

Parnes Clinic Manual

2021

This manual of policies and procedures has been prepared for those associated in a variety of capacities with the Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic. Students are to familiarize themselves with the contents of this manual and should consult with Clinic Staff, the Clinic Director, the clinic Post-Doctoral Fellow and their own supervisors for specific information, which may not be covered herein. Further, students should confer with their Program Director and Faculty for information on academic or practicum requirements. Any addenda distributed in the future, either in “Canvas Posts,” or the annual “Welcome Back Letter” should be retained along with this manual. Students are also responsible for reading, owning and adhering to the latest edition of the Ethical Standards of Psychologists, as well as the Standards for Educational and Psychological Testing, published by the American Psychological Association.

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ETHICAL PRINCIPLES

As all individuals who provide services through the Parnes Clinic are obligated to abide by the Ethical Standards of the American Psychological Association, a copy of the APA's Principles of Psychologists and Code of Conduct is in Appendix A.

Mission

The Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic provides a variety of psychological services to individuals and their families, both in the Bronx and the Greater New York City communities. We are also the teaching and training center of the Ferkauf Graduate School of Psychology of Yeshiva University. Our mission is to offer affordable, state-of-the-art psychological care to everyone we serve. We accomplish this by providing a wide range of evidence based supervised therapies to a broad-based population, especially those who cannot otherwise afford or access these services within their communities.

This mission has been expanded in the Parnes Clinic's 2020 adaptation to remote telehealth services. Parnes is now a fully hybrid clinic that serves our patient population in person and via telehealth. This is in line with our mission for social justice because we are able to help the people that we serve irrespective of their resources.

Diversity Statement

The Parnes Psychology Clinic welcomes individuals of all backgrounds and aspects of identity, including race, ethnicity, nationality, immigration status political party, culture, sex (or

sex assigned at birth), gender, gender identity, sexual orientation, class, religious belief and non-belief, and level of ability/disability. We recognize that our training program and clinic staff are embedded within a larger culture that includes values, beliefs, biases, and practices that routinely advantage some individuals and disadvantage others. We explicitly disavow and strive to work against differential treatment of people on the basis of these and other factors that are often prejudged by the larger culture.

Our commitment is to treat our clients with respect, act in ways that build trust, and honor the trust placed in us. We are open to perspectives that are different from our own. We support our clients' efforts to engage in and repair relationships. We believe that prioritizing one's personal identity and values alongside evidence-based treatment will promote the relief of suffering and progress towards therapeutic goals.

We understand that during times of social, political, economic, and environmental strife, it is sometimes difficult to feel seen and heard. The Parnes Clinic is committed to creating a space for clients to express personal concerns, explore their values, and find ways to make their values come to life

General Information

The Parnes Clinic is located at the Van Etten Building, 1225 Morris Park Avenue, 5th floor. The facility is informally known as the "Psychology Clinic." The telephone number is (646) 592-4399.

The clinic and the clinic office are open Monday through Thursday from 9:00 a.m. to 8:00 p.m. and Friday 9:00 a.m. to 2:00 p.m. A graduate student provides evening office coverage except

during the winter recess. The Clinic is closed in observance of general and Jewish holidays. Students should consult the yearly clinic calendar which is posted throughout the clinic and on Canvas for specific calendar information. Please note that the clinic calendar does not correspond exactly to the graduate school's academic calendar. Patients, other than those seen through Dr. Zweig's Gero-Psychology Practicum, are seen September through the end of July unless special arrangements have been made with the clinic director. Patients seen through the Gero-Psychology Practicum are seen September through August.

Primary Contacts

Clinic Director: Dr. William Salton. The clinic director is responsible for all clinical and administrative operations of the Parnes Clinic. S/he meets with all new Parnes student therapists to help orient them to the clinic (within the context of their practicum classes) and is always available to everyone at Parnes; either in person, or by email, telephone or pager. The clinic director is a member of each graduate faculty at Ferkauf and attends meetings regularly to brief faculty on clinic "happenings" and discuss individual student's issues. Finally, it is the clinic director's responsibility to represent the clinic in the community, either to referral sources, or in a public relations capacity.

Clinic Administrator: Marilyn Gotay. The clinic administrator is the main "face" of the Parnes clinic. S/he is the person whom every patient interacts with on arrival and departure, and is the "voice" on the clinic phone during the day. S/he also keeps the clinic running smoothly by interacting with such university departments as maintenance, housekeeping, and IT. Finally, s/he is responsible assembling and maintaining for the paper charts and keeping track of the money which flows in and out of the clinic.

Postdoctoral Fellow: The Parnes Postdoctoral Fellow ("Parnes Postdoc") works under the supervision of the Clinic Director to support the day-to-day Parnes Clinic activities as well as engage

in contact with all graduate programs. The postdoctoral fellow works September- August and is at the clinic on Monday through Thursday from 12:00pm to 8:00pm. The Parnes Postdoctoral fellow has primary responsibility for all clinical activities in the evening hours. S/he does not work on Fridays.

Clinic TAs: The Parnes clinic, which serves over 500 patients and trains over 50 students annually could not function effectively without at least 19 TAs to keep it operating smoothly. Their various roles and functions are described below:

- Practicum TAs: All services offered at the clinic are correlated with practica within their graduate programs. They include: child Cognitive Behavioral Therapy (CBT), child psychodynamic therapy, behavioral medicine therapy, adult psychodynamic, adult CBT, and the Ferkauf Older Adult program (FOAP) as well as child and adult psychological assessment. The TAs for these practica are tasked with keeping them running smoothly, including patient assignment, patient flow, and chart review.
- Screening TAs: Both the child and adult Psy.D. programs have “screening TAs” who are responsible for conducting telephone “screeners” with prospective patients and presenting them to the clinic director, or the clinic postdoc.
- Playroom TA: The playroom TA maintains the three playrooms and two toy closets and orders supplies with the clinic director when necessary.
- Assessment TAs: Assessment TAs in the child and adult Psy.D. programs oversee the operations of each assessment track and screen patients for appropriateness with the clinic director.
- Technology TA: The technology TA ensures that the various technologies at the clinic including (but not limited to) VALT, Hushmail, Google suite and the Electronic Medical Record (EMR) are up to date and running well. S/he also interfaces with the University’s IT

department when necessary.

- Outreach TA: The outreach TA works within the local Bronx community to be sure that the Parnes Clinic is “known”. S/he also liaisons with community agencies to recruit patients for Parnes.
- Evening Desk Coverage TAs: These TAs cover the clinic desk in the evening and provide another “public face” for the Parnes Clinic

Parnes Psychiatrist: Dr. Felice Perlman. The Parnes Psychiatrist works with some of our patients one day a week (usually Wednesdays) to manage their psychiatric care. All Parnes patients who may want to consult with our psychiatrist must be presented to the Clinic Director or Parnes Postdoc for screening, due to our psychiatrist’s limited availability.

EMR Tech Support: Michael Potenza. Our EMR was created and is maintained by a company called “Point and Click.” The EMR Tech support for Point and Click serves to maintain all EMR functioning. He works with the Clinic Director and the Parnes Postdoc to problem solve and support all EMR operations

Key Terms/ Resources/General Issues

Client/ Patient: These terms will be used interchangeably throughout this manual

In-Person Therapy Terms:

- VALT: VALT is the in-person video recording and storage system utilized at Parnes. Instructions about how to use VALT and share videos with your supervisor is available on Canvas and in Appendix B.
- File Room: This is where files are stored at Parnes
 - Charts/Files: These are patients’ paper files that are maintained at Parnes. Please

note that *both* physical and electronic records are still maintained at Parnes, and file charts store signed consent forms, supervisor logs, reports, etc. We also store “large charts” in the file room for patients who began their treatment before we instituted our EMR in 2016.

- Voicemail Services: All students who work with Parnes patients have access to a voicemail service through which they can receive calls. These voicemailboxes are sometimes shared among students. Students are not to make outgoing calls from their personal numbers
- Chart Number: All patients are assigned a chart number, in the format of (Year of Screener-Number). This number is consistent between the paper chart and electronic charts.

Remote Therapy Terms:

- Parnes Google Suite: This is the HIPAA compliant telehealth platform used by Parnes. The GSuite includes Google Meets (telehealth platform), Gmail (for secure emailing), Google Drive (for secure storage of recorded sessions), Google Calendar, etc. *Please note that students are only permitted to use the Parnes GSuite for Parnes business, (NOT personal Gmail, externship Gmail, or YU email).* Instructions on how to use G-suite are available in appendix C.
- Hushmail: Hushmail is the HIPAA complaint email platform used to facilitate sending and signing patient forms. Instructions on how to use Hushmail are available in appendix D.
- EMR Chart: This is the chart through which the Screener, Intake, Progress Notes, Contact Note, Termination Report, financial records, etc. are stored.
 - EMR Chart Number: All patients are assigned a chart number, in the format of (Year of Screener-Number). This number is consistent between the paper chart and

electronic chart.

Online Resources:

- Canvas: This online tool is the resources for students to access real-time clinic updates, find clinic resources (i.e., forms, instruction sheet, Welcome Back letter etc.) the Parnes Clinic canvas page should be checked regularly. Student clinicians will also get emails when there are new Canvas posts which must be read immediately because they often contain important and timely clinic information. This is also the main vehicle by which the clinic director communicates with the Parnes therapists and Ferkauf faculty. It is the practicum TA's responsibility to provide the Canvas link to each of the students in the practicum.

Please note: It is quite possible that every Parnes Clinic policy and procedure may not be depicted in this manual, since new issues always develop over time. Hence, if student clinicians have any questions about what goes on at the clinic, they should always feel free to consult the Clinic Director, Clinic postdoc, TAs, or any member of the clinic staff.

Services Offered

The Parnes Clinic provides services to child, adolescent, adult, and elderly clients who are experiencing a wide range of problems. Our patients range in age from 2 years old (in the PCIT program) to 100 years old (in the geriatric psychology program). Services are offered to individuals, couples, families, and some specialized groups, such as people with medical and psychological ailments, and people seeking political asylum. Since the Parnes Clinic is a training clinic, we have strict inclusion and exclusion criteria for our patients, so that we can ensure that we provide the level of services that would be most helpful for each one. Specifically, we do not treat individuals who are

actively suicidal or homicidal, actively abusing drugs or alcohol, or who have unstable psychotic disorders, such as acute schizophrenia. Since our psychological services are provided by students, we do not offer services to individuals who have an active legal case, who are experiencing current domestic violence or current child abuse/neglect or sexual abuse, or who have an open case with the Administration for Children's Services (ACS).

Services are provided through several different programs housed within the Parnes Clinic. Doctoral students from the Clinical Program (Psy.D.), School-Clinical Child Program (Psy.D.) and Clinical Program (Health Emphasis) (Ph.D.) as well as some Masters' level students from the Mental Health Counseling (LMHC) Program and the License in Marriage and Family Therapy (LMFT) Program provide services to patients at the Clinic.

Treatment

Adult Services

Psychodynamic Program (Clinical Program, [Psy.D.]

Psychodynamic psychotherapy is a treatment that focuses on understanding a person's character and life history in order to provide insight into his or her problems and improve overall level of functioning. Common difficulties addressed include depression, problems with self-esteem, relationship issues, post-traumatic stress adjustment disorders, anxiety, and bereavement. Clinical Program (Psy.D.) students taking the Psychodynamic Psychotherapy Practicum provide these services to 3-4 patients at a time.

Cognitive Behavior Therapy Program (Clinical Program, [Psy.D.]

Cognitive Behavior Therapy (CBT) is a structured, problem-focused psychotherapy in which the therapist uses specific techniques to improve the patient's well-being and overall functioning. It

focuses on thought patterns, feelings and behaviors that may be causing their difficulties. This treatment is effective for depression, general anxiety, panic attacks, social anxiety, agoraphobia and other specific phobias, obsessive-compulsive disorder, post-traumatic stress, and other stress-related disorders. Clinical Program (Psy.D.) students taking the CBT Psychotherapy Practicum provide these services to 3-4 patients at a time.

Behavioral Medicine Sub-Clinic (Clinical Program Health Emphasis, [Ph.D.]

The Parnes Clinic has a Behavioral Medicine sub-clinic, with specialized clinical services for patients with psychological difficulties which may be related to their medical ailments. Clinical Program (Health Emphasis) (Ph.D.) students are trained in psychotherapy techniques that may be beneficial to individuals who have acute and chronic medical illnesses, such as coronary heart disease, diabetes mellitus, and essential hypertension, as well as stress-related medical conditions, such as, headaches, irritable bowel syndrome, mitral valve prolapse, skin conditions and menstrual pain. In consultation with medical practitioners, Clinical Program (Health Emphasis) (Ph.D.) students offer psychological services to patients with conditions such as sleep disorders, enuresis, infertility, and chronic pain, as well as those seeking assistance with smoking cessation. Working closely with each client's medical team, Clinical Program (Health Emphasis) (Ph.D.) students can also help enhance their patients' compliance with their medical regimens, as well as help clients and their caregivers cope with the lifestyle changes and psychological sequelae that oftentimes accompany chronic illness. In collaboration with local surgeons, Clinical Program (Health Emphasis) (Ph.D.) students also offer pre- and post-operative psychological counseling for clients who are considering, or who have already undergone, bariatric, i.e., gastric bypass and surgery. Both psycho-dynamic and cognitive behavioral approaches are used in the behavioral medicine sub-clinic. Health psychology students treat 2 to 3 patients at a time.

Bariatric assessment

The Parnes clinic also provides pre-surgical psychological evaluations for patients undergoing bariatric surgery. The evaluations usually involve one or two visits to the clinic, after which the student therapist sends an evaluation to the patient's surgeon. If it is recommended that the surgery should be delayed, the Clinic often offers short-term psychotherapy to help these patients prepare for the behavioral changes required following the surgery.

Family and Couples Therapy (LMFT program)

Services are provided to distressed couples and families by our LMFT students. The predominant conceptual frameworks that are employed include Gottman's "Connect" method, Minuchin's Structural Family Therapy and Psychodynamic interventions for couples and families. While these theorists are stressed, students also learn to integrate observation and intervention skills from Strategic, Bowenian, and communication theorists.

Career counseling.

Master's level Mental Health Counseling students offer the "Strong Interest Inventory" to help clients learn about their vocational interests and aptitudes, and provide feedback that can help them make meaningful decisions about career choices and further education. This service is free to high school students and early college students.

Older adult program

Older adults (age 60+) without severe cognitive impairment receive specialized services at our clinic including gero-psychological diagnostic evaluation, consultation/referral, and individual therapy. Common problems include depression, anxiety, difficulty coping with illness or loss, relationship conflicts and social isolation. The Ferkauf Older Adult Program also offers support services for individuals who are caring for their older relatives.

Adult Assessment

Adults who are treated with psychodynamic or cognitive-behavior psychotherapy routinely receive comprehensive psychological evaluations, including diagnostic, intellectual and personality assessments. Second-year Clinical Program (Psy.D.) students perform these evaluations. Clinical Program (Psy.D.) students taking the advanced CBT Program provide specialized assessments for clients with anxiety and depressive disorders. Clinical Program (Psy.D.) students taking the Geropsychology Practicum also provide specialized psychological and neuropsychological evaluations for older adults. We offer additional adult psychological testing during June and July.

Assessments for political asylum

The Parnes clinic also provides psychodiagnostics and psychosocial assessments for persons who are seeking political asylum in the United States, as a result of persecution in their native countries because of their race, religion, nationality, politics, or membership in a special social group. Ferkauf offers a class called “working with asylum seekers.” Students in this class conduct these assessments, which are eventually presented to the US government as part of the asylum seeker’s immigration applications. These applicants are often given referrals to become patients at the Parnes clinic or are referred to clinics which are closer to where they live.

Children/Adolescent Services (School-Clinical Child Program, [Psy.D.]

Child/adolescence cognitive behavioral therapy.

Cognitive Behavior Therapy (CBT) is an active, solution-focused type of psychotherapy that is geared towards teaching children, adolescents, and their families’ skills to modify thinking patterns, reduce negative feelings and change behaviors. It is typically goal-oriented and strives to be time limited. However, since the length of treatment is based on therapeutic gains, treatment can be long

term if needed. CBT is effective for a range of issues including general anxiety, social anxiety, school refusal, specific phobias, selective mutism, obsessive compulsive disorder, post-traumatic stress disorder, depression, oppositional defiant disorder, and attention deficit/hyperactivity disorder. Children between the ages of 2 and 18 are seen within the CBT-Youth clinic. Treatment involves setting an agenda for sessions, building and coaching of child and parent skills, and home practice of skills, and family collaboration to promote change. Client progress is monitored closely in order to tailor treatment to meet the individual needs of the child and family. Students in this practicum treat two patients at a time.

Parent-child Intervention Therapy (PCIT) is also occasionally offered by the cognitive-behavioral faculty of the School-Child-Clinical program.

Child/adolescent psychodynamic therapy

Psychodynamic psychotherapy for younger children, generally between 4 and 10, usually involves play therapy to help them explore and express their emotional worlds in order to take control of problematic behaviors. For older children and adolescents, talk therapy is used to provide understanding in order to enhance interpersonal relationships, emotional and behavioral control, and overall quality of life. Psychodynamic psychotherapy is effective in treating anxiety, depression, school problems, the aftermath of trauma, and family, interpersonal and behavioral problems. Support and guidance are also routinely provided for the parents and families of our child patients. Students in this practicum treat two patients at a time.

Children and Adolescents Assessment

School-Clinical Child Program (Psy.D.) students in their second year perform psychological neuropsychological and/or psycho-educational evaluations for both children and adolescents. These may include academic, cognitive, neuropsychological, and social-emotional assessments, depending

on the reason for the referral and the nature of the problem. Emphasis is placed on the evaluation of factors associated with poor learning and/or social adjustment. Our students work collaboratively with families and school personnel as part of these evaluations.

Supervision

All clinical services provided by the Parnes Clinic are part of practica which are associated with academic coursework. In keeping with APA guidelines, all therapy and some assessment sessions taking place within the Parnes Clinic, either in person or online, must be video recorded. These videos provide the “backbone” for all supervision and training at the clinic.

All 3rd and 4th year Clinical Program (Psy.D.) students seeing adult patients through the Psychodynamic and CBT Practica must be in one-on-one supervision with an adjunct clinical supervisor one hour per week, as well as in weekly group supervision in an Individual Psychotherapy Lab. The individual adult psychotherapy labs are taught by both full-time and adjunct faculty in the Clinical Program (Psy.D.)

The supervision of Gero-Psychology cases is provided by faculty of the Ferkauf Older Adult Program (FOAP) in both individual and group settings. Family and couples treatment is supervised by the faculty of the LMFT program through a combination of live supervision in front of the class and reviews of videotapes of the family sessions with one's individual supervisor. Assessments in the adult Psy.D. program are supervised through 5-6 person “assessment labs” and individually as needed. Finally, Clinical Psychology Ph. D. students (with health emphasis) perform clinical services in connection with classes such as the Behavioral Medicine Practicum and CBT courses. They are also individually supervised by qualified and licensed practitioners within the tri-state area.

Similarly, services for children and adolescents are provided in conjunction with courses in

the School-Clinical Child Program (Psy.D.) Both individual and group supervision is provided for every case. Psycho-educational evaluations are also supervised through the small lab sections of the Child Assessment with Practicum course. Child/adolescent therapy is supervised through the practica in Psychodynamic and Cognitive Behavioral Psychotherapy in Child Therapy and individual supervision provided by licensed psychologists in the field.

