

AUBURN UNIVERSITY

MARRIAGE & FAMILY THERAPY CENTER

Auburn University, Alabama 36849-5604

Human Development
& Family Studies

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INFORMED CONSENT FOR TREATMENT

Welcome to the Auburn University Marriage and Family Therapy Center (MFT Center). We are here to serve individuals and their families associated with Auburn University and the Auburn/Opelika area. Services are provided by graduate students receiving training in marriage and family therapy. All are professionals-in-training and are under the direct supervision of the clinical faculty in the Department of Human Development and Family Studies. The clinical faculty are also Approved Supervisors of the American Association for Marriage and Family Therapy (AAMFT) and the state of Alabama.

Since one of our primary functions is to train clinicians in their chosen specialty, we require permission to audio and/or videotape interviews and to observe the treatment sessions either live or on videotape. The use of observation, taping, and supervision is crucial to your treatment and allows for instruction and/or supervisory input ensuring the highest quality services possible. Please discuss any questions about this practice with your therapists.

The discussions that take place in therapy are confidential, and thus cannot be shared without your written permission. Information about you or your family cannot be shared without your written consent. In order to protect client confidentiality, we adhere to the following procedures:

- Written, telephone, or personal inquiries about clients will not be acknowledged without your consent. You must sign consent to release information before any information about you is given to anyone outside the center. Even then, we may advise you to withhold information if we feel it is in your best interest.
- All records, tapes, or other identifying materials are kept confidential.

There are, however, some exceptions to the confidentiality policy.

- By law there are specific limits to confidentiality. By the Laws and Regulations of the State of Alabama your confidentiality does not apply when: There is clear and imminent danger to you or others, by court order, or when there is suspected child abuse or neglect. Your therapist will take reasonable steps to protect those at risk including, but not limited to, warning any identified victims and informing the responsible authorities.
- The therapist-in-training will testify in any court proceeding if ordered by the judge.

Additional rights and principles are outlined so that you may be informed before consenting to and participating in individual, marital, or family therapy.

Initials _____

- Your therapist is bound by the AAMFT Code of Ethics, of which you may request a copy.
- As a part of the services offered the clinic provides a packet of assessments to complete at the beginning, throughout the therapy relationship, and at the termination of therapy. These assessments are one way we use to monitor the outcomes of the therapy process. We would request that you be honest in completing the forms, as this could facilitate the therapy process. Your therapist can answer any assessment question.
- You have the right to end therapy at any time without any moral, legal, or further financial obligations other than those already incurred.
- You have the right to refuse and/or discontinue any service you have already started. You can seek alternative therapeutic services from another licensed therapist, even if ordered by the court or directed by the Department of Human Resources.
- You have the right to confidentiality of records. All identifying information about your assessment and treatment is confidential. Within the MFT Center, information regarding your case is shared only with professionals-in-training and/or supervisors working together. Office staff is only associated with your case at intake, in the periodic auditing of case files, and ensuring assessment completion.
- You have the right to ask questions about any administrative or clinical function. Specific questions about the clinical techniques and approaches are welcome.
- By entering therapy you will be working on changing personal or family difficulties. There are potential benefits and risks involved in making these changes. Some of the potential benefits may include improved coping with marital and family relationships, greater understanding of personal and family goals, and improved well-being. Some of the potential risks associated with relationship therapy may include intense feelings of anger, fear, depression, and frustration. As you work to resolve problems and conflicts you may experience discomfort and increased conflict. There may also be unintended changes in your relationship
- You understand that the AU Marriage and Family Therapy Center is not available for after-hours emergencies. The emergency phone numbers we provide for after-hours services are: The Crisis Center, 821-8600; East Alabama Emergency Room, 528-1150; East Alabama Mental Health Center, 742-2700; and 911 for other emergencies.
- No physician or psychiatrist is connected to the Auburn University MFT Center, but we do maintain contact with a number of psychiatrists for medical referrals.

RESEARCH

Certain forms are completed by all clients of the Center. The primary purpose of these forms is to help clinicians make informed decisions regarding evaluations and treatment. Forms are completed at different stages of therapy to track progress within the therapy. The forms are also used for research purposes.

