on what information from your clinical records is disclosed to others
- Requesting an accounting of most disclosures of protected health information that you have neither consented or authorized
- Determining the location to which protected information disclosures are sent.
- Having any complaints you make about our policies and procedures recorded in your records.
- The right to a paper copy of your signed Agreement, the attached Notice form, and our privacy policies and procedures.
**Client rights and responsibilities:**

All clients in psychotherapy have certain rights in addition to the right of confidentiality. These include:

The right to ask questions about the qualifications and experience of your counselor/psychologist.

The right to ask questions about any procedures used in counseling. If you wish, your counselor/psychologist will be happy to discuss his/her usual procedures and philosophy of counseling.

The right to refuse a particular treatment method. Your counselor/psychologist may feel that a particular treatment method is essential to your therapy, and this must be resolved to your mutual satisfaction.

The right to ask your counselor/psychologist to discuss your progress and future counseling plans with you at any time.

The right to have any testing results explained and discussed with you. You also have the right to refuse testing, but your counselor/psychologist may feel that this is essential to your progress. This must be resolved to your mutual satisfaction.

The right to request referral to another counselor/psychologist, or agency, but please discuss this with your counselor/psychologist if this is an issue for you.

The right to terminate therapy at any time. Since termination is an important part of the counseling process, it will be helpful to you to inform your counselor/psychologist that you wish to terminate and to discuss your reasons for doing so.

The right to be respected as a human being; to have your therapist convey this respect by keeping your appointments or letting you know ahead of time if at all possible if a schedule change is necessary; by giving his/her complete attention during sessions; and by providing you with the most effective therapy she/he can.

The right to ask questions about anything related to your counseling and to expect an honest discussion of your concerns.

In order to guarantee these rights, you have certain responsibilities that include:

The responsibility of taking an active role in the counseling process. Participation involves honestly sharing your thoughts, feelings, and concerns without censorship, including your feelings about therapy and your therapist. It may also involve carrying on the process of therapy during the week either through assignments or by considering new ideas that may have arisen during your last session.

Keeping appointments punctually and regularly, or calling the UW School Psychology Clinic at 206-543-4970 24 hours in advance, if at all possible, to cancel or change an appointment. For counseling services, if you miss three appointments without adequate notice, your counseling services may be terminated.
Counselor rights and responsibilities:

There are also certain rights that your counselor/psychologist may exercise in the course of the therapy process. These include:

a. The right to seek consultation with other counselors/psychologists who are members of the University of Washington School Psychology Clinic staff.

b. The right to terminate or refer to another counselor/psychologist. When a therapist feels that her/his services will not be appropriate, she/he may, after discussing these concerns with you, decide to terminate therapy and/or refer you to a more appropriate individual or agency.

c. The right to expect your active involvement and cooperation in the counseling process.

The purpose of this publication is to briefly explain how the law regulating counselors helps you and your counselor work together. Feel free to talk about any of the information in this publication with your counselor. Remember, his or her role is to help you.

Confidentiality

Your counselor cannot disclose any information you have told him/her during a counseling session unless one of the following situations exists.

a. You give written consent.

b. The information concerns certain crimes or harmful acts, or there is reason to believe you may harm yourself or others.

c. The client is a minor and the information acquired by the counselor indicates that minor was the victim or subject of a crime-- "then the counselor may testify at any proceeding wherein the commission of the crime is the subject of inquiry.

d. You bring charges against a counselor who is registered or certified under the law.

e. The counselor has reasonable cause to believe that a child or adult dependent or developmentally disabled person suffered abuse or neglect. Therapists are required to report such incidents to authorities.

Assurance of Professional Conduct

If you and the counselor agree to the course of treatment and the counselor deviates from it, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occurs during your course of treatment, you are encouraged to contact the Clinic Director, Dr. Fong Lau Johnson, at 206-685-2365., to find out how to file a complaint against the offending counselor. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling services.
Abuse of a client or sexual contact with a client

The below highlights several situations where an abuse of a client or sexual contact with a client may be suspected:

a. Incompetence, negligence or malpractice that harms a client or creates an unreasonable risk of harm to client.

b. Willful betrayal of a practitioner client privilege as recognized by law.

c. The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of counseling or hypnotherapy. The act does not have to be a crime in order to be a violation of the law regulating counselors.

d. Practicing counseling in a way that would pose a serious risk to public health while suffering from a contagious or infectious disease.

e. Aiding a client to obtain an abortion through illegal means.

f. Possession, use or distribution of drugs except for a legitimate purpose; addiction to drugs or violation of any drug law.

g. Habitual use of, or impairment from the use of, alcohol.

h. Misrepresentation or fraud in any aspect of the conduct of the profession.

i. Advertising that is false, fraudulent or misleading.

j. Offering to treat clients by a secret method, procedure or treatment.

k. Promotion for personal gain of any drug, device, treatment, procedure or service that is unnecessary or has no acceptable benefit to the client.

l. Conviction of any gross misdemeanor or felony relating to the practice of counseling or hypnotherapy.

m. Violation of a state or federal statute or rule that regulates counselors and hypnotherapists, including rules defining standards of practice for certified counselors.

n. Suspension, revocation or restriction on the registration or certification to practice the profession.

o. Aiding an unregistered or uncertified person to practice counseling or hypnotherapy when that person is required to be registered or certified.

p. Violation of the rebating laws that includes payment for referral of clients.

q. Interference with an investigation by use of threats or harassment against a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action.
Acknowledgement Signature Form

Your signature below indicates that you have read the welcome letter and this agreement outlined by the UW School Psychology Clinic, regarding their training clinic operation and services offered, fully. It also serves as acknowledgement that you have received the HIPAA notice form. Once you have signed this page, your signature signifies that you understand your rights and responsibilities and it constitutes your agreement to the terms described in the welcome letter.

I have read the above policies on confidentiality, client’s rights, and have had the opportunity to ask questions. I give permission for evaluation and treatment for myself (or my minor child).

**To be signed by patients 13 years of age and above:**

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Print Name

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Signature                                      Date

**To be signed by parents of minor aged patients:**

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Print Name

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Signature                                      Date                                      Relationship to client

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Print Name

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Signature                                      Date                                      Relationship to client