Privacy Practices of the Parnes Clinic

The Parnes Clinic is committed to providing the highest quality of care possible to our patients, with strict adherence to the APA ethical guidelines, and to Privacy Practices laws of New York State. All information obtained by the Parnes Clinic, and/or any information contained within a patient's file, is considered a patient's "protected health information", (PHI). Health information is protected to both ensure each patient's confidentiality, and to allow for continuity of care. The Notice of Privacy Practices of the Parnes Clinic which is given to each patient (Appendix E) describes how the Parnes Clinic may share a patient's health information with others with written authorization, and under what conditions such authorization is not required in order to share information. It also describes procedures by which patients may have access to their files.

It is essential that all Parnes student clinicians familiarize themselves with the Privacy Practices of the Parnes Clinic. Each patient, (or the parent/legal guardian of any patient who is a minor), must be given a copy of our Notice of Privacy Practices by the student conducting the initial meeting with the patient either in person or via email. The student should verbally highlight the salient issues of the Privacy Practices statement, paying particular attention to the limits of confidentiality, that is, how information may be shared without a patient's authorization. Specifically, the student must emphasize to the patient, (and/or the legal guardian), the following limits of confidentiality:

suspected child abuse/neglect, sexual abuse, elder abuse, danger to self or others, and the therapist's student status, which necessitates the presentation of the patient's case in supervision. The client (or legal guardian/parent) then signs the form acknowledging "Receipt of Notice of Privacy Practices". The signed Acknowledgement of Receipt of Notice of Privacy Practices becomes a part of the patient's record (in the paper chart), while the patient is given the actual Notice of Privacy Practices.

In accordance with Privacy Practices laws of NY State, as well as with APA ethical guidelines, patients, (or parents/legal guardians, for those who are minors), are to sign three sets of documents.

These are:

1. The **Acknowledgement of Receipt of Privacy Practices** (appendix E)
2. The appropriate **Consents for Services** (Appendix F.) No service can be provided to a patient without the client's (or, if the client is a minor, the legal guardian's) written and informed Consent for Services.
3. **Authorizations for Communications of Health Information**, (appendix G) as are appropriate. No information can be released to an outside agency or practitioner without written Authorization for Communication of Health Information, except in situations of suspected child abuse/neglect, sexual abuse, elder abuse, danger to self or others, or as required by law, as delineated in the Parnes Notice of Privacy Practices.

These three sets of documents remain a permanent part of the patient's paper file, and, thus, are legal documents.

The HIPAA Security Rule

It should be noted that as of April 20, 2005, the Federal Government instituted the HIPAA

Security Rule, in addition to the previously existing HIPAA Privacy Rule, which had been in effect since April 14, 2003. These rules address the limited conditions, and to whom confidential client information can be disclosed, as well as how clients can have access to their files. The purpose of the HIPAA Security Rule is to ensure the security of confidential electronic patient information (E PHI.) The HIPAA Security Rule describes the steps practitioners of psychology must take to protect confidential information from unintended disclosure through breaches of security. This includes the protection of confidential data from any reasonably anticipated hazards, such as a computer virus, and/or any inappropriate uses and disclosures of electronic confidential information. The Security Rule also addresses the protection of confidential data in offices, files, tapes, and computers.

Several policies and procedures are in place at the Parnes Clinic so as to be in compliance with the Security Rule. These policies and procedures are as follows.

1) There is to be no electronic transmission of any client-identifying data, except through secure platforms like Hushmail, Google Suite and VALT (all of which will be described later in this manual). HIPAA lists 18-client identifiers which must be kept private. A copy of the 18 HIPAA client-identifiers which are noted in Appendix I.

2) No clinical document with client-identifying information is ever to be removed from the Clinic. Our students, supervisors and faculty have access to the EMR on their home computers. What follows are STRICT guidelines to keep this information private and protected on these devices:

- Do not open the EMR unless you are in private.
- Do not leave the EMR open when you are not in front of your computer
- Do not discuss information which is in the EMR with unauthorized people, or when

unauthorized people are in earshot.

- Do not open charts for any patient that you are not currently working with.

All students are required to sign a document stating that they will protect a patient's privacy while in their homes. (Appendix J). This document was prepared by our general counsel's office.

3) No patient-identifying data is to be stored on students' flash drives, personal computers, iPads, phones, or any other electronic data storage devices (except for the EMR, which is password protected on home computers). Only Ferkauf-owned equipment (VALT) and approved platforms (VALT and Parnes Google Meets) can be used to record sessions. Students are **not** permitted to use their own cell phones and laptops or other personal recording devices.

4) No patient-identifying information is to be stored on any computer within the Computer Lab in the Rousso building. Each student must take special care to delete all patient-identifying information from these computers as soon as the student leaves the computer station.

5) Each potential patient will be assigned a numerical code by clinic staff during his or her telephone screening. That code is the patient's EMR number. Students' should use this numerical code while working on the patient's clinical documentation on any personal computer in order to help protect each patient's confidential information.

6) All Consent for Services forms, and Authorization for Communication of Health Information forms, must be filed in the patients' paper charts as soon as they are obtained. If they are obtained remotely, they must be securely emailed to the clinic secretary so that she can file them. They cannot leave the clinic.

7) No identifiable clinical material is ever to be discussed in any public area, such as elevators, bathrooms, stairwells, reception areas, outdoors, or in busses, taxis or subways. This pertains to both in-person and cell phone discussions. Students must also be conscientious to maintain privacy

when providing telehealth from a location outside of Parnes.

8) Students must take special care not to leave any clinical document unprotected on desks, in xerox machines, in offices or in hallways. Students should not work on identifiable clinical documents in client waiting areas.

9) All video and audio recordings of clinical material must be treated with the very high level of protection accorded any clinical record or document and must be stored in an online format with protection and encryption.

Professional Conduct and Center Policies

Therapists and other student clinicians are required to adhere to the following policies and procedures.

1. Students are required to read and abide by the principles set forth in the latest edition of Ethical Standards of Psychologists published by the American Psychological Association. Psychological testing should follow the Standards for Educational and Psychological Testing published by APA.
2. No student clinician can engage in private practice at the clinic. All work (e.g., therapy, psychological assessments) done through the clinic will be in conjunction with a practicum course and supervised by faculty or adjunct faculty.
3. Student therapists must be in ongoing weekly, individual supervision with a member of the Core or Adjunct faculty who is a licensed psychologist. All adjunct supervisors must be “onboarded” by the University. This is done by arrangement with the Dean’s office and the HR department. For any prolonged period of time during which supervision is interrupted (i.e., summer vacations), therapy will likewise be interrupted until supervision begins again. Alternatively, the Clinic Director and sometimes the postdoctoral fellow, under supervision of

the clinic director, can serve as a supervisor. Under no circumstance may a client be seen by a student therapist who is unsupervised. A **Record of Supervisory Meetings** (Appendix K) is to be completed by the student and signed by the Individual Clinical Supervisor. Students should indicate the reasons for any cancelled supervisory meetings on this form. This form will be stored in the client file. In addition to receiving weekly individual supervision, all student therapists must attend a weekly Practicum or Psychotherapy Lab within their respective doctoral programs.

4. Therapists/clinicians cannot represent themselves to clients as psychologists, and must indicate their student status to clients (as a “student clinician”). Specifically, in accordance with APA Ethical Standards and the informed consent process, students must inform their clients, and/or legal guardians for clients who are minors, that they are in training and that they discuss each client’s evaluation, remediation and/or treatment with their supervisors. Students must also inform their clients, or their legal guardians, of the name of their supervisor(s). At the beginning of treatment, student clinicians must also inform patients of how long they will be working with them.
5. Patients and their families have a right to expect consistently courteous, professional, ethical, and empathic behavior, as well as services that are culturally sensitive and relevant, and that are respectful of clients’ religious choices and sexual orientation.
6. **Adherence to Principles of Confidentiality and Authorizations for Communication of Health Information**: Principles of confidentiality presented in the Ethical Standards of Psychologists should be studied and closely followed. Material from the client's file cannot be released to outside individuals or agencies without the client's written authorization. Appropriate authorization forms should be signed by the client, (or legal guardian, if the client

is a minor), regardless of whether the communication is oral or written. The only exceptions are situations involving suicidality, homicidality, child abuse/neglect and elder abuse, or as required by NYS law. Records obtained from another party which are in a client's folder cannot be released to a third party.

There are several different forms for Authorization for Communication of Health Information. See Appendix G for **Authorization For Communication of Health Information**.

See Appendix H for **Consent for the Parnes Clinic to Share Information with Others, to be signed by minors from 12 to 18 years of age**. This is to be signed in conjunction with the legal guardian's signing the Authorization for Communication of Health Information. [There are special considerations regarding confidentiality issues involving minors between 12 and 18 years of age. These are delineated in the "Notice of Privacy Practices" of the Parnes Clinic.

Essentially, students providing psychological and/or psycho-educational services to clients between 12 and 18 years of age should make every effort to obtain the minor's written authorization prior to releasing information to a school, another health care provider, social service agency, any family member, in addition to the minor's legal guardian. However, the Parnes Clinic reserves the right to provide ongoing updates or summaries about a 12-18 year-old client's progress, treatment or evaluations, as well as any other information disclosed by the minor, to the minor's parents, (or legal guardian), without the minor's authorization, so as to enable continuity of care, and if disclosure of such information appears to be in the client's best interests. However, prior to releasing any information about a 12-18 year-old client to a school, another health care provider, a social service agency or any party other than the minor's parents, (or legal guardian), the student must obtain written authorization, at the very least, from the minor's legal guardian, (and, if possible, from the 12-18 year-old client).

As is always the case, confidentiality is waived if there is any indication that the 12-18 year-old client is in any danger of hurting self or others, if there is any indication of physical/sexual abuse or neglect, or as required by law.]

See Appendix L for **Authorization for Release of Confidential HIV-Related Information.**

Information related to HIV-related information has a higher degree of protection than does other health information. Confidential HIV-related information is any information indicating that a person had an HIV-related test, has HIV infection, has HIV-related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV. A separate and specific Authorization for Release of HIV Information must be signed prior to the release of any HIV-related information.

In order for any Authorization for Communication of Health Information to be legally valid, the authorization must be signed by the patient and the witness (the student clinician).

A separate Authorization for Communication of Health Information must be obtained for each agency, school, practitioner, or family member that the Parnes Clinic will be communicating with. However, if communication will occur between the Parnes Clinic and several practitioners within a single agency or school, only one Authorization for Communication of Health Information per agency or school will be sufficient. The student obtaining the Authorization for Communication of Health Information should be sure to a) indicate the specific agency, school, practitioner or family member to whom the information will be released and include an appropriate address and phone numbers; b) date the Authorization; c) witness the client's (or legal guardian's) signature on the Authorization. Consent forms are

valid until the end of treatment and do not need to be renewed unless an “end date” is noted on the consent form, however, *consent forms can be revoked at any time*. If a patient reenters treatment after a hiatus, new consent forms must be signed. The authorization is to be completed at the time that information will be released. (We do not ask our patients for “blanket” consent forms.

If any written document, such as a letter or a copy of a “Psychological Evaluation”, is to be given to a client, or to the client’s legal guardian, the document must be given by the student who has provided the services. The document is not to be left in the clinic office for the client, or for the client’s legal guardian to pick up, as only the student providing services to the client can attest to the client’s, or to the legal guardian’s, identity. Alternatively, documents can be “snail mailed”, or hush-mailed. Release of documents or records to patients must also be noted in their charts.

7. Documentation including progress notes, treatment summaries and other clinical contact information must be completed in a timely fashion. PROGRESS NOTES MUST BE WRITTEN DIRECTLY AFTER SESSIONS.

IF A CLIENT IS UNDER 18 YEARS OF AGE, AND IF THE LEGAL GUARDIAN IS SOMEONE OTHER THAN THE CLIENT’S PARENT, OR IF THERE IS ANY QUESTION OF WHO THE LEGAL GUARDIAN IS, WE MUST OBTAIN DOCUMENTATION OF LEGAL GUARDIANSHIP FROM THE COURT PRIOR TO THE SIGNING OF A CONSENT FOR SERVICES, AND, THUS, PRIOR TO THE PROVISION OF SERVICES. THIS DOCUMENTATION OF LEGAL GUARDIANSHIP MUST COME FROM THE COURTS,

NOT FROM A LAWYER. IF THERE IS ANY QUESTION ABOUT WHAT CONSTITUTES COURT DOCUMENTATION, THE STUDENT SHOULD CONSULT WITH THE CLINIC DIRECTOR.

IN SITUATIONS OF PARENTAL DIVORCE OR SEPARATION, WHERE BOTH PARENTS HAVE JOINT CUSTODY OF A CLIENT WHO IS A MINOR, BOTH PARENTS MUST SIGN ALL APPROPRIATE CONSENT AND AUTHORIZATION FORMS. THE STUDENT CLINICIAN MUST ALWAYS ENQUIRE ABOUT CUSTODY ARRANGEMENTS WHEN SEEING A CHILD WHOSE PARENTS ARE DIVORCED.

8. Therapists/clinicians are urged to refrain from inappropriate, overly casual dress. It is important to remember that students represent the Parnes Clinic and its professionalism.
9. Similarly, to wardrobes, a student's online identity can be just as visible (Google, Facebook, LinkedIn, Instagram, etc.) Student therapists should regularly monitor their online "presence", as many patients are likely to "check them out" in cyberspace. Privacy, especially online, is easy to violate and students should be mindful of their online comportment, for themselves, the clinic, and Ferkauf. The Clinic Director and clinic postdoc are happy to consult on this issue if needed.
10. Psychological services are not to be conducted with a client of the Parnes Clinic outside of the Clinic, or outside of any space designated as an extension of the Parnes Clinic. (Exposure therapy can happen only on the Einstein campus and must be approved by the clinic director.) Clients should not be offered rides or be given other favors which would compromise the clinical relationship, as well as create liability risks.
11. If there are any legal or ethical dilemmas, the student should consult with the Clinic Director,

who has access to legal counsel for the University, as well as to ethics advisors through APA and the New York State Psychological Association.

12. Any serious, urgent clinical problems, such as suicidal ideation or threat, requirement for hospitalization, homicidal potential or child abuse/neglect concerns should be brought promptly to the attention of the Clinic Director and/or the Clinic Postdoc by the therapist, and/or the supervisor by using the clinic director's pager (not email, text, or telephone). After consulting with the therapist, supervisor, and possibly a psychiatric consultant or the ACS Mandated Reporters' Registry, the Clinic Director will recommend a course of action. This could include the continuation of treatment, some modification of treatment, a gradual termination of the case, or an immediate transfer and/or hospitalization. In cases of child abuse/neglect, after consultation with the ACS Mandated Reporters Registry, it will be determined whether a report needs to be filed with the ACS Registry. (Students should refer to the section of this Manual which describes child abuse/neglect procedures.) In all such cases, the safety and well-being of the client is the preeminent consideration, for which the Director must bear the final responsibility.

(These policies and procedures are delineated more fully in the section of this Manual titled, "Emergencies and Other Clinical Situations".)

13. Students who are unable to see their clients due to vacations, illnesses, or extended absence for any reason, are responsible for obtaining coverage for their clients during their absence. It is the students' responsibility to notify the Clinic Director of any periods of extended absence which prevent them from seeing their clients, and of appropriate coverage arrangements. An "extended absence" is considered to be more than one week. All extended absences and coverage plans should be noted in the patient chart. Students are

expected to be available to provide coverage for their peers.

14. Students must abide by the regulations, requirements, and policies delineated by their respective programs.
15. Students are required to inform their adult clients, or legal guardians of clients who are minors, that children under 10 cannot be left in the waiting area without an adult's supervision. Similarly, students seeing child clients are required to inform the child's legal guardian that she or he, or a developmentally-appropriate person designated by him or her, is to bring the client directly to the clinic, and then pick up the client from clinic. Upon the completion of a session, the student therapist is to stay with the client until the legal guardian (or person-designated by the legal guardian), picks the child up . These policies are to be strictly adhered to, both to ensure the safety of the child, and to avoid any liability for the Clinic. (If there is a clinical situation that warrants an exception to this policy, the student is to first clear this with the Clinic Director, or an appropriate member of the Clinic Staff, to make arrangements to ensure the child's safety while in the Clinic.)

Clinic Process/Client Flow

1. A client may be self-referred to the Parnes Clinic or may contact the Clinic in response to a recommendation from school, work, another agency, a physician or a friend.
 - A. The Parnes Clinic does not accept clients who are court-mandated, or open cases referred by ACS.
 - B. Clients, (or legal guardians, for minors), initially contact the Parnes Clinic by calling 646-592-4399, and speaking with one of the Clinic Staff. They may also email the clinic for a Screener appointment. We discourage walk-ins because of the general

unavailability of immediate screenings.

2. For child cases, basic information is collected on demographics, presenting problem and request for services by the TA responsible for screening potential child clients and is recorded on the prospective patient's face sheet on the EMR. The Adult Clinical Program TA screens for patients who are 18 and older, couples, and families, and the Health Program TA screens potential Behavioral medicine cases.
3. All patients who present for screening are reviewed by the Clinic Director or Clinic Postdoc.
4. Following the telephone screener, each appropriate client is assigned for intake to a student in the appropriate program, or given a referral if the prospective client is deemed inappropriate for the clinic.
5. Adult psychotherapy clients are sometimes assigned for intake to 1st year Clinical Program (Psy.D.) students. There is a specific procedure for these intakes described below (see section entitled "Intake Procedure for 1st year Clinical Program [Psy.D.] Students"). If a first year student is not available, adult intakes are assigned to students in the psychodynamic, or CBT practica. Elderly clients (60+), are directly assigned to students in the FOAP practicum. Clients with medical issues that affect their mental health are assigned directly to students in the Behavioral Medicine practicum. Child therapy clients are assigned to 3rd and 4th year School-Clinical Child Program (Psy.D.) students. They can be referred to either Psychodynamic, or Cognitive Behavioral treatment. Family/marital therapy clients are assigned to students in the LMFT program.
6. Similarly, after screening, each potential each potential assessment case is assigned for intake in their appropriate practicum. Child psycho-educational evaluation cases are

assigned to 2nd year School-Clinical Child Program (Psy.D.) students. Child neuropsychological evaluation cases are assigned to 3rd or 4th year School-Clinical Child Program (Psy.D.) students. Adult psychological assessments are assigned to 2nd year Clinical Program (Psy.D.) students as well as some students in the Health Ph. D. Program.

7. Potential bariatric assessments are assigned to students in the health program. Individuals seeking bariatric evaluations are told during the initial telephone screening that they must see their Nutritionist prior to being given an appointment for a pre-surgical bariatric evaluation. All bariatric screening forms are also reviewed by the Clinic Director.

General Instructions for Intakes in All Psychotherapy Practica

1. It is the student's responsibility to keep the Clinic Office updated about the intake process, and return all completed paper forms and electronic forms to the office as soon as possible. This is usually monitored through the practicum TAs. It is also the student's responsibility to keep their TAs informed of all intakes and potential intakes that do not proceed in a timely fashion so that they can be adequately dispositioned. (TAs often use Google-docs for this purpose.) The charts should also reflect this process. In addition to an intake report, students should track patient contact and intake session details through Progress Notes.
2. The client's financial information is obtained during all intakes and entered into the EMR. Please see Appendix M to learn how to enter a patient's financial information into the EMR. After intake, all potential psychotherapy patients must be presented to the clinic director, or the clinic postdoc, for acceptance into the clinic (which is recorded by pressing a "button" on the EMR). The patient's fee is also determined at this time since all intakes

are free. Child clients are admitted after they are presented and reviewed by their individual supervisors and in the child psychotherapy seminars, however, they still need to be presented to the Clinic Director or Clinic Postdoc for admission and assigned a fee.