Additionally, you may be invited to participate in the aspect of clinical research that includes collection of physiological or biological data. If you are asked to participate in this portion of the research and you agree, your therapist will answer any questions you may have after reading this consent form. You will also be reimbursed for the cost of your therapy up to \$20 per session. Similar to the routine tests taken for a physical exam at a doctor's office, we would take readings of your heart, respiration, and skin conductance. These data are collected through the use of electrodes and a respiration belt, which you may be familiar with from your doctor's appointments. The equipment used does not send any signals to your body and should not cause any physical pain or discomfort; they merely take readings of your body's processes.

Initials _____

Ongoing research is important so that we can continue to improve the way we provide services at the Center. Biographical and clinical assessments are available to graduate students. However, all identifying names, places, and events are removed when information from Center records is used in any research project so that we may protect the privacy of our clients.

PAYMENT AGREEMENTS

I understand that payment is expected before or at the time the therapist-in-training renders their time and expertise. I agree and expect to assume financial responsibilities outlined.

You understand the fees for therapy services are on a sliding scale based on annual income. You have discussed the fees for therapy with your therapist and your fee will be \$_____ per clinical hour. Any time spent in therapy beyond the clinical hour will be billed accordingly.

In the event you have agreed to participate in the collection of physiological data, you understand that you will be reimbursed \$ _____ per clinical hour of data collection.

If you must cancel a scheduled appointment, it is your responsibility to call at least 24 hours in advance. You will be billed for ½ of the session rate if you do not show up for the session or call to cancel 24 hours before the scheduled appointment.

Engaging in verbal, written, or face-to-face meetings at the request of the client will be billed according to the established fee structure.

PARKING PROCEDURES

Park in one of the 15 spaces designated for "RESTRICTED AREA: CLIENT PARKING WITH PERMIT ONLY". These spaces are either on the island in the second lot or up the only driveway on the right of the second lot outside Glanton House.

- Obtain a BLUE PARKING PERMIT from the MFT office and put on your dashboard above your steering wheel.
- If NONE of these 15 spaces are available, or your permit is expired notify your therapist or the secretary. Do not just park anywhere.

NEVER PARK in any other type of restricted parking space or on a yellow curb. We cannot help you with a ticket received for these violations.

BETWEEN 5:00pm and 7:00 AM is the ONLY time you may park in an

A or B zone space. There are a couple of these spaces in the first lot off of Mell Street. There are A and B zone lots beside Haley Center that can only be accessed from West campus. The Library parking deck behind Spidle Hall is also an A/B lot.

Not following these guidelines may result in a \$50 parking ticket.

GIFTS

Because the therapeutic relationship you are entering into is a professional one, interns at the Center for Family Services are not allowed to give or receive gifts from clients.

Initials _____

COURT TESTIMONY

The Center for Family Services does not perform court-related evaluations for child custody nor do we testify in hearings involving child custody issues. In addition, we do not appear voluntarily at any court or administrative hearing. Because therapists at the Center are interns in training, it is usually not in your best interest to ask that they testify for you, no matter what issue is involved. If you, or your attorney, choose to subpoena a Center therapist or other personnel for court testimony, including depositions or administrative hearings, you will be charged \$100 per hour for any preparation time Center personnel spend getting ready to appear, and \$750 per 4 hour block of time our personnel spend being "on call" to testify, traveling to and from court, waiting to appear, and/or testifying. These charges will apply even if Center personnel are ultimately excused from testifying. The minimum charge will be for 4 hours of time and subsequent time will be billed in 4 hour blocks. By signing this agreement, you agree to pay these charges. Should it become necessary for the Center to commence collection proceedings or retain an attorney to collect any fees due hereunder, you agree to pay the attorney's fees and costs of collection incurred by the Center.

By signing this form, you indicate that:

You understand that the services at the MFT Center will be supervised by core faculty and program supervisors, which will include case consultation by audio/videotape recording or direct observation and review of treatment notes.

You understand the confidentiality policies of the MFT Center and agree to them.

You understand your rights/responsibilities as a client at the MFT Center and agree to them.

Client Date Client Date

Client Date Client Date

Client Date Client Date

Witness Date

Initials _____