- a. Please note that no case can be officially admitted and opened until the Clinic Director or Clinic Postdoc has assigned a fee and approved the case. Similarly, family and couples' patients cannot be officially admitted and opened until they are presented to the Clinic Director or Clinic Postdoc and the fee is set on the EMR.

3. Prior to a first therapy session, the student is required to meet with his/her individual supervisor.
4. The client (or legal guardian, for any client who is a minor), is given or emailed, the appropriate **Informed Consent, Notice of Privacy Practices and Agreement for Services** as described previously in this Manual (see Appendices E and F), all of which must be completed at the time of the first session. At the time of the initial meeting, the client (or legal guardian) must be given, by the student, a copy of the **Notice of Privacy Practices** (Appendix B) to keep. The client (or legal guardian, for minors) signs the **Acknowledgement of Receipt of Notice of Privacy Practices** (Appendix E), which then becomes a part of the client's permanent and legal file. Since the Notice of Privacy Practices is a complex document, written in a very legalistic manner, it is the student's responsibility to explain to the client and/or the legal guardian, the contents of the Notice, with particular emphasis on the limits of confidentiality. Consents to videotape should also be obtained. (See Appendix N) Clients who are coming to the Parnes Clinic for ongoing psychotherapy, should also be given a copy to keep of the statement "**What to**

Expect When You (Or Your Child or Family Member) Comes to the Parnes Clinic For Ongoing Psychotherapeutic Services”, (Appendix 0).

5. All prospective clients need to be informed by the student conducting an initial intake that the intake is part of an assessment process, designed to determine whether or not the client is appropriate for a training clinic, such as is the Parnes Clinic. (An intake does not guarantee an admission.)
6. The client needs to be informed that if, based on the intake, it is determined, in consultation with supervisory/administrative faculty, and/or the Clinic Director/ Clinic Postdoc, that the Parnes Clinic cannot provide the level of services needed by the prospective client, the student conducting the intake, the program TA and/or the Clinic Director, will identify alternate agencies or practitioners which can more adequately serve the prospective client and this referral will be documented in the client’s chart.

[This is explained in the form titled: “What to Expect When You (or Your Child or Family Member) comes to the Parnes Clinic For Ongoing Psychotherapeutic Services”,

Under no circumstances, can a student unilaterally decide whether or not a prospective client is appropriate for services at the Parnes Clinic. The decision can be made only in consultation with the Clinic Director, or clinic postdoc and/or supervisory/administrative faculty, in a careful review of all of the clinical and psychosocial data presented by the student.

7. A final copy of the Intake Report must be signed and reviewed by a licensed supervisor/faculty member and placed within the EMR with all identifying information filled in, within 2 weeks of the final intake session.
8. All Intake Reports must be written to indicate that the student has done a careful

- assessment of all relevant risk factors, as delineated in a later section of this manual, “Special Issues Regarding Clinical Documentation.” This should also be noted in the progress notes for each intake session.
9. Many patients seen by students in the two Psy.D. programs at Ferkauf receive psychological testing as part of their treatment at Parnes. A prospective client who refuses psychological evaluation at the time of intake can still receive therapy, (provided he/she meets the criteria for acceptance into the clinic.)
 10. When a prospective patient is screened, he/she is informed that consent for video recording of each session, including the intakes, is required because the Parnes clinic is an APA approved training site. Then, the student who is doing the intake will restate this requirement and give the patient the options of using their video recording solely for training, or additionally for teaching, or research purposes. The patient has the right to refuse the latter of these two options but recording for training purposes must be consented to. (This is described in the video consent form Appendix N.) **If a patient refuses to be video recorded for therapy, please consult with the Clinic Director, and the patient will likely be provided with a referral. No session can be videotaped without written and informed consent to record the session.**
 11. If there is an emergent situation that arises during the course of conducting an intake, the student should follow the directions detailed below under the section, “Handling Emergencies that Occur During the Course of a Clinical Encounter”.
 12. The student prepares a first draft of the intake report following the template on the EMR and submits it to his/her supervisor in their session after the intake is completed.
 13. After all final revisions are made on the report, the student has to submit the final intake

report to the EMR. The time between the final intake meeting with the prospective client and the submission of the final report to the Clinic should not exceed 2 weeks.

Sometimes clinical considerations, (e.g., possible suicidal risk, client's need to be quickly engaged in treatment; or the need to quickly refer client elsewhere), might necessitate that the whole process be expedited. In such cases, the student might be asked by the Clinic Director to submit a preliminary draft of the report to the Clinic as soon as is possible. However, the student still needs to follow all procedures, as described.

14. It is essential that the student discuss the intake with the Clinic Director or the Clinic Postdoc for disposition for treatment, continued evaluation, or for referral elsewhere. This discussion usually takes place after the second intake session, but it also can happen earlier. The discussion with clinic staff must be a part of every intake. Appropriate clients are then assigned to students in the appropriate practica.
15. The SCID must be filed in every adult client's paper chart, in conjunction all other consents, financial information, and the Acknowledgement of Receipt of Notice of Privacy Practices. (All forms obtained at the time of intake must be filed immediately within the Clinic Office. They are never to leave the Clinic building.)
16. It is the student's responsibility to document on the Progress notes all phone calls made, including all successful and unsuccessful attempts to contact the prospective client. This includes all voicemails and messages left for the prospective client with other people.
17. It is the student's responsibility to inform the TA/Clinic Coordinator (and, of course, the supervisor) if the prospective client does not attend the intake appointments. Failure to do so will prevent a new assignment from being made, so that completion of the class

requirement may be delayed.

18. There is no charge for intakes to the Parnes Clinic

Specific Intake Procedures for 1st year Clinical Program (Psy.D.)

Students

1. When a prospective client calls the Clinic, the “screener/face sheet” is completed by the screening TA in the EMR. Then the prospective client’s schedule is matched with student availability and the case is assigned for intake at least one week later.
2. The Clinic TA then calls the assigned intake student and gives him/her the name of the prospective client.
3. The student has to present the screener in the first-year intake seminar before seeing the prospective client.
4. The student completes the intake.
5. After the intake is completed, the prospective patient is presented to the clinic director for disposition and to determine a fee. If the patient is accepted, the student should inform him/her that the new therapist will be in contact within a week.

Other clinic procedures.

1. As part of the application process, clients in the adult and child Psy.D. practica are typically informed during intake that a psychological evaluation, (that is, “psychological testing”), is to be conducted at the Clinic, at no fee, as soon as possible after commencing treatment. Clients assigned to the Behavioral Medicine or Cognitive-Behavioral Practica,

do not generally receive the “standard” psychological evaluation/testing battery. Clients seen through the Psychodynamic practicum are assigned to second year Clinical Program (Psy.D.) students for psychological evaluation/testing, unless such a procedure is believed to be clinically contraindicated by the student and supervisor. The student therapist fills out the **Testing Referral Form** (see Appendix P). As stated earlier, a patient may refuse psychological testing, but this refusal must be discussed in supervision and, at times, with the Clinic Director. All assessment materials are located in the testing library in the Van Etten Building and are on loan to students. **Testing Materials Policies delineated later in this Manual are to be strictly adhered to.**

2. Patients in the child CBT and Psychodynamic tracks are also routinely given psychoeducational assessments by students in the second year of this program. Child testing is also provided for children who are not in therapy at Parnes for \$250 per assessment. Neuropsychological assessments for children are also provided by students who take this elective and the price for these assessments is \$350. The child assessment TA is responsible for coordinating this aspect of the clinic’s resources.
3. The clinic also provides psychological assessments for adults who are not receiving therapy here. These patients are also screened by telephone, given an “assessment intake” and then approved by the clinic director for a psychological assessment. The fee for this assessment is between \$50 and \$100.
4. After any psychological assessment is supervised and completed, the student who completes the testing is responsible for arranging a testing feedback session with the client in a timely fashion. The testing student, in conjunction with his/her lab supervisor, the student therapist and therapist’s supervisor, can determine how the feedback should

be handled, (e.g., with or without the therapist present). If, in consultation with the tester's lab supervisor, the therapist, and the therapist's supervisor, it is felt that it is clinically indicated for the therapist to present the testing feedback to the client, this can be arranged by having the tester present the feedback to the therapist, who then will present it to the client. The testing referral form, raw data and final report, (signed by the testing student and lab supervisor), must be placed in the client's paper file in the clinic. The student who provides the testing feedback to the client should document the feedback session in a progress note in the client's record. The progress note documenting the feedback session should be titled "Testing Feedback Session" and should indicate that feedback was given to the client, and how the client responded to the feedback. The testing student should be sure to communicate the client's response to the feedback to the student therapist if the student therapist is not present during the feedback session. The testing student should also document in a progress note any follow-up consultations with the student therapist. All progress notes written by the testing student must be signed by the testing student's supervisor. *This policy and procedure is applicable to both child and adult patients.*

5. **Missed or Broken Appointments:** Students often ask how to handle missed appointments, and how many broken appointments necessitate cases being closed at the Parnes Clinic. The reasons that clients miss or break appointments is first and foremost a clinical issue, which should be addressed in supervision. From an administrative standpoint though, every outreach attempt to try to engage the client in treatment, either by letter or telephone or Hushmail, must be documented. Additionally, every time a client either calls to cancel an appointment or breaks an appointment without

contacting the student in advance must also be documented. Generally, when a client is not an at-risk client, and the client, (or legal guardian), breaks three consecutive appointments without notifying the student in advance, the case can be terminated. However, prior to terminating the case, a) there must have been appropriate outreach attempts by the student therapist to try to engage the client in treatment, all of which have been documented in the EMR; b) the student must have discussed the client's clinical situation and the issue of the broken appointments with a plan to terminate, in supervision and with the Clinic Director. Under no circumstances, can a client be terminated or transferred to another student, or to an outside agency, without prior discussion with one's supervisor, and the approval of the Clinic Director. *In addition, clinicians must fully document (in the EMR progress notes) their own reasons for canceling, or missing sessions if this occurs.*

6. If a client presents with any risk factors (such as suicidality, psychosis, homicidality, child abuse), clinical considerations and the safety of the individual are especially paramount, and outreach over and beyond the 3 broken appointment guideline listed above for clients not at-risk may be indicated. The termination and arrangement of appropriate referrals for any high-risk client is a very delicate clinical situation, one which must be handled very carefully with one's supervisor and the Clinic Director. Additionally, if a client has an active ACS case, the ACS worker involved in the case must be notified by the student if the case is being terminated at the Parnes Clinic.

Scheduling Sessions and Clinical Spaces

Students should inform their clients, in advance, of their vacations, of any expected absences, and

of the holiday schedule when the Clinic is closed. (Clinic holidays are posted on Canvas and around the clinic and throughout the clinic.) Sessions may often be rescheduled, however, in the case of longer holidays, such as Passover-Easter, it is often not possible to accommodate all requests for rescheduling. You can also schedule a make-up appointment online if a room is not available. Appointments with clients must never be scheduled, both in person and via telehealth when the Clinic is officially closed.

The space in which a clinical encounter happens, either in person or online, holds a great deal of meaning and emotional significance for a client. With regard to in person sessions, students should be sure to keep the clinic rooms as neat as possible. Additionally, all of the programs that provide services through the Clinic has different needs regarding room furniture. Yet, each Clinic room must have the following furniture: a) a table suitable for testing; b) a straight back armless chair for children being evaluated; and c) two armchairs. In some rooms, one armchair should be large enough to be used for bariatric evaluations by Clinical Psychology (Health Emphasis) (Ph.D.) students, or relaxation training. If a student wishes to rearrange furniture for his/her session, it is that student's responsibility to return the furniture in its original place prior to leaving the room for the next student.

The following are expectations regarding room space

1. If a student has a room booked, it is expected that the session will be for 45 minutes, not for the full 60 minutes. After a 45-minute session, the student should take a few minutes to straighten up and prepare the room for the next person. The student should clean up and turn off the lights before leaving. This is particularly important for child therapy rooms since children don't always clean up after themselves.
 - a. Students in the Child-School Clinical program are able to borrow toys from the two

toy closets. It is the student clinician's responsibility to maintain the cleanliness and organization of these closets and return all toys after use. Student clinicians must also inform the Playroom TA if a toy breaks, games are missing pieces, or there is a shortage of art supplies.

2. Students should not move furniture from room to room. If it is absolutely necessary to move furniture to another room, the student should be sure to return it to the original room and its original place within the room once the session is finished. Clocks also must remain in the therapy rooms.
3. If a student no longer needs a room which had been reserved (e.g., when a client cancels or ends treatment), the student must cancel the room online. Students should be mindful that space is extremely limited.
4. Students should be sure to put the "Do Not Disturb Sign" in place prior to going into session, and then clearing it once the session is ended.
5. Students should turn on the sound machine prior to going into session and turn it off once the session is completed. Please ask the Clinic Administrator if you do not see a sound machine by your room.
6. The procedure for booking rooms online is listed in appendix Q. Please do not use the VALT system for booking rooms.
7. If a student is seeing patients online, it is also important to be mindful of the space in which the session takes place. Students should "coach" their patients on ways that they can ensure privacy and comfort for themselves.

Telephone Concerns/Messages

1. Students should be very discreet when calling clients' homes and should always remain mindful of confidentiality issues. For example, family members may not be aware that the client is seeking or receiving psychological services. Students who are returning clients' calls and are unsure what to say, can state that they are returning a phone call and are from Yeshiva University. Also, students should be sure to check the cover page on the EMR which indicates each client's preferences regarding contacting him or her by phone.)
2. All students involved in a therapy practicum at the Clinic have a voicemail box. Sometimes, it is necessary for students to share voicemail boxes and priority is given to students with ongoing therapy clients. Students who have been assigned voice mail through the Clinic have the responsibility of checking their voice mail at least daily. As noted above, it is the student's responsibility to return calls within 24 hours, or sooner, if clinically indicated. Students who have been assigned voice mail through the Clinic should instruct their clients to leave messages for them by calling 718-430-2585, and then entering the student's mailbox extension. Clients should also be informed that if they would like to reach the Clinic Office directly during clinic hours, they can call the main clinic number at 646.592.4399. Each client must also be informed by their student clinician that voice mail, in no way, represents an emergency service, and, in no way, provides 24-hour access to the student. Each student must inform each client (or parent) on his or her caseload that, in the event of an emergency between sessions, the client (or parent) must contact the nearest local emergency room or call 911. This should also be stated on outgoing voicemail messages. Students assigned a voice mailbox through the Clinic should also indicate any vacations or absences from the Clinic on their outgoing messages, and reinforce emergency procedures if needed.

- a. STUDENTS WHO HAVE NOT BEEN ASSIGNED A VOICE MAILBOX THROUGH

THE CLINIC SHOULD INFORM THEIR CLIENTS, OR ANY OF THEIR CLIENTS' COLLATERAL CONTACTS, THAT THE NUMBER TO CONTACT THEM IS: 646.592.4399.

3. As noted earlier, students must never give out their cell, home, or work numbers. Once this is done, it is irreversible, and it can pose severe liability issues. It also gives the false impression that students are available 24 hours a day/7 day a week, which is clinically unwise, and legally and ethically not acceptable.
 - a. To make outgoing calls from cell phones, students should block their numbers by dialing *67, listening for a signal, followed by a regular dial tone, and then dialing the telephone number. (The phone company may charge for this.) If a client's phone line will not accept calls from phones with caller I.D. block ("private calls"), the student may have to call from the clinic or from externship.
4. Google Voice is NOT a HIPAA compliant way to contact patients and is not part of the Parnes Google Suite.
5. Phone use for Assessment Cases
 - a. Students who are doing in testing have "collective" voicemail boxes. When a student receives a phone message from patients and people associated with them at the Clinic Office, the student will be notified on the collective Voicemail and a note will also be placed in students' clinic mailboxes. They will also be sent an email. *These are two of the many reasons that it is imperative for assessment students to check the collective mailbox whenever you come to the clinic as well as the collective voicemail.* It is also requested that students who are doing assessments pass along messages to other students in their cohorts.

Student Responsibilities

- A. All students are responsible for keeping their clients' records in compliance with Privacy Practice standards, APA ethical guidelines and the Policies and Procedures of the Parnes Clinic. This includes keeping clients' records up-to-date and maintaining them as protected and confidential. Students' compliance, (or failure to comply), with all charting requirements, as delineated throughout this Manual, will be reflected in students' course grades for the appropriate clinical practica. Listed below is what should be included in every patient's record.
- B. Intake Interview Report completed in the EMR.
- C. Mid-Year Summary, signed by supervisor and therapist, submitted mid-January in the EMR.
- D. Year-end Summary submitted at the end of June, signed by supervisor and therapist (In the EMR).
- E. Termination Report (when applicable) signed by supervisor and therapist in the EMR. In some cases, a Mid/End-Year Summary may be cross-referenced with a Termination Report.
- F. Monthly billing sheet in the EMR
- G. Psychodiagnostic and Psychoeducational Referral forms (Appendix P) and raw data are filed in the client's paper chart.
- H. Baseline and Monthly CBT Assessment Forms for CBT clients, as well as SCID data, are also part of the client's paper file.)
- I. Progress Notes for all therapy sessions. (In the EMR) (There are specialized

progress notes used for the CBT Practicum which can be obtained from the CBT Student Coordinator or from Clinic Staff.)

- J. Record of Supervisory Meetings (Appendix K), filed in the paper chart.
 - K. All appropriate Authorizations for Communication of Health Information (Appendices G, H), and Consents to Record Sessions (Appendices N) which is filed in the paper chart.
1. Students are responsible for keeping session Progress Notes for each scheduled session as well as for other “Contact Notes” such as phone calls and collaborative meetings. These are distinct from process notes, which may be required by one’s individual or practicum supervisor, but are not part of the client’s chart. There is a way to differentiate Contact Notes from Progress Notes in the EMR.
 2. The student’s individual supervisor’s signature (rather than the lab instructor’s) is preferable for session psychotherapy progress notes, as the individual supervisor is most aware of the details of weekly sessions. *Students should not sign their own progress notes until their supervisor has signed them, since they cannot be edited once they are signed by the student clinician.*
 3. Students are responsible for keeping their billing up to date. They may either give their clients the bill, or arrange for bills to be sent to the client’s home, if the client prefers. The process for billing and payment is as follows:
 - A. Fees are set during intake by the Clinic Director or Parnes Postdoc. (see section on “Fees”).
 - B. Students must keep track of their clients’ fees, bills, and unpaid balances! It is

essential that students do not allow their clients to accumulate large outstanding bills. Addressing late payments in a timely, respectful, and clinically appropriate manner is beneficial to the clinical process, helps maintain a professional atmosphere, and alleviates the stress of unmet obligations for the client. Additionally, addressing unpaid bills in a clinically meaningful way can potentially open the door to discussing client's previously unspoken feelings about the services provided or the therapeutic relationship.

- C. Patients' finances (i.e. set fee, bills sent, and money received) are tracked on a page in the EMR.
4. New Case Assignments When the Clinic Director, or any member of the Clinic Staff or Faculty, contacts a student with a new case assignment, it is the student's responsibility to contact the client by telephone or Hushmail as soon as possible, but no later than within 2 days of being given the case assignment. During this initial telephone contact, the student should give the client an appointment for a date after which the student will have met with the supervisor, in order to first present the case in supervision. Once a student is assigned a client, the student must be sure that his/her name is matched with the patient in the EMR and that a paper chart has been created for all other clinical documentation and consent forms.

Fees

The Parnes Clinic maintains a commitment to providing the highest quality, most clinically beneficial services to clients, no matter how limited their financial resources may be. Fees are arranged on an individual basis according to income and expenses. Initially, client fees

will be established by the Clinic Director or Parnes Postdoc after the client completes the Financial Form on the EMR. Then, the Clinic Director or Parnes Postdoc determines a fee when the patient is presented to him/her during the intake process. After the fee has been established, the student should inform the client. The student should be mindful of the client's response to the fee, and remain aware that the fee is subject to change.

Any request for changes in the fee must be discussed with, and approved by, the Clinic Director or Parnes Postdoc. As noted above, it is important to address in supervision, and with the client, any unpaid balance. Unpaid balances which are more than 4 weeks overdue should also be discussed with the Clinic Director.

Clients are usually responsible for paying for appointments cancelled within less than 24 hours notice. The student should use discretion and good clinical judgment in exercising the right to charge for appointments cancelled with less than 24 hours notice. For example, if a person has a genuine medical emergency, the client should not be charged for the missed appointment. The "24-hour rule" should be discussed with clients as early in the therapy process as possible. Students may try to schedule make-up sessions, whenever feasible.

Fees for our services are as follows:

Therapy (Individual, Couples, and Family) – From \$5.00 to \$60.00 based on income and expenses. However, fees may be significantly lower than \$5.00 under special circumstances (e.g., those patients without any form of income). This should always be discussed with the clinic director.

Psycho-educational evaluations (child testing) - \$250.00 (includes testing, written report and

feedback session.) *This fee is waived if the patient is in therapy at the clinic.*

Adult psychological testing – no fee charged when this service is provided to a client in therapy at the Clinic. In many circumstances, we also provide adult testing for people who are not therapy clients for \$50 to \$100.

Child neuropsychological testing – no fee charged to child psychotherapy patients, and \$350.00 is charged for patients who are not receiving psychotherapy.

Fees and monetary issues can have very personal meanings for clients (and therapists), as they are embedded within the context of clients' psychosocial, cultural, and family histories, and the ever-evolving nature of the therapeutic relationship. Therefore, fees initially arranged by the Clinic Director should be discussed by the student with his or her supervisor and the client. Fees can be readily modified, in consultation with the Clinic Director, based on financial need, and in consideration of what is clinically meaningful.

Payment of Bills

Payment is due either at the time services or monthly.

1. Client may give payments directly to their therapists, or a member of the Clinic Staff in the office.
2. If the clinic office is closed at the time of the in-person session, the client may pay the clinician who can then leave the payment in the locked box on the clinic office door.
3. Payment may be mailed to Parnes Psychology Clinic, Yeshiva University, Van Etten Building, 5th Floor, 1225 Morris Park Avenue, Bronx, N.Y. 10461.
4. Checks and money orders should be made payable to Yeshiva University.

5. Patients are given receipts for their payments by the clinic secretary, or the student who is covering the desk in the evenings.
6. If fees are mailed to the clinic, or there is no one to give a receipt at the time of payment, it can be given to the patient at a later date.

Insurance

The Clinic's policy on insurance is the following:

1. The Parnes Clinic does not accept third-party payments. All payments must be direct from the client. Medicare and Medicaid are not accepted by the Clinic.
2. Most insurance companies do not pay for services conducted by non-licensed practitioners.
3. We make every effort to keep fees commensurate with or lower than co-payments.

General Testing Materials Policies

In order to enable sufficient access to testing materials, it is imperative that everyone be considerate of fellow students. Adherence to the following clinic policies as they apply to testing materials will be to everyone's advantage: (More extensive policies on the sign out and use of testing materials are available through the testing library.)

1. The Testing Materials Library (fifth floor, Van Etten Building) is down the hall from the main entrance to the Clinic and has designated hours, posted on the door. All materials are to be taken out and returned only during designated hours. Testing materials are not to be returned to the Clinic Office
2. Unless otherwise noted, testing materials may be kept for one week. They may be renewed,

if necessary, in person at the discretion of the testing library assistants based on need and availability.

3. Students will be fined a \$10.00 per day late fee for those days that the library is open and the materials are not returned.
4. Students who keep materials one month or more beyond the due date will be charged the full amount of replacing these materials. This applies to lost or missing materials as well.
5. The person who takes out the kit is responsible for maintaining its integrity of the kit and returning it within the appropriate time. Therefore, if a student lends a kit to a friend, the student lending the kit is responsible for any problems or fines incurred. In those cases where two first year students are sharing a kit, both names must be on the card and both partners are responsible.
6. If kits are missing pieces, it is the student's responsibility to inform the Testing Library assistant immediately. Students should never break up kits or take out just the manual. All kits must be taken out and returned with all the pieces in place.
7. It is the student's responsibility to be sure that the material he/she is returning is signed in by the library assistant. The student should never leave material in the library and assume it will be signed in.

Emergencies and Other Clinical Situations

Definition of an Emergency: An emergency is any situation that has the potential to pose an imminent or acute danger to self or others. Examples of emergencies include suicidality; homicidality; acute psychosis; any command hallucinations to hurt self or others; any acute, severe

change in mental status, a serious change in medical condition; child abuse/neglect, sexual abuse, or a result of sexual abuse, elder abuse or domestic abuse.

Instructions to be Given to Clients (or their Legal Guardians) if an Emergency Occurs Between Clinical Encounters or When the Clinic is Closed:

All clients must be instructed by the students providing services to them that, in the event of an emergency, they are to go the nearest emergency room or contact 911. It must be made very clear to all clients that the Parnes Clinic cannot provide emergency services. Students should inform their clients that they should never leave emergency information on the clinic voicemail or on the student's voice mail, as it is neither possible nor realistic to expect that the student will receive the information in time to ensure the client's or other's safety. Information about potential emergencies should also not be transmitted through Hushmail. *Students must also document in the progress notes that the client (and/or legal guardian for minors) was informed of emergency procedures.* Such a note should state: "I have discussed with the client (and/or legal guardian) emergency procedures if needed in the future, i.e., the need to contact the nearest ER or call 911 if the client presents with a danger to self or others. Client (or guardian) has agreed to follow through with emergency procedures if needed in the future". A list of psychiatric emergency rooms in the area can be obtained from the clinic office.

Handling Emergencies that Occur During the Course of a Clinical Encounter:

For standard non-emergent clinical situations, the appropriate procedure is that the student should try to reach the individual supervisor and the clinic director if necessary. If the individual supervisor is not available, the student should then try to reach the practicum supervisor. However, if it is a crisis or emergent situation is suspected, the Clinic Director should be contacted immediately (or the

Parnes Postdoc, during evening hours who will then call the clinic director if needed). The clinic director will then determine the gravity of the situation and appropriate steps that need to be taken.

REMEMBER—IT IS NOT THE STUDENT’S RESPONSIBILITY TO DETERMINE WHETHER AN EMERGENCY SITUATION HAS OCCURRED, BUT IT IS THE STUDENT’S RESPONSIBILITY TO CONSULT.

In the event of a situation that is clearly an emergency, as defined above, the student should not leave the Clinic and should not leave the client unattended, in-person or on telehealth, until the student obtains clear directives from the Clinic Director about what interventions need to be taken to ensure the client’s and others’ safety. For emergency situations, the student should:

1. Contact the Clinic Director immediately by pager. 1-917-632-4283;
2. Punch in your phone number after the beeps.
3. Carry out all interventions indicated by the Clinic Director to ensure the safety of all those involved.
4. Follow up with individual and group supervisors as soon as possible.

If it is determined, in consultation with the clinic director , that the client will need to be hospitalized directly from the clinic, the following steps should be followed:

1. 911 should be called, giving all relevant information.
2. For in person services, security should be informed that an emergency is occurring and that 911 was called. Security should be informed of the student’s and client’s location in the clinic. (Security’s telephone # is: 718-430-2019).
3. For telehealth services, the clinician should remain on the video call with the patient

throughout emergency process

4. Stay with the patient until EMS has transferred him/her to the emergency room.
5. If the hospital that the patient is being transferred to is known, the attending in the psychiatric emergency room should be contacted and the patient should be presented.
6. The student should provide his/her information to the psychiatric ER staff for follow-up as needed.
7. The clinic director should be kept apprised of the situation at all times.

If the student feels unsafe sitting with a client during the course of a clinical encounter, it is very important that the student pay attention to his/her feelings. In such a situation, the student should leave the therapy room and call for assistance from a member of the Clinic Staff, campus security or the police. The panic button (see below) should also be engaged if needed.

Documentation: All clinical crises and emergencies must be documented in full detail as soon as is possible, once all interventions have been carried out to ensure the safety of all of those involved. Such documentation should be titled "Crisis Intervention" or "Emergency Contact", and should include: a) the date and time of the emergency; b) all relevant clinical information, including what the client and/or family member, legal guardian, and/or school reported, and what the student observed; c) all consultations with supervisory/administrative staff; d) any contacts with the client's family or outside practitioners; e) interventions taken so as to ensure the safety of all those involved, as well as the rationale for those interventions; e) the client's (and/or significant others') responses to the interventions taken; f) follow up plans, as advised by supervisory/administrative

staff. *Remember, certain aspects of a client's confidentiality can be waved during an emergent situation.*

Child Abuse/Neglect/Sexual Abuse

Definition of Child Abuse (NYS Family Court Act, Section 1012I):

“An ‘abused child’ is a child less than eighteen years of age whose parent or other person legally responsible for his/her care: 1) inflicts or allows to be inflicted upon the child serious physical injury, or 2) creates or allows to be created a substantial risk of physical injury, or 3) commits or allows to be committed against the child a sexual offense as defined by penal law.”

Definition of Child Maltreatment (NYS Family Court Act, Section 1012 (F):

“A ‘maltreated child’ is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of his/her parent or other person legally responsible for his/her care to exercise a minimum degree of care: 1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so, or offered financial or other reasonable means to do so; or 2) in providing the child with proper supervision or guardianship; or 3) by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof including the infliction of excessive corporal punishment; or 4) by using a drug or drugs; or 5) by using alcoholic beverages to the extent that he/she loses self-control of his/her actions; or 6) by any other acts of a similarly serious nature requiring the aid of the Family Court”.

It should be stressed that domestic violence in the presence of a minor constitutes a situation of child abuse/neglect.

Definition of Sexual Abuse of a Minor:

Sexual abuse of a minor can take many forms. A definition offered by the NYS Mandated Reporters' Registry is as follows: "A sexually abused child is someone who is less than 18 years of age, whose parents, or other person legally responsible for that child's care, commits, or allows to be committed, a sex offense against such child, as defined by Section 130 of Penal Code Law. Sexual offense includes rape, sodomy and/or any other nonconsensual sexual contact". It should be noted that sexual abuse of a minor can involve either actual contact or non-contact situations. Examples of non-contact situations are: a) a parent's allowing a minor to watch pornography; and b) parents' allowing a minor to witness them have sexual intercourse.

There is a manual in the clinic office entitled: "Mandated Reporter Training, New York State Office of Children and Family Services." This is available for students' review but must be kept in the clinic office at all times.

Interventions to be Carried Out if the Student Suspects Child Abuse / Neglect / Sexual Abuse

(this applies to students in all practica.)

If in the course of any clinical work (assessment, intake, therapy, remediation), the student has reason to suspect child abuse (sexual or physical), neglect or other maltreatment, the student must tend to this immediately. The student should:

1. Contact the Clinic Director or Parnes Postdoc.
2. Contact one's Supervisor.

3. If there is any uncertainty about whether or not the information obtained by the student constitutes a situation of child abuse/neglect or sexual abuse, the ACS Mandated Reporter's Registry (800-635-1522) should be called for a consultation. Then, it is up to the ACS staff to determine whether or not the situation constitutes a reportable situation. The student will always be assisted by the Clinic Director in making this phone call, and in presenting all relevant psychosocial and clinical information to the ACS Registry. A student should *never* call ACS without the consultation and presence of the Clinic Director, or other supervisory personnel. (Often, "3-way calling" is used.)

Documentation: If the ACS Mandated Reporter's Registry determines that the information reported to the Registry does not constitute a reportable situation, a note should be placed in the client's record which the student titles: "Consultation with ACS Mandated Reporter's Registry: 800-635-1522". This note should include the following information: 1) the date and time of the call to the ACS Registry; 2) the name of the ACS worker consulted with; 3) all relevant psychosocial and clinical information presented to the ACS worker; 4) that the information was reported without presenting identifying data; 5) the decision of the ACS worker (i.e., that the situation is not reportable), and the reasons cited by the ACS worker for why the situation is not reportable; 6) any recommendations the ACS worker makes; 7) that the student will follow up with the supervisor, the client, the family, and the Clinic Director as is appropriate. Additionally, the student should document all consultations with supervisory/administrative staff about the situation.

4. If the ACS Mandated Reporter's Registry determines that the situation described to the

Registry constitutes a reportable situation, all identifying information, in addition to all relevant psychosocial and clinical information, is reported to the ACS Registry. Indeed, this is the type of situation in which HIPAA rules do not apply. The person (i.e., student or administrative/supervisory faculty) who reports all data to the ACS Mandated Reporter's Registry, on behalf of the Parnes Clinic, must obtain a Call ID number from the Registry, as well as the name of the ACS worker who takes the verbal report. (The Call ID # is an indication that the Parnes Clinic has fulfilled its mandate to report the specific situation of suspected child abuse/neglect.) Additionally, the person making the call to the ACS Registry, on behalf of the Parnes Clinic, should obtain the address of the ACS field office to which the written form ("Report of Suspected Child Abuse or Maltreatment": LDSS-222IA) must be mailed within 48 hours. This form must be signed by the student and the clinic director before being sent to ACS. A copy of the form is retained by the clinic director and also placed in the patient's chart.

Documentation: If the situation is determined to be reportable by the ACS worker, and, thus, a report is made to the ACS Registry, the student will need to document this in the client's file. Such a note should be titled: "Consultation with ACS Mandated Reporter's Registry: 800-635-1522", and should include: 1) the date and time of the call to the ACS Registry; 2) the name of the ACS worker to whom the verbal report was made; 3) all relevant psychosocial and clinical information presented to the ACS worker; 4) the Call ID number, which is used both for tracking purposes, and to indicate that a report was made to the ACS Registry; 5) any recommendations the ACS worker makes; 6) that the student will follow up with the client, the family, the supervisor, and the Clinic Director as is appropriate; 7) the ACS field office to which the ACS form (LDSS-222IA) will be mailed . Additionally, once the ACS

report is forwarded to the local ACS field office, an ACS field worker will be in contact with the student, and the student should document all telephone contacts with the ACS field worker in the client's folder.

Once again, it should be underscored that all situations of suspected abuse/neglect must be dealt with immediately, and in consultation with one's supervisor and the Clinic Director.

The Clinic Director will assist the student with the making of all phone calls to the ACS Mandated Reporter's Registry, and with all documentation. Please note that clinic staff NIEVER decides whether a child abuse situation has occurred; this is determined by ACS.

Availability of Limited Psychiatric Consultation Services at the Parnes Clinic

The Parnes Clinic has a Psychiatrist who works with children, adolescents, and adults, who is available to conduct non-emergent psychiatric evaluations, and if indicated, medication follow-up, on a limited basis. We have 8 hours/week of psychiatric time. These "back-up" psychiatric services are available only for clients who are receiving ongoing services at the Parnes Clinic. The fee for psychiatric services is the same as the fee for a client's psychotherapy sessions. These services are available only for clients who can attend psychiatric appointments during the fixed times that the Psychiatrist works with Parnes. Due to the Psychiatrist's fixed and limited hours at the Clinic, there is no flexibility in the scheduling of psychiatric appointments.

It should be stressed that if a client needs a Psychiatric Consultation due to a clinical emergency, emergency procedures delineated earlier in this manual must be followed, which usually does NOT involve our psychiatrist.

Non-Emergent Psychiatric Consultations

Reasons for Non-Emergent (Routine) Psychiatric Consultations

There are several reasons that a psychiatric consultation might be indicated, in addition to clinical emergencies. Specifically, a routine psychiatric consultation might be helpful to:

1. Clarify a client's diagnosis;
2. Clarify whether or not psychotropic medications might be helpful;
3. Clarify the level of services which would best serve the client, and whether or not the Parnes Clinic can provide the level of services needed for the client, (with the understanding that the final disposition of the client is to be determined by the Clinic Director in consultation with all appropriate supervisory faculty);
4. Evaluate the medication regimen prescribed by the client's primary medical doctor, and to have the Psychiatrist consult with the client's primary medical doctor about any recommended changes in the medication regimen based on the psychiatric evaluation;
5. Obtain another opinion about what interventions might be most helpful to the client, given information obtained during a psychiatric evaluation.

How to Make a Referral for a Non-Emergent Psychiatric Consultation At the Parnes Clinic

If during the course of providing psychological and/or psycho-educational services to a client, a student feels that a routine (non-emergent) psychiatric evaluation might be helpful or clinically indicated, the student should first discuss this with the Supervisor. Once the Supervisor and student concur that a psychiatric evaluation might be helpful or clinically indicated, the student discusses this with the client (and/or legal guardian, for minors). Additionally, once it is clear that the client (and legal guardian, for minors) are able to come to the Clinic during the specified times

when the appropriate Psychiatrist is on-site, the referral process is simple:

1. The student presents relevant aspects of the client's history and clinical presentation to the Clinic Director or Parnes Postdoc, so that the Clinic Director can make the final determination as to whether or not a psychiatric consultation is warranted.
2. Prior to the scheduled psychiatric evaluation, the student should make every effort to obtain a copy of the client's most recent physical examination and lab work from the client's medical doctor or pediatrician. The student can obtain this by either: a) asking the client (or legal guardian) to obtain this from the medical doctor or pediatrician, and then bring it to the clinic, or b) with signed Authorization for Communication of Health Information, contacting the medical doctor or pediatrician directly and requesting that a copy of the physical examination be sent to the Parnes Clinic. Once obtained, the record of the physical examination and lab work should be kept in the client's paper record. Additionally, the student should document all attempts to obtain a copy of the client's most recent physical examination. Although not receiving this information does not preclude obtaining a psychiatric consultation, this information is sometimes necessary in order for medication to be prescribed. At the very least, the student should place the name and phone number of the client's medical doctor or pediatrician in the client's chart.
3. Once the psychiatric evaluation is scheduled, the student contacts the Psychiatrist by telephone, email, or, if possible, in person at the Parnes Clinic, so as to present relevant information. Specifically, the student should concisely and briefly present: 1) the reason for the referral; 2) current symptomatology and history of the symptomatology; 3) current

medications prescribed by an outside practitioner; 4) any active and serious medical conditions; 5) any risk factors; 6) any active substance abuse.

4. The referring student should be present at the psychiatric evaluation.
5. The student and the psychiatrist should determine whether or not the student needs to be present at follow-up visits, however, it is important that the students always be aware of their patient's psychiatric care.
6. Once the psychiatric evaluation is completed, the referring student should read the psychiatric note and follow-up with the appropriate Psychiatrist to coordinate the care received. The referring student should discuss any recommendations made by the Psychiatrist in supervision.
7. All consultations between the referring student and the Psychiatrist should be documented by the student in the client's chart, in a separate note titled, "Consultation with (name of Psychiatrist)".
8. The Psychiatrist documents the psychiatric evaluation, follow-up visits and all medications prescribed in the EMR.
9. When the patient leaves Parnes for any reason, it is important that the student inform the psychiatrist so that she/he will not prescribe any more medication and make follow-up referrals if needed.

Once again, it should be stressed that the Psychiatrist at the Parnes Clinic is available only for routine (non-emergent) psychiatric evaluations. If a clinical emergency warrants an immediate psychiatric evaluation, emergency procedures delineated earlier in this manual will need to be

followed. Specifically, in the event of a clinical emergency, the client will need to be referred to a Psychiatric Emergency Room for a psychiatric evaluation. Also, a patient CANNOT unless the clinic director, or postdoc has been previously consulted.

Coordination of Care with Psychiatrists/Medical Doctors/Pediatricians Outside of the Parnes Clinic: If a client is prescribed psychotropic medications by a psychiatrist, medical doctor, or pediatrician in any agency other than the Parnes Clinic, the student should obtain Authorization for Communication of Health Information to speak with the prescribing doctor, and coordinate care with the prescribing doctor. All consultations between the student and the prescribing doctor need to be documented in the client's chart under a note titled, "Consultation with (name of doctor)".

Special Issues Regarding Clinical Documentation:

It should be restated that all encounters with clients, their families, and collateral contacts, whether by telephone or in person, must be clearly documented. A client's chart ("file," "folder", "record") is a legal document, designed to ensure continuity of care and to maintain each client's privacy. All clinical documentation must be in accordance with APA ethical standards, as well as with current NYS privacy practice laws, and be respectful of the collaborative nature of the therapeutic relationship and of issues of diversity.

Below are issues related to documentation that need to be stressed. Some of them were mentioned before, however, further detail is provided here so that students have no question about how to complete these essential clinic functions. Indeed, many of these rules apply to all mental health clinics.

1. There are two official charts (“file”, “folder”, “record”) for each client, on paper and one EMR. The paper chart that must be kept in the Clinic at all times. The paper chart includes: all signed consent and authorization forms;; all raw data from psychological testing or evaluations; any communications, such as letters, from the client, or from the client’s legal guardian, to the student providing the psychological services; copies of all letters or evaluations sent to the client, to the client’s legal guardian, and to any 3rd party and record of supervisory meetings. The EMR chart includes: referral and screening reports; and financial information; the intake report; progress notes; mid-year and end-year summaries; monthly billing sheets; and termination reports and transfer data sheets when appropriate.
2. Students must take care to ensure that clients’ charts remain both private and protected. If material containing patient information, or any of the 18 HIPAA identifiers listed in appendix I are removed from the clinic for any reason, it must be xeroxed and de-identified. All client-identifying information remains solely on the original document, which is kept in the Clinic at all times.
3. Any information which is to be released to a third party by a student must first be discussed with, and reviewed by the student’s supervisor, and the Clinic Director. Any written document which is being sent to a 3rd party must be reviewed and signed by one’s individual supervisor, or if an individual supervisor is not available, the Clinic Director must also review these communications. A copy of the document which is being released must be kept in the client’s chart, with the original Authorization for Communication of Health Information.
4. The Intake Report must indicate that the student has done a careful assessment of the

following risk factors: a) suicidality (individual and family history); b) homicidality (individual and family history); c) psychosis (individual and family history); d) substance abuse/dependence (individual and family history); e) medical problems which potentially pose an acute risk; f) history of involvement with the courts; criminal history; g) history of ACS involvement; h) history of sexual/child abuse as either a victim or perpetrator, and I) past or current domestic violence.

5. Following each psychotherapy session, as well as other contacts, or attempts to contact the student must write a “progress note”. Process notes should (generally) include:

- A. Date the clinical encounter occurred
- B. Type of session (for example, individual therapy, couple’s therapy, family therapy, “telephone contact with”)
- C. Length of session
- D. Whom the student met with/spoke with
- E. Information and experiences (subjective data) reported by the client
- F. What the student observed (objective data)
- G. Themes which emerged
- H. Interventions which were carried out
- I. Client’s response to the student’s interventions
- J. Any “significant negatives”. For example, if the client reports feeling more depressed than is usual for the client, and reports passive wishes to die but denies active suicidal ideation, plan, intention, the student needs to document this. The student should never leave any acute risk factors unaddressed in a note and should indicate that s/he gave careful consideration to the risks

involved, and took appropriate action to ensure the safety of everyone involved.

- K. It is important that, where appropriate, the student includes in the clinical documentation, a discussion of not only those interventions which were carried out, but also, of those interventions that were considered, but ruled out at the time. The student should document the clinical reasons why it was decided, in consultation with supervisory/administrative faculty, that certain interventions were not taken. For example, if, in consultation with one's supervisor. Faculty member, or the Clinic Director, referral to a Psychiatric Emergency Room was considered, but ruled out, this should be clearly documented, indicating the clinical reasons for ruling this intervention out at the time. [
- L. In a similar light, in the event a client (or legal guardian, if the client is a minor), refuses to accept a recommendation made by the student, (per prior consultations with supervisory or administrative faculty), the student should document in the client's chart.

(It should be stressed that "Progress Notes", as described above, are to be differentiated from "Process Notes". Process notes are verbatim descriptions or qualitative observations of therapy sessions and may be required by one's individual or practicum supervisor. Process notes are considered by many to be an excellent learning tool. Unlike progress notes, process notes are *not* a part of the client's charts. Process notes must never have any client identifying data attached to them. Process notes are never to be kept in the paper file or written in the EMR. They are to remain deidentified and stored securely.

6. Under Privacy Practices regulations, clients, or legal guardians for clients who are minors,

have the right to have access to clients' Psychological, Psychoeducational, or Neuropsychological Evaluations or Test Reports, (unless this would be clinically contraindicated.) Therefore, as noted elsewhere, it is essential that all Evaluations or Reports be written in a manner that is respectful of the client, and that is mindful of issues of diversity and of individual differences. Additionally, while test scores or answers that a client gives in response to test questions are part of the client's general record, and thus, with proper authorization, can be released to appropriate parties. The test questions themselves are considered "trade secrets" and must never be released.

7. All clinical documentation must be written as soon as the clinical encounter has occurred. If there is any significant delay in writing one's notes, (such as a delay of more than 24 hours), the student must indicate both when the documentation was done, and when the clinical encounter occurred.
8. All consultations with one's Supervisor, other than that which occurs during one's regular supervisory session, as well as with the Clinic Director, should be documented in a progress note, and given a title, such as, "Consultation with...".
9. All student therapists who have seen their clients for 4 sessions or more must do an intake report, mid-year and End-year summaries.
10. In order to ensure that all students' charts are in compliance with the Policies and Procedures of the Parnes Clinic, the Clinic's Student TAs will conduct periodic chart reviews. Any chart deficiencies will be brought to the attention of the student. It is the student's responsibility to correct any issues promptly and remain in communication with their TA. As noted in an earlier section of this Manual, students' compliance, (or failure to

comply), with charting requirements will be reflected in students' grades in the appropriate clinical practica.

11. Under Privacy Practices Laws, clients or their legal guardians have the right to see and obtain a copy of their charts, (unless this would be clinically contraindicated.) This has several essential implications regarding clinical documentation. A) First and foremost, all clinical notes and documentation should be written in a manner that is reflective of a professional relationship which is based on the utmost respect for each client's dignity, and of individual differences and issues of diversity. B) Additionally, if a client requests to see, or to have a copy of the chart, the student should explore the reasons for this request, and then discuss the client's request with his/her Supervisor and the Clinic Director. If, based on a thoughtful and careful review of all relevant clinical data with appropriate supervisory/administrative faculty, it is determined, based on sound clinical judgment, that the client's seeing, or having access to the chart would be clinically contraindicated, this must be documented very clearly in the client's chart, and discussed with the client. The clinical reasoning informing the decision that it would be clinically contraindicated for the client to see or obtain a copy of the chart would also need to be documented. However, if it is determined, in consultation with appropriate supervisory/administrative faculty, that the client's request to have access to the chart is not clinically contraindicated, the client's request should be met. This, likewise, would need to be documented in the client's chart.
12. All hand-written entries into a patient's paper chart must be legible and written in blue or black ink. Additionally, white-out must never be used in a chart, as white-out can be interpreted as "tampering with the data". If the student makes an error on anything in a

chart, s/he should put a line through the incorrect words, initial them, and then re-write the words. On the EMR, it is important to include that you made an “addendum” if you make any changes to the chart after signing a note. The Clinic Director of Parnes Postdoc’s approval are needed to unlock a signed note.

13. In New York State, clients’ charts must be kept for 7 years from the date of termination of services, or until the client who was seen as a “minor” (under 18) is 25 years of age, whichever is longer. Once this criterion is met, the chart is shredded and the EMR chart is “wiped”. (This is one reason why it is especially important that students carefully document the date of termination for closed cases.)

Security Problems

1. To reach the security guard on the fifth floor of the Van Etten building, the student should press the “panic button” in the treatment room. The panic buttons are either under, or on the sides of the tables in each room. Pushing the panic button will inform the security guard of which room may be having a problem and s/he will arrive immediately. There is a security guard on the fifth floor during all the hours that the clinic is in operation. He/she is also in constant contact with security personnel in the Van Etten lobby.
2. If there is ever no answer when the panic button is engaged, the student should leave the clinic room and call the Einstein security guard in the Van Etten lobby at 718-430-2019.)
The security base will contact the security guard by walkie-talkie.

All Clinic- Related Security Problems Should Be Reported to the Clinic Director.

Appendices

- A. Ethical Principles
- B. VALT instructions
- C. Google Instructions and FAQ
- D. Hushmail Instructions,
- E. Notice of Privacy Practices & Acknowledgement of Privacy Practices
- F. Consent for Treatment of Adults, Children, and Bariatric Evaluation
- G. Consent for the release of Adult information.*
- H. Consent for the release of Child information.*
- I. The 18 HIPAA identifiers.
- J. Student Confidentiality Form.*
- K. Review of Supervision meetings. *
- L. HIV release form.*
- M. EMR financial instructions.
- N. Consent to videotape Child and Adult *
- O. What to expect at the Parnes Clinic
- P. Testing referral form*
- Q. Procedure for booking rooms.
- R. Obtaining non-emergent psychiatric evaluations.

**indicates clinical forms*

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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**AMENDMENTS TO THE 2002
"ETHICAL PRINCIPLES OF
PSYCHOLOGISTS AND CODE OF
CONDUCT" IN 2010 AND 2016**

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
 - American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
 - American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
 - American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
 - American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
 - American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
 - American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
 - American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
 - American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
 - American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
 - American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
 - American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.
- Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a

personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable

steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are

or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, in-

cluding authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable

capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority, Under no circumstances may this standard be used to justify or defend violating human rights.~~

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.



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PSYCHOLOGICAL
ASSOCIATION

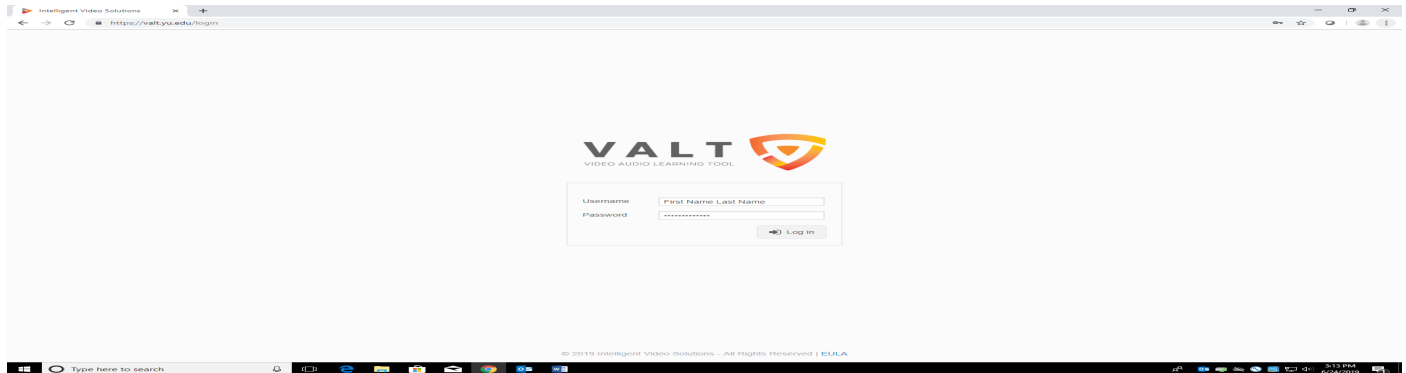
750 First Street, NE
Washington, DC 20002-4242

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1. Log in to the website: <https://valt.yu.edu/login>

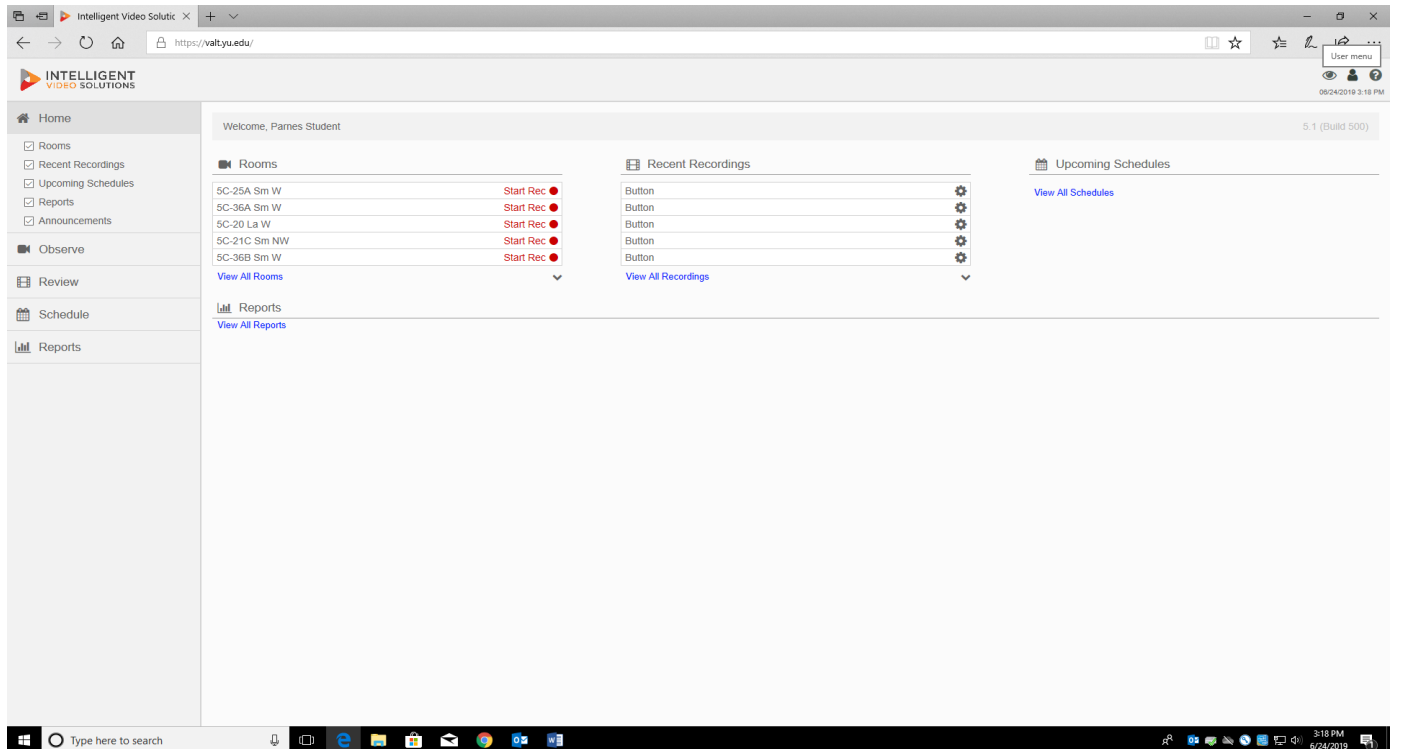
For the first time, please ensure that it is NOT http or just valt.yu.edu. After the first time, the website will find itself.



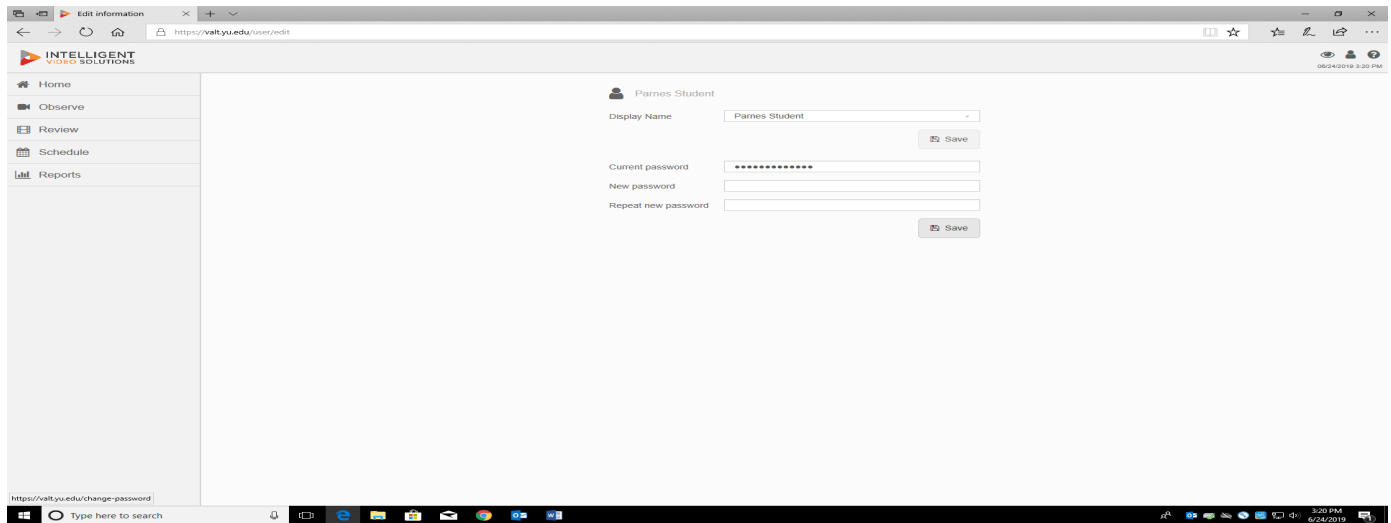
2. Use your first name space last name as username. password as Parnesstudent (capital P) to log in. You will be welcomed by Intelligent Video Solutions. For instance if your name is Max Celia, the following will be your credentials to begin with. If these do not work, write to me at niti.dhingra@yu.edu.

Username:	Max Celia
Password:	Parnesstudent

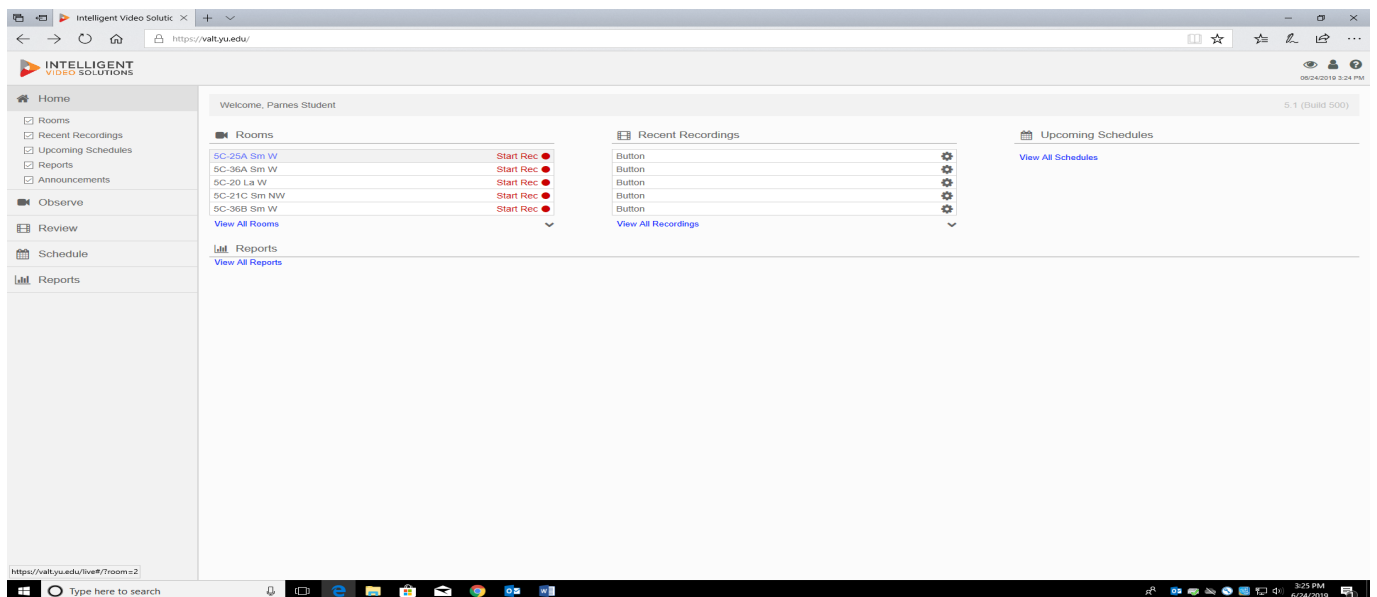
3. Once you have successfully logged in, the following screen will appear.



- Click on the person shaped icon on the top right corner to access user settings to change your Display name (same as User name) and password. The following screen will appear.



- Once logged onto the system you will see the home page as below:



Students have the capability to see only their recordings. The options on the home screen are “Observe”, “Review” and “Schedule”.

By selecting a room under “observe” you will be able to view all rooms that are not being recorded at that time or see a room that you have started a recording in.

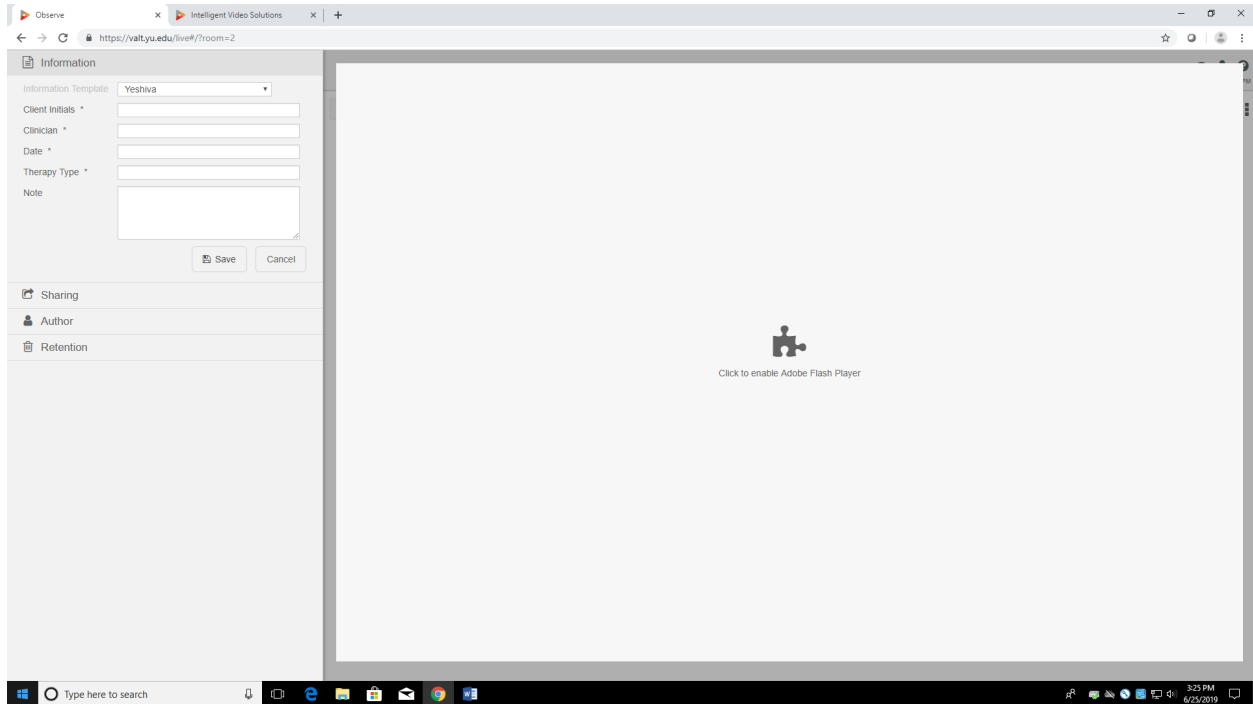
If you try to access a room that is being recorded by another student, you will receive the following prompt: “You do not have access to view active session.”

All rooms in the clinic have the ability to record. Each room has a privacy switch (turns on green) and recording button (turns on blue). The privacy switch always needs to be on (green) for recordings to occur

otherwise you will see a black screen. Please ensure that the client has signed off on the consent form before switching on the privacy switch.

Click Observe. Click Room and then Select the room number as per appointment plus and then Click on Prepare.

The following screen will appear. Enable and Allow Adobe Flash Player.



Client Initials: FiLa-First two alphabets of your client’s First(Fi) and Last(La) name. JoSh for Joe Shmoo

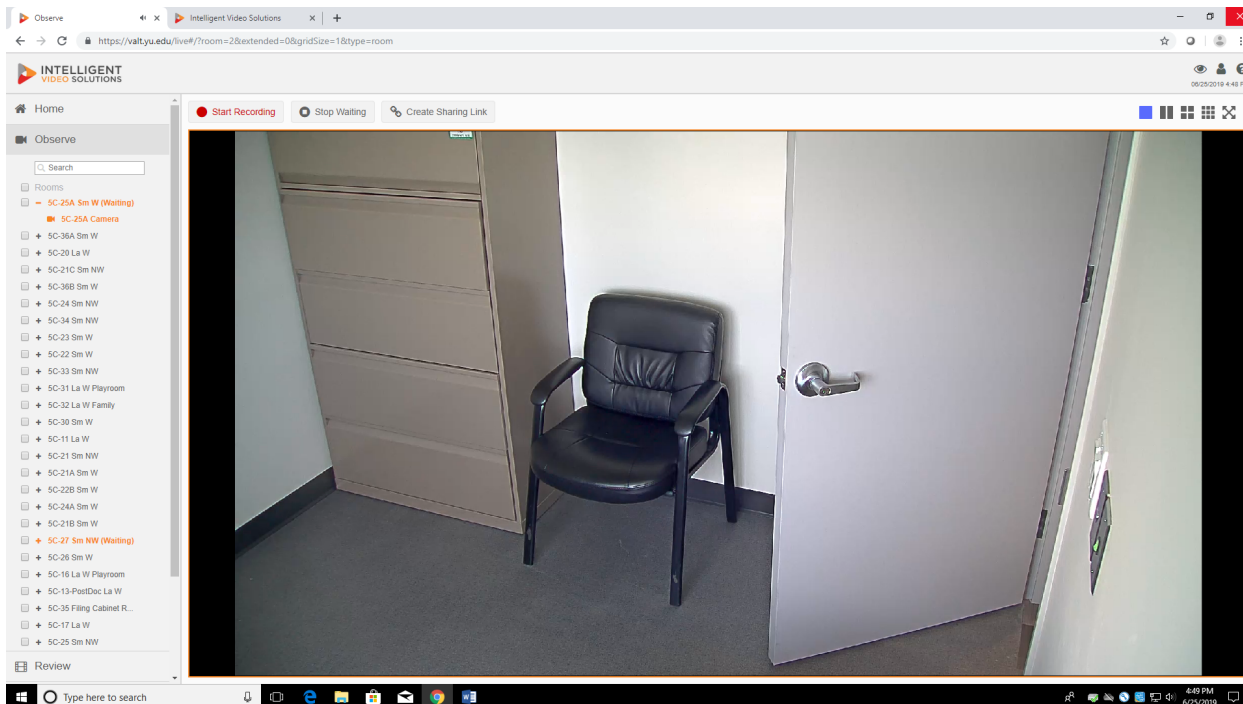
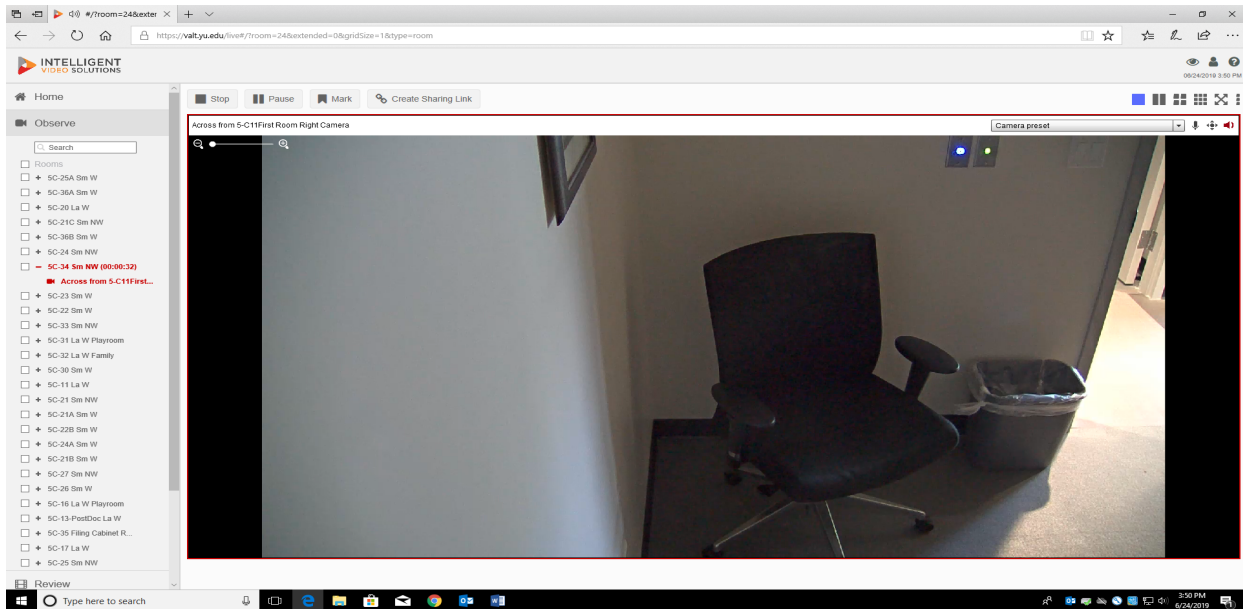
Clinician: First two alphabets of your first and last name. MaCe for Max Celia

Date: MM/DD/YYYY format

Therapy Type: Health (Psychotherapy, Weight Management and Bariatric Assessment), Adult (CBT, PD, FOAP, Family Session, Couples Session, Assessment Session) & Child (CBT, PD, CBT Parent, PD Parent, PCIT, Psychoeducational Assessment Session, Neuropsychological Assessment Session).

Note: Any additional info.

6. Click Save
7. If you would like to maneuver the camera to an alternate position, click on the image of the video. There is a joystick icon on the right of the “camera preset” menu. Select the joystick icon located to the right of the “camera preset” menu. Once selected the icon will turn red. You may then move the camera by moving the mark on the screen.



8. Next to your room number you will now see “Waiting”.
9. Click on start recording when you are ready to start the session and Click on stop recording at the end of the session.
10. If you have questions, concerns, worries, always reach out-917-971-5306. And here is a link to the bulk of valt’s user training videos. https://ipivs.com/wiki/Video_Training

Email Introduction

Subject: Parnes Google Meet Updates- PLEASE READ

Dear students,

Parnes is excited to announce that we are progressing with Google Meets, our new remote video software that will hopefully open many doors to clinical work and training at Parnes. Specifically- with Google Meets, you will be able to record sessions, share your screen, and have group video chats with ease and following HIPAA compliant measures. **This will replace doxy.me.** As with many steps Parnes has taken since March- we are working to improve the student and patient experience, but are still making changes and adjustments as we go, so we will continue to keep you in the loop about Google. The following email contains important information about this transition, so please review it thoroughly.

1. **Logging In:** You will receive a one time email to your YU email address prompting you to login to your new google account. A template of the email is pasted below so you can see what to expect. You will be required to create a password for the account.
 - a. The Parnes Clinic has a separate subdomain within the general Gmail system that is delineated by our @parnesclinic.org. When signing in, make sure to use the @parnesclinic.org after typing in your username.
 - b. Unless otherwise arranged, your username will be the same as your YU/ Hushmail username. For example, if your YU email is jane.doe@mail.yu.edu, it will be jane.doe@parnesclinic.org.
 - c. *Please note* that you will only use your @parnesclinic.org or Hushmail account to communicate with patients. You may not use a personal or other Gmail account for Parnes related business. Parnes has purchased a specific, HIPAA compliant, Google account that has more security measures than ordinary Gmail accounts. If you have a personal Gmail account, you will need to double check that you are signed into the appropriate email before initiating a session.
 - d. Additionally, while we will be focusing on Google Meets, the video chatting platform, you will also have access to Google Drive, Gmail etc.
2. **Changing your password:** You should receive a prompt to change your password the first time you log in. If you do not receive this prompt, you can change your password by logging in to your account, clicking on the G Suite box in the upper left corner, then selecting manage account below your name. Look across the tabs on top and click on Security. Scroll down a little and you will see a box entitled Signing in to Google. Click on Password. You may need to sign in again.
3. **Consent for Google Video Form:** The Parnes Confidentiality Consent form that every student should have signed will continue to apply and cover the new Google platform. This form dictates the expectations of confidentiality and protection of the client record, with particular attention to recorded sessions.

4. **Scheduling Sessions:** You will have the option to set up a session real time, pre-schedule a single session, or schedule recurring sessions through GoogleMeet and Google Calendar. Consult the FAQ for further details and resources about how to record sessions.

5. **Recording Sessions:** There will be a record button on the bottom right of the google meet. Each session, you will be required to manually press record. The sessions will be automatically saved into your GoogleDrive. Consult the FAQ for further details and resources about how to record sessions.

6. **Reviewing and Sharing Session Videos:** Recorded sessions will be securely stored in your personal Parnes Google Drive. You will be able to share your videos by sharing your screen on Google Meets with your supervisor and playing the video during supervision
 - a. Please note- you are NOT permitted to delete videos in your GoogleDrive. As with VALT, our prior video platform (and the platform still used to store videos recorded in-person at Parnes), the session videos will be used for research, competency examinations, and supervision, so must remain on the platform

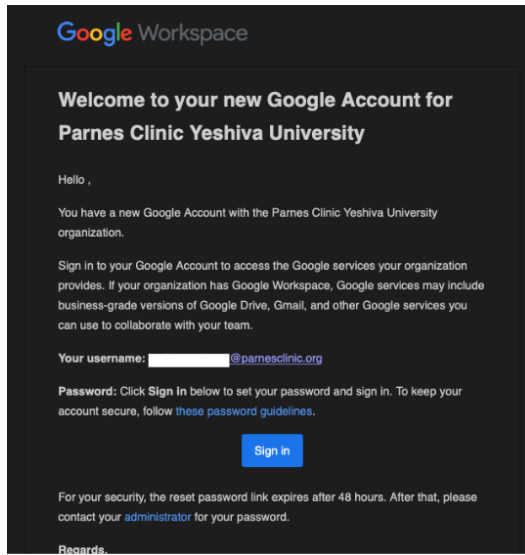
7. **Familiarizing Yourself with Google:** As with any tech platform we use as clinicians (EMRs, etc.), we anticipate there will need to be a transition period where you learn how to use Meets. We are separately attaching an FAQ below with some concrete steps about how to start a video session, share a link with your patients, record sessions, and view recorded sessions, but we are also asking that students take the time to practice these steps independently. This may include practicing sending links with classmates or friends to ensure they know how the website works.

Thank you for your patience throughout this adjustment, and we hope this is yet another step forward in our becoming a more accessible and tech-savvy clinic.

Best,

Parnes Clinic Staff

Google Welcome Email Sample:



Google Workspace

**Welcome to your new Google Account for
Parnes Clinic Yeshiva University**

Hello ,

You have a new Google Account with the Parnes Clinic Yeshiva University organization.

Sign in to your Google Account to access the Google services your organization provides. If your organization has Google Workspace, Google services may include business-grade versions of Google Drive, Gmail, and other Google services you can use to collaborate with your team.

Your username: [redacted]@parnesclinic.org

Password: Click **Sign In** below to set your password and sign in. To keep your account secure, follow [these password guidelines](#).

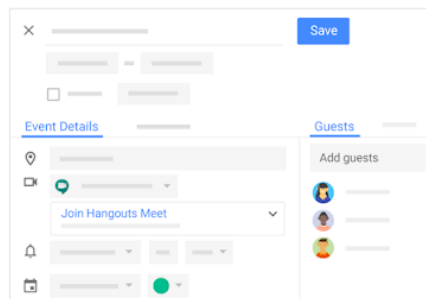
Sign in

For your security, the reset password link expires after 48 hours. After that, please contact your [administrator](#) for your password.

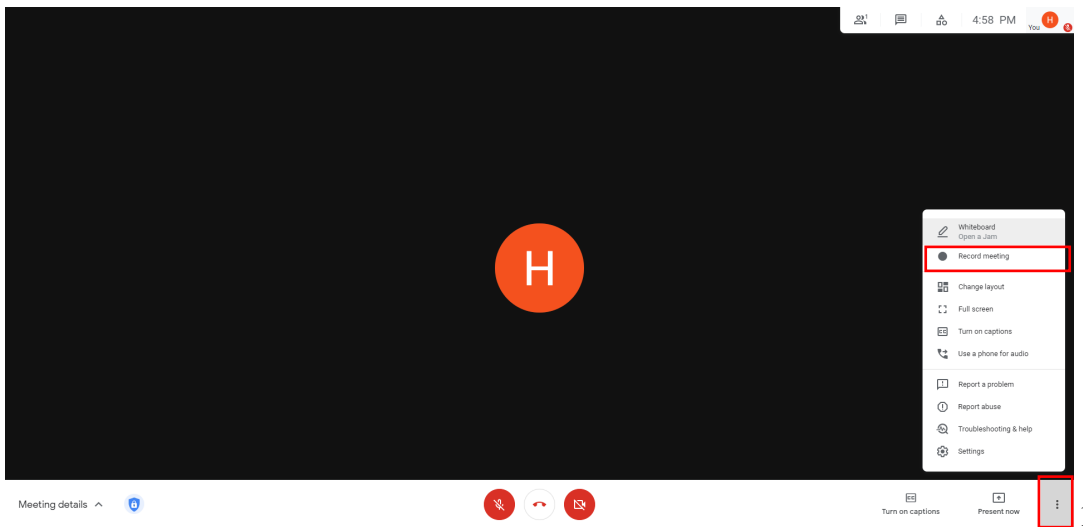
Regards,

Frequently Asked Questions and Resources

- 1) What will we be using Google Meets for?
 - a. This is for video telehealth. Google Meets will replace doxy.me. Google Meets is part of the larger Google Suite platform, so you will also have access to Gmail, Google Drive, etc.
 - b. At this point we are still using Hushmail for forms until we can find a better way of having patients sign forms remotely
- 2) Setting up your Password
 - a. You can change your password by logging in to your account, clicking on the G Suite box in the upper left corner, then selecting manage account below your name. Look across the tabs on top and click on Security. Scroll down a little and you will see a box entitled Signing in to Google. Click on Password. You may need to sign in again.
 - b. <https://support.google.com/accounts/answer/41078?co=GENIE.Platform%3DDesktop&hl=en>
- 3) Do I need to use Google Meets?
 - a. Yes, as soon as you have access to your account, you will be expected to use Google Meets. This software allows us to record and store sessions, which is an APA requirement for supervision as well as a helpful and necessary step for research at Parnes and the completion of therapy-based comprehensive exams.
- 4) How do I create a Google Meets Appointment?
 - a. One Time Appointment
 - i. There are two ways to set up a one-time Google Meets appointment.
 1. Go to Google Meets (<https://meet.google.com>), select “Join or start a new meeting,” enter a session name (i.e. “8pm session”), allow use of camera and microphone, and press “Join Now.” Once you have joined the meeting, a pop up will allow you to “Add people” to the meeting, and you will then be able to add the email address for your patient.
 - a. Video detailing steps:
https://www.youtube.com/watch?v=K6vwkDZC0AY&feature=emb_title
 2. In the second option, you can go to Google Calendar, create new event, add a title (“8pm Session”), select “Add google Meet Video Conferencing,” and add a guest (enter patient email).
 - a. Video detailing steps:
https://www.youtube.com/watch?v=CY_oyeg5UXk&ab_channel=Mr.Vacca



- b. Recurring Appointments (same patient, same time each week)
 - i. Go to Google Calendar, create new event, Add a title (“8pm Session”), select “Add google Meet Video Conferencing,” and Add a guest (enter patient email), click the button “does not repeat” to change option to the frequency of your preference (I.e. weekly on Mondays, Custom etc,) to set recurring status
 - ii. If the meeting is due to recur, the same Meet links, codes and/or nicknames will be used for all the recurring events.
- 5) How do I record sessions?
- a. At the start of each session, once you initiate the meeting, you will click the options bar on the bottom right of the screen and click ‘START RECORDING.’ This will then prompt your client to provide consent to recording.
 - i. Please note session will not start recording unless you manually start recording



- b. Helpful Video: https://www.youtube.com/watch?v=oEaVap0yzrg&feature=emb_title
- 6) How to stop recording
- a. The Google Meets video recording will stop automatically once you end the video call. If for some reason you need to end the recording prematurely, follow the same steps as described in item 5 and press “stop recording.
- 7) How do I access my recorded sessions?

- a. All videos that are recorded are saved in your google Drive. This process takes a few hours up to one day to upload, so it will not appear immediately after session. You will also be emailed a confirmation that your recorded session was uploaded into Drive



8) What about using Parnes Gmail for emailing Patients?

- a. For now, you are permitted to use Gmail to message with patients as it is a more HIPAA secure email server. We do not yet have our Parnes consent forms uploaded to each Google account, so if you need to collect consent forms from your patient, please continue to use Hushmail. Our goal is to eventually transfer all patient contact to the Google platform.

9) Can I still use doxy.me?

- a. We are glad students have become more comfortable with doxy.me in recent weeks. We are transitioning to Google so that we can record sessions which is a necessary and important part of clinical training, so with this in mind, our preference is that we are exclusively using Google (in lieu of doxy.me). While we re transitioning, however, if you are having difficulties with your session that have not been able to be resolved by contacting clinic staff and taking sufficient time to attempt to problem solve, we will allow for some more flexibility in using doxy.me as a backup. Again, we hope to phase out doxy.me once everyone is settled into google so that we can return to recoding all sessions.

10) Helpful Links/ Resources

- a. Creating a Meet:
https://www.youtube.com/watch?v=K6vwkDZC0AY&feature=emb_title
- b. Creating a Meet (video 2):
https://www.youtube.com/watch?v=UgzhtQCstbo&ab_channel=SarahGregory%2CSLP
- c. Detailed Video:
https://www.youtube.com/watch?v=wGXIOKpkR50&ab_channel=Teacher%27sTech

- Login usernames.
 - You can sign in at <https://www.hushmail.com> by clicking on the sign in option located in the top right corner.
 - The Parnes Clinic has a separate subdomain within the general Hushmail system that is differentiated by our @parnesclinic.hush.com. When signing in, make sure to use the @parnesclinic.hush.com after typing in your username.
 - Unless otherwise arranged, your username will be the same as your YU username. For example, if your YU email is jane.doe@mail.yu.edu, it will be jane.doe@parnesclinic.hush.com.
- Everyone has been given the same temporary password of **daly bison bk**
 - After you sign in, you can change your password by going to the three little lines located in the top right corner and selecting preferences from the dropdown menu. You should see several options, including a name to set for filling out forms, your email address, and then passphrase. You will need to use the temporary passphrase in order to create a new one.
 - It is important to write down your password somewhere and make sure you don't forget it. We may not be able to reset your password should you forget it.
- Forms
 - All intake forms are on the Hushmail platform in a fillable form that can be sent to patients.
 - Forms can be sent to patients by selecting the “add form” button when composing an email. Clicking on the “add form” button will give you a dropdown menu of all the forms that are available for sending. You are able to select multiple forms from the dropdown menu.
- We are in the process of adding supervisor accounts to Hushmail so that all clinic communication can take place on the Hushmail platform. Please reach out to your supervisor with your new email address.
- Any questions can be sent to Alexandra Chechik, who can be reached at either alexandrachechik@gmail.com or rachechi@parnesclinic.hush.com



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Notice of Privacy Practices

This notice describes how health information about our consumers at the Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic may be used and disclosed, how that information is safeguarded, and how our consumers can access and amend that information. *Please review it carefully.*

We are required by law to protect the privacy of health information that may reveal your (your child's, your family's) identity, and to provide you with a copy of this notice, which describes the health information privacy practices of our Clinic and its Staff.

I. WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you (your child, your family member) while providing health-related services. The term "protected health information" refers to information in your health record that could identify you (your child, your family member). Some examples of protected health information are:

- 1) the fact that you (your child, your family member) are a participant at, or receiving treatment or any psychological/psychoeducational services from our Clinic
- 2) information about your (your child's, your family member's) health or psychological condition
- 3) information about health care or psychological/psychoeducational services you (your child, your family member) have received or may receive in the future at our Clinic
- 4) information about your (your child's, your family member's) finances or health care benefits under an insurance plan.

II. REQUIREMENT FOR WRITTEN AUTHORIZATION

- 1) We will generally obtain your written authorization before using your (your child's, your family member's) health information or sharing it with others outside of our agency or its affiliates, except as required by federal, state, or local law, or except as delineated below to ensure yours or others safety (SEE SECTION IV)
- 2) The Parnes Clinic is a training clinic of the Ferkauf Graduate School of Psychology, wherein all psychological and psychoeducational services are provided by graduate students in psychology, who receive supervision from licensed psychologists. The student involved in your (your child's, your family member's) care may feel that it would be helpful for supervisory, educational, and/or research reasons to audiotape or videotape your (your child's, your family member's) sessions. Audiotaping or videotaping your (your child's, your family member's) sessions can be done only with your written authorization.
- 3) You may initiate the transfer of your (your child's, your family member's) records to another person or agency by completing an authorization form.

If you provided us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to Dr. William Salton, Clinic Director, at the address shown at the bottom of the page.

III. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION FOR THE PROVISION OF TREATMENT AND OTHER PSYCHOLOGICAL AND PSYCHOEDUCATIONAL SERVICES, PAYMENT, AND HEALTH CARE OPERATIONS

- 1) We use and disclose your health information to provide treatment, and other psychological and psychoeducational services to you (your child, your family member).
 - a. As noted earlier, the Parnes Clinic is a training clinic, wherein all psychological and psychoeducational services (including therapy, psychological and psychoeducational evaluations) are provided by graduate students in psychology who are under the supervision of licensed psychologists. To ensure the highest quality of care possible, the students at the Parnes Clinic discuss your (your child's, your family member's) health information with a licensed supervisor and/or the Clinic Director.
 - b. With your authorization, we can release your (your child's, your family member's) protected health information to other professionals or agencies in order to coordinate your (your child's, your family member's) health care and psychological/psychoeducational needs, and to provide continuity of treatment, or to expedite a referral.
 - c. If you and/or the student providing psychological/psychoeducational services to you (your child, your family member) feels that it would be helpful for the student to speak with a family member other than yourself, so as to coordinate the care you (your child, your family member) receive, or to enhance your (your child's, your family member's) well-being, the student will obtain authorization to speak with that family member. (However, it should be noted that if the client is a minor, authorization to speak with the client's legal guardian is not required. Additionally, if there is a serious threat to your, your child's, or another person's health or safety, authorization to speak with a family member or the child's legal guardian to lessen such a threat is not required. See section IV below.)
 - d. If you (your child, your family member) are seeing several students for various psychological or psychoeducational services at the Parnes Clinic (for instance, intake, psychological or psychoeducational evaluation, therapy), the students may discuss your (your child's, your family member's) health information with one another so as to coordinate the services provided and the care you (your child, your family member) receive.
 - e. We may also use your health information when we contact you with a reminder that you have an appointment for treatment, a psychological, psychoeducational, or bariatric evaluation, or other psychological or psychoeducational services at our Clinic, or to reschedule an appointment.
- 2) We may use your personal health information in order to obtain payment for services that we provide to you (your child, your family member). For instance, Clinic Staff may use

your health information to provide bills to you for service rendered, and to obtain payment from you.

- 3) We may use your health information for our health care operations, which include chart reviews by Clinic Staff.

IV. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Your (your child's, your family member's) medical records and health information are kept confidential, with certain exceptions listed below.

- 1) As noted earlier, health information about you (your child, your family member) can be released to an outside agency or professional, or to a family member other than yourself, when you sign a written authorization granting the Parnes Clinic permission to release the information to that agency, professional, or family member.
- 2) Additionally, the Parnes Clinic can release your (your child's, your family member's) health information to appropriate personnel without your authorization under the following circumstances:
 - a. if there is suspected child abuse (either physical, sexual, or emotional) or neglect, or domestic violence which must be reported to a governmental authority, including a social service or protective services agency, which by law is authorized to receive reports of such abuse, neglect, or domestic violence;
 - b. if you are involved in certain court or litigation proceedings and the Parnes Clinic is required by law to reveal information about your (your child's, your family member's) treatment and/or evaluation;
 - c. to prevent or lessen a serious threat to your (your child's, your family member's) health or safety, or to the health or safety of another person or the public. For instance, if you (your child, family member) tell the student providing the psychological or psychoeducational services that you (your child, family member) intend on harming yourself (or himself or herself), or harming others, and/or if your (or another person's) life is in serious danger, the Parnes Clinic then may take steps to protect others and you (or your child/family member). This may include the student's, the Clinic Director's, a Faculty Member's, or the Supervisor's reporting information of intent to harm to the individual at risk, a family member, the police, and/or other health care providers.

Additionally,

- d. Under the conditions set forth by the Parnes Clinic and Ferkauf Graduate School of Psychology, the student providing psychological or psychoeducational services will consult with a licensed psychologist/supervisor concerning your (your child's, family member's) case. The student and supervisor will work as a team regarding your treatment.
- e. Strictly for educational purposes, the therapist may present your (your child's, your family member's) case to other student therapists, as well as to faculty. Under this particular circumstance, the therapist will not reveal your name or other identifying information without your consent.

Parnes Clinic

P: 646.592.4399 F: 718.430.3983

Director: William Salton, Ph.D.

1165 Morris Park Avenue, C-14, Bronx, NY 10461

- f. Since the Parnes Clinic is a training clinic for graduate student in psychology, it is possible that information that you (your child/your family member) provide during the course of treatment or evaluation may be used in the future for RESEARCH PURPOSES by our students under the supervision of a licensed psychologist. However, when information that you (your child, your family member) have provided will be used for future research purposes, the researchers will be absolutely certain that any data used for research will not contain any information which discloses your (your child's, your family member's) name or identity. Under no circumstance, would we allow researchers to use your name or identity publicly. We may also release information obtained by the Parnes Clinic without your authorization to people who are preparing a future research project, so long as any information identifying you (your child, your family member) does not leave the Parnes Clinic.
- g. If the client is a minor, those providing professional services at the Parnes Clinic will discuss the client's health information with his/her parent or legal guardian.
- h. If the student providing psychological and/or psychoeducational services to you (your child, your family member), in consultation with his/her supervisor and/or the Clinic Director, feels that you (your child, your family member) would benefit from meeting with a Psychiatrist who is affiliated with the Ferkauf Graduate School of Psychology or some other branch of the Albert Einstein College of Medicine, the student, supervisor, or Clinic Director may discuss your (your child's, your family member's) health information with that Psychiatrist. In turn, the Psychiatrist can discuss your (your child's, your family member's) health information with the Clinic Director, the supervisor, or the student providing psychological and/or psychoeducational services to you (your child, your family member). This is for the purpose of ensuring coordination of the services provided to you (your child, your family member).

Finally,

- i) We may use and disclose your protected health information when required to do so by any other law not already referred to in the preceding categories.

V. SPECIAL CONSIDERATIONS FOR CLIENTS BETWEEN 12 AND 18 YEARS OF AGE

- 1) If you are between 12 and 18 years of age, and there is not any indication of threat of harm to yourself or to others, and not any indication of child abuse, neglect, or sexual abuse, those providing professional services to you at the Parnes Clinic will make every effort to obtain your written authorization, in addition to obtaining the authorization of your legal guardian, prior to releasing your health information to a 3rd party, such as a school, another health care provider, or a social service agency.
- 2) If you are between 12 and 18 years of age, and there is not any indication of threat of harm to yourself or to others, and not any indication of child abuse, neglect, or sexual abuse, those who provide professional services to you at the Parnes Clinic will make every effort to obtain your written authorization prior to sharing information you disclose to your parents or legal guardian. However, if those providing professional services to

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you at the Parnes Clinic, in consultation with their supervisors, believe that it is in your best interests to share information you disclose to your parents or legal guardian, the Parnes Clinic reserves the right to share such information with them without your authorization. Additionally, so as to ensure continuity of care with your parents or legal guardian, the Parnes Clinic reserves the right to provide ongoing updates or summaries about your progress, treatment, or evaluations to your parents or legal guardian without your authorization.

- 3) However, if you are between 12 and 18 years of age, and if there is any indication that you or others may be in danger of hurting yourself or others, or if there is any indication of child abuse, neglect, or sexual abuse, those providing professional services to you at the Parnes Clinic and/or their supervisors or the Clinic Director, will disclose your health information to appropriate agencies, family members, or practitioners without your or your legal guardian's authorization, so as to ensure your (and other affected people's) safety and well-being, and to comply with the law.

VI. RIGHT TO INSPECT, OBTAIN, AND AMEND A COPY OF YOUR RECORDS

You have the right to inspect, obtain, and amend a copy of the health information in your record. To inspect, obtain, or amend a copy of your health information, you must submit your request in writing to Dr. William Salton, Clinic Director, at the address listed below. Your request must state a time period within the past seven years for the disclosures you want us to include. Please note that under limited circumstances, we may deny your request. However, you can discuss this with Dr. William Salton, Clinic Director.

VII. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your health matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For instance, you may ask that we contact you by fax instead of by mail, or at work instead of at home. To request more confidential communications, please write to Dr. William Salton, Clinic Director, at the address shown below. Although we may not be able to meet all requests, we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted.

VIII. RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES

You have the right to obtain an accounting of certain disclosures of your (your child's, your family member's) protected health information made by the Parnes Clinic in the last seven years. Such an "accounting of disclosures" is a list that contains certain information about how we have shared your (your child's, your family member's) information with others. To request this "accounting list," please send your request in writing to Dr. William Salton, Clinic Director, indicating the time period in the last seven years for the disclosures you want us to include.

IX. RIGHT TO ADDITIONAL RESTRICTIONS

You have the right to request restrictions on certain uses and disclosures of protected health information about you (your child, your family member). While we will consider all requests for additional restrictions carefully, we are not required to agree to all requested restrictions.

If you wish to request any additional restrictions, please send your request to Dr. William Salton, Clinic Director, at the below address.

X. SPECIAL PROTECTION FOR HIV AND FOR ALCOHOL AND SUBSTANCE ABUSE HEALTH INFORMATION

Special privacy protections apply to HIV-related health information and to alcohol and substance abuse related health information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions about this, please contact Dr. William Salton, Clinic Director, at the below address.

XI. SPECIAL PROTECTION FOR PSYCHOTHERAPY NOTES

Psychotherapy notes are notes your (your child's, your family member's) therapist has made about your (your child's, your family member's) conversations during a private, group, joint, or family therapy session. These notes are given a greater degree of protection than the rest of your health record.

XII. HOW SOMEONE MAY ACT ON YOUR BEHALF

- 1) Parents and legal guardians will generally have the right to control the privacy of health information about minors, unless the minors are permitted by law to act on their own behalf.
- 2) If you are an adult, you have the right to name a personal representative who may act on your behalf to control the privacy of your health information.

XIII. RIGHT TO CHANGE TERMS OF THIS NOTICE

Please note that we may change our privacy practices from time to time. We will give you a notice of any changes we make in our privacy practices.

XIV. HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, please contact: Dr. William Salton, Clinic Director, at the address shown below or by calling him at 646-592-4397.

(Rev. 8/17)



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have been provided a copy of the “Notice of Privacy Practices” of the Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic, and have, therefore, been advised of how health information about me (my child, my family member) may be used and disclosed by the Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic and how I may obtain access to and control this information.

Print Name of Client

Signature of Client (Parent/Legal Guardian)

Date

Witness Signature

Date

Please detach this page and return it to the client’s chart. The Notice of Privacy Practices should be given to the client to keep.



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Informed Consent and Agreement to Treatment

By signing this form I, _____ (client or legal guardian), voluntarily consent to psychotherapeutic assessment, testing, and treatment. I understand the following:

- I. **Nature of the Clinic** The Parnes Clinic is a training facility of the Ferkauf Graduate School of Psychology, Yeshiva University. The therapists and other clinicians are all graduate students who are supervised by licensed psychologists and faculty members

- II. **Services Rendered** Patients are assigned to a therapist following the intake process if it is determined that our clinic can appropriately serve the client's needs. As soon as possible after beginning therapy, all clients are routinely assigned to another graduate student who will do psychological testing/assessment. This evaluation is completed at no additional fee to the client. Willingness to participate in psychological testing and to complete symptom report measures is essential for some treatments at the Parnes Clinic.

- III. **Scheduling/Fee** It is anticipated that psychotherapy will occur on a set schedule as agreed upon by client and therapist. Fees for such sessions will be determined based on financial status information following the first session. Generally, follow-up psychotherapy sessions will be 45 minutes in length. In the event of longer sessions, fee will be prorated based upon the agreed upon rate. Unless I have given 24 hours notice of canceling an appointment, I will be responsible for payment for that session. Exceptions for cancellation fees will be made based upon the discretion of the therapist.

- IV. **Confidentiality** Information discussed in psychotherapy sessions is kept confidential except under the following circumstances:
 1. When I sign a written consent granting permission for the release of information regarding my psychotherapy.
 2. Suspected child abuse (physical, sexual, or emotional) or neglect must be reported to the authorities.
 3. If you are involved in certain court or litigation proceedings the therapist may be required by law to reveal information about your treatment.
 4. In the event I tell the therapist that I intend on harming myself, harming others, and/or if my life is in immediate danger, the therapist may take steps to protect others and me. This may include the therapist reporting the information of intent to harm to the individual at risk, family members, the police, and other health care providers.
 5. Under the conditions set forth by the Parnes Clinic and the Ferkauf Graduate School of Psychology, the therapist will consult with a licensed clinical supervisor concerning your case. The therapist and supervisor will work as a team regarding your treatment.
 6. Strictly for educational purposes, the therapist may present your case to other student therapists as well as faculty. Under this particular circumstance, the therapist will not reveal your name or other identifying information without your consent.

Parnes Clinic

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Director: William Salton, Ph.D.

1165 Morris Park Avenue, C-14, Bronx, NY 10461

- V. **Treatment Recommendations** I understand that the therapist may suggest certain interventions, evaluations, and referrals as part of my treatment. These issues can be discussed with the therapist at any given time and I have the right to make an independent decision about following such recommendations. I also understand that if I fail to follow through on some of these suggestions the therapy may not be as effective.
- VI. **Treatment Outcome** While benefits from this treatment are expected, I fully understand that an assurance for a particular outcome cannot be guaranteed. I understand that I am free to discontinue treatment at any given time, though discussion of such plans with my therapist is recommended.

I understand that I may discuss the terms of the psychotherapy agreement with the therapist. This includes the frequency and goals of treatment, psychological testing/assessment, as well as financial aspects. By signing below I am indicating that I have had the opportunity to read and ask questions before giving my consent to treatment.

Client/Guardian Signature

Date

Therapist Signature

Date

(Rev. 8/17)



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

**Informed Consent and Agreement to Receive
Psychological and/or Psychoeducational Services**

Date

By signing this form, I, _____ (client, parent/legal guardian),
voluntarily consent to psychological and/or psychoeducational services for myself

(or name of minor), _____ (relationship) at the Max
and Celia Parnes Family Psychological and Psychoeducational Services Clinic. These services may
include:

(Please circle all that apply)

- a) Intake evaluation/diagnostic interview
- b) Psychological evaluation/testing
- c) Therapy/psychological treatment
- d) Psychoeducational evaluation/testing
- e) Neuropsychological evaluation
- f) Other (specify) _____

- I. **Nature of the Clinic** The Parnes Clinic is a training facility of the Ferkauf Graduate School of Psychology, Yeshiva University. All psychological and psychoeducational services are provided by graduate students in psychology who are supervised by licensed psychologists and faculty members. The Parnes Clinic maintains a commitment to provide high quality, low fee services to its clients, and to respect and work within the framework of the religious and cultural values of its clients.
- II. **Scheduling and Fees** All professional services are scheduled as agreed upon by the client (and his/her parent or guardian, if a minor), and the student providing the psychological and/or psychoeducational services. Fees for all professional services will be determined based on financial status information provided during the initial session. The length of sessions depends upon the nature of the services provided. For instance, psychotherapy sessions will generally be 45 minutes in length, while intake evaluations may take 2-3 hours. Unless I have given at least 24 hours notice of canceling an appointment, I will be responsible for payment for that session. Exceptions for cancellation fees will be made based on the discretion of the student providing the professional services.
- III. **Confidentiality** The information contained in my (my child's, my family member's) medical record is treated as confidential except under certain circumstances. **For issues regarding confidentiality, and the limits of confidentiality, please refer to the NOTICE OF PRIVACY PRACTICES OF THE MAX AND CELIA PARNES FAMILY PSYCHOLOGICAL AND PSYCHOEDUCATIONAL SERVICES CLINIC.**

- IV. **Recommendations Regarding Professional Services** I understand that the student providing professional services may suggest certain interventions, evaluations, and referrals as part of the services I (my child, my family member) receive at the Parnes Clinic. These issues can be discussed with the student at any given time, and I have the right to make an independent decision about following such recommendations. I also understand that if I fail to follow through on some of these suggestions the services provided may not be as effective.
- V. **Outcome of Professional Services Provided** While benefits from professional services provided are expected, I fully understand that an assurance for a particular outcome cannot be guaranteed. I understand that I am free to discontinue professional services at any given time, although discussion of such plans with the student providing the professional services is recommended.
- VI. If at any time the student providing psychological and/or psychoeducational services to me (my child, my family member) determines, in consultation with his/her supervisor or the Director of the Parnes Clinic, that the Parnes Clinic cannot provide the professional services which would be most helpful to me (my child, my family member), and that I (my child, my family member) would be better served by another clinic, agency, or practitioner, the student will discuss this with me, and provide me with appropriate referral information

I understand that I may discuss the terms of the agreement for psychological and/or psychoeducational services with the student providing such services. This includes the frequency and goals of the services offered, as well as fees. By signing below, I am indicating that I have had the opportunity to read and ask questions before giving my consent to psychological and/or psychoeducational services.

Print Name of Client

Signature of Client if Older than 18

Date

Print Name of Parent/Legal Guardian's Name if Client is Under 18

Signature of Parent/Legal Guardian if Client is Under 18

Date

Witness (Signature of Student Therapist)

Date



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

**Informed Consent and Agreement to Psychological Assessment
for Bariatric Evaluation**

Date

By signing this form, I, _____ (Client, Parent/Legal Guardian),
voluntarily consent to a psychological assessment for myself (or name of minor and relationship)
_____, _____, at the Max and Celia Parnes Family
Psychological and Psychoeducational Services Clinic, as required by my (my child's) surgeon,
_____ (name of physician), as part of a multidisciplinary effort to
assist the surgeon and myself in arriving at an informed decision to undergo bariatric surgery.

- I. **Nature of the Clinic** I understand that the Parnes Clinic is a training facility of the Ferkauf Graduate School of Psychology, Yeshiva University. All psychological and psychoeducational services are provided by graduate students in psychology who are supervised by licensed psychologists and faculty members. The Parnes Clinic maintains a commitment to provide high quality, low fee services to its clients, and to respect and work within the framework of the religious and cultural values of its clients.
- II. **Assessment Outcome and Recommendations** While benefits from this assessment may be expected, I fully understand that an assurance for a particular outcome cannot be guaranteed. I understand that I am free to discontinue the assessment at any given time, although discussion of such plans with my (my child's) assessor is recommended. I have been told that a letter discussing this assessment will be sent to my (my child's) surgeon by fax or by U.S. mail. This letter is a summary of the assessment, and may contain recommendations concerning factors that may influence my (my child's) readiness for surgery at this time. **The final decision concerning my (my child's) surgery remains with my (my child's) surgeon and myself (i.e. the client or parent/legal guardian).** I am also free to consult with any surgeon or another practitioner of psychology, or any other professional, involving a decision to undergo this surgical procedure.
- III. **Client Expectations** I understand that the assessor may suggest certain interventions, evaluations, and referrals as part of my (my child's) assessment and/or treatment. I have the right to make an independent decision about following such recommendations, including, but not limited to, seeking mental health interventions for other problems which may interfere with my (my child's) suitability for surgery at this time. I may also be offered alternative suggestions to surgery, such as supervised behavior therapy for weight reduction, in either individual or group formats. Furthermore, these recommendations may be noted in the

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summary passed on to the surgeon in order to assist both the surgeon and myself to reach an informed, final decision.

I also understand that it may take as long as a month or more, subsequent to the final assessment session with the student, for the student to send the assessment letter to my (my child's) surgeon, since the student needs to review my (my child's) case with his/her clinical supervisor prior to sending out the assessment letter. This is to ensure the highest quality of care possible.

IV. **Confidentiality** Information discussed during a psychological assessment, as well as any information that is contained in my (my child's) medical record is treated as confidential, except under certain circumstances. **For issues regarding confidentiality, and the limits of that confidentiality, please refer to the NOTICE OF PRIVACY PRACTICES OF THE MAX AND CELIA PARNES FAMILY PSYCHOLOGICAL AND PSYCHOEDUCATIONAL SERVICES CLINIC.**

V. **Scheduling and Fees** It is anticipated that the assessment will occur on a set schedule, as agreed upon by the client (or parent/legal guardian) and the student conducting the assessment. The assessment may take longer than one session. In this situation, if I choose not to complete the assessment by not attending an additional session, this may be noted in the summary passed on to the surgeon. The fee for a Bariatric Assessment is \$25.00. Fees can also be adjusted based on financial status information.

I am free to discuss the terms of the assessment agreement with the assessor. This includes the frequency and goals of recommended treatment, where applicable, as well as fees.

By signing below, I am indicating that I have had the opportunity to read and ask questions before giving my consent to receive services.

Print Name of Client

Signature of Client (if older than 18)

Date

Print Name of Parent/Legal Guardian (if client is under 18)

Signature of Parent/Legal Guardian (if client is under 18)

Date

Witness (Signature of Student Providing Professional Services)

Date

(Rev. 8/17)

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Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Authorization for Communication of Health Information

I, _____ (client/parent/legal guardian), give permission to the Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic to:

RELEASE INFORMATION

about my (my child's, family member's) treatment, evaluation, and other psychological/psychoeducational services **TO:**

AND OBTAIN INFORMATION FROM:

Name of Agency/Practitioner/Physician/School/Family Member

Address

Phone Number

1. The following information can be disclosed: *(please circle)*
 - a. psychosocial history
 - b. history of treatment
 - c. current clinical data
 - d. diagnostic information
 - e. psychological evaluation
 - f. psychoeducational evaluation
 - g. academic records, including grades
 - h. other: _____ *(please specify)*
2. This information will be disclosed for the purposes of: *(please circle)*
 - a. coordination of treatment
 - b. maintaining continuity of care, i.e. referral
 - c. other: _____ *(please specify)*
3. I have the right to withdraw this consent at any time, except to the extent that the Parnes Clinic has already relied upon the consent, and thus has already released the information you have previously authorized.
4. I am aware that I have the right to refuse to sign this authorization.
5. This authorization expires at the end of the current training year (7/20__)

Print Name of Client

Signature of Client

Print Name of Client

Signature of Client

Signature of Parent/Guardian if under age 18

Date

Witness

Date

(Rev. 8/17)



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Authorization for Communication of Information
for Clients Between 12 and 18 Years of Age

I, _____, give permission to the Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic to:

RELEASE INFORMATION

about my treatment, evaluation, and other psychological/psychoeducational services **TO:**

AND OBTAIN INFORMATION FROM:

Name of Family Member/Relationship

Name of Agency/Doctor/School/Clinician

Address

Phone Number

1. The following information can be disclosed: *(please circle and initial)*
 - a. ___ psychosocial history
 - b. ___ current clinical data
 - c. ___ diagnostic information
 - d. ___ psychological evaluation
 - e. ___ psychoeducational evaluation
 - f. ___ neuropsychological evaluation
 - g. ___ academic records, including grades
 - h. ___ other: _____ *(please specify)*
2. This information will be disclosed for the purposes of: *(please circle and initial)*
 - a. ___ improving the quality of care I receive
 - b. ___ making a referral
 - c. ___ other: _____ *(please specify)*
3. I have the right to withdraw this consent at any time, except to the extent that the Parnes Clinic has already relied upon the consent, and thus, has already released the information I have previously authorized.
4. I am aware that I have the right to refuse to sign this authorization.
5. This authorization expires at the end of the current training year (7/20 ___)

Print Name of Client

Signature of Client

Date

Witness

Date

HIPAA Definitions and 18 Identifiers

Protected Health Information (PHI)

Information in any format that identifies the individual, including demographic information collected from an individual that can reasonably be used to identify the individual. Additionally, PHI is information created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual.

De-identified

Information that has certain identifiers (see “identifiers” below) removed in accordance with 45 CFR 164.514; no longer considered to be Protected Health Information.

(Note: Please be aware that individual participants may be identifiable by combining other items in the data even when none of the following 18 identifiers are present. Thus, a study may still contain personally identifiable data (PID) even after removing or never acquiring the identifiers listed below, and the investigator may still need to provide complete answers for the data security questions (Items 8-10) in the protocol.

Identifiers

Under the HIPAA Privacy Rule “identifiers” include the following:

1. Names
2. Geographic subdivisions smaller than a state (except the first three digits of a zip code if the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000)
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, and date of death and all ages over 89 and all elements of dates (including year) indicative of such age (except that such ages and elements may be aggregated into a single category of age 90 or older)
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code (excluding a random identifier code for the subject that is not related to or derived from any existing identifier)

THE PARNES CLINIC OF THE FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY. YESHIVA UNIVERISTY

UNIVERSAL CONFIDENTIALITY STATEMENT As a student who is either doing clinical work or research in the Parnes clinic, you are allowed access to the personal health information and/or medical records of our clients. This includes Information specific to clients in any form, including, but not limited to, paper records, oral communication, clinical examination, audio/ video recordings, electronic display, and research data files which are strictly confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request. It is the policy of the Ferkauf Graduate School of Psychology and Yeshiva University that students, faculty, and staff of the School shall respect and preserve privacy, confidentiality and security of confidential information. Violations of this policy include, but are not limited to:

- ☐ accessing confidential information that is not within the scope of your assignment;
- ☐ misusing, disclosing without proper authorization, or altering confidential information;
- ☐ disclosing to another person your sign-on code and/or password for accessing electronic confidential information
- ☐ using another person's sign-on code and/or password for accessing electronic confidential information
- ☐ intentional or negligent mishandling or destruction of confidential information;
- ☐ use of any e-mail account for conveying information related to a clinical assignment or research endeavor.
- ☐ leaving a secured application unattended while signed on;
- ☐ failing to take proper precautions for preventing unintentional disclosure of confidential information;
- ☐ failing to properly secure research data files;
- ☐ posting/discussing confidential information via text messages, electronic mail, and/or any electronic social network sites (e.g., Facebook, Twitter, etc.);
- ☐ using personal cell phone or similar device to take unauthorized pictures or audio/video recordings involving confidential information, and transmitting them electronically;

Violation of this statement may constitute grounds for corrective action up to and including loss of clinic privileges, academic suspension, or termination from the School in accordance with applicable Ferkauf Graduate School or Yeshiva University procedures. Violation of this policy by any member of the School's student body may constitute grounds for termination. Unauthorized release of confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties. I have read, understand and agree to comply with the terms stated herein. Further, I will read and comply with all Ferkauf's and Yeshiva Univeristy's policies and standards relative to confidentiality and information security.

Name _____ Signature _____ Date _____

INFORMATION SECURITY POLICY

Personal Health Information (PHI), in all its forms and throughout its life cycle will be protected in a manner consistent with its sensitivity and value. This protection includes an appropriate level of security over the equipment and software used to process, store, and transmit information. This policy applies to all situations in which sensitive information is accessible from any source in any form and in any location, to include clinical information generated in the context of patient care, clinical teaching or clinical research. This information may be available through, but not limited to, paper records, oral communication, health/laboratory/evaluative/diagnostic/examination findings, pictures, audio/ video recordings, electronic display, course materials and, research data files. Such client /subject-related data may be available electronically, digitally, or in written form in standard medical records or patient charts, It may be available for individual or groups of clients /subjects

SCOPE The scope of information security is protection of information that is written, spoken, recorded electronically, transmitted digitally or printed, from accidental or intentional misuse, modification, mishandling, destruction or disclosure. Information will be protected throughout its life cycle (origination, entry, processing, distribution, storage, and disposal).

EXAMPLES OF BREACHES OF CONFIDENTIALITY

- Accessing information that is not within the scope of your role as student
- Unauthorized reading of client subject information;
- Unauthorized reading of a client's/subject's chart;
- Accessing information that you do not "need-to-know" for proper execution of your clinical functions.
- Misusing, disclosing without proper authorization, or altering patient or personnel information:
- Making unauthorized marks on a medical record; ☒
- Making unauthorized changes to a patient's file or research data files; ☒
- Sharing or reproducing information in a client's/subject's chart with unauthorized personnel;
- Discussing confidential information in a public area such as a waiting room or elevator.
- Disclosing to another person your sign-on code and/or password for accessing electronic confidential information
- Telling a co-worker your password so that he or she can log in to your work;
- Telling an unauthorized person the access codes for patient information.
- Using another person's sign-on code and/or password for accessing electronic confidential information
- Using a co-worker's password to log in to the clinic's computer system;
- Unauthorized use of a login code for access to client/subject information.
- Intentional or negligent mishandling or destruction of confidential information: Leaving confidential information in areas outside your work area, e.g. the cafeteria or your home; disposing of confidential information in a non-approved container, such as a trash can;
- Leaving a secured application unattended while signed on.
- Being away from the desk area while logged into an application;

- Allowing another person to use your secured application for which he or she does not have access after you have logged in.
- Accessing PHI or patient videos in your home if your server is not secure.
- Unintentional disclosure of patient information:
 - o Failure to take necessary precautions to properly prevent unauthorized viewing of displayed confidential information in public areas or in your home
 - o Discussing confidential patient information in public areas or in your home
 - o Inappropriately removing documents containing confidential information from clinical areas.
 - o Distributing sensitive information via text, email, Facebook, etc.
 - o Electronic or digital transmission of unauthorized pictures or audio/video recordings
 - o Intentional and unauthorized distribution, dissemination, modification or copying digital course materials

The examples above are only a few types of mishandling of confidential information. If you have any questions about the proper handling, use, or disclosure of confidential information, please contact your supervisor or Parnes Clinic Staff immediately.



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Record of Supervisory Meetings

Student

Supervisor

Client

- As part of your professional responsibility within the Parnes Clinic, it is expected that you will meet with your supervisor on a weekly basis.

- Please indicate below (a) the date of each supervisory session scheduled, (b) whether the appointment was kept or cancelled, and (c) if cancelled, the reason for the cancellations.

- This form is part of the client's chart. It is your responsibility to complete it on an ongoing basis.

Date of Scheduled Session	Kept or Cancelled	If canceled, specify reason
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Student's Signature

Supervisor's Signature



Yeshiva University
Ferkauf Graduate School of Psychology

#4-E

Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Authorization for Release of Conferential HIV Related Information

 Date

Confidential HIV Related Information is any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given to persons you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV related information without a release form.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.

If you experience discrimination because of release of HIV related information, you may contact the New York State Division of Human Rights at (212) 870-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

 Name of person whose HIV related information will be released

 Name and address of person signing this form (if other than above)

 Relationship to person whose HIV related information will be released

 Name and address of person who will be given HIV related information

 Reason for release of HIV related information

Time during which release is authorized: From _____ to _____

My questions about this form have been answered. I know that I do not have to allow release of HIV related information, and that I can change my mind at any time.

 Date

 Signature

(NYS approved form 2557)

Parnes Clinic

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EMR Financial Page

Parnes clinic has rolled out a new function on our EMR that will hopefully help students as well as administrative practices at the clinic. To accommodate students who are conducting remote therapy, we have now built a **Financial Page on the EMR** that will allow you to **1) view the patient fee, 2) set/change a fee, and 3) track billing remotely**. This is yet another step in the transition from a paper-based clinic to an EMR reliant system. We hope that while this will require a brief adjustment in the short-term, we believe this feature will improve efficiency and ease of remote services for students. Below are some screenshots of these new features as well as examples of how to fill out this new page on the EMR. The Financial Form pages are located at the top right of your patient EMR file. Below are a few points to keep in mind with the policy changes highlighted:

1) Procedure for New Patients: Now that we have the financial form on the EMR, students have two options when intaking a new patient. First, students can have the patients complete the traditional Financial Form via hushmail and then manually input the information into the EMR, or instead, students can verbally ask the pertinent fee questions by phone/video and directly fill that information into the EMR. This will allow Dr. Salton or Dr. Schwartzbaum to approve the fee directly in the chart without sending paperwork back and forth.

- **Policy Change:** We are no longer requiring that you send a completed Financial Form to clinic staff to go in the paper record, as long as this information is in the EMR

2) Procedure for Current Patients: If you are working with an ongoing case, you do not need to enter every detail from the Financial Form onto the EMR (although you are welcome to), because it should already be in the paper file. Instead, please enter the Patient's current fee in the "Therapists Financial Comments" section so we know the current set fee. This will aid in future transfer cases.

3) Tracking Billing: One of the most significant features of this new EMR page is that the clinic staff, and specifically Marilyn, can now directly input billing records into the EMR which will hopefully allow students to know their patients payment status. We will ask that students create a new line in the billing page each time they submit a bill (i.e, "November Bill, \$40"), and then Marilyn will manually enter the amount that your patient paid once she receives the payment at Parnes. Marilyn checks the Parnes mailbox twice per week, Tuesdays and Thursdays, and will update the patient billing section. Please additionally include any outstanding balance that may remain for your patient if it was a transfer case. We know that with COVID, some finances became confused, so this is a helpful way to track how patients are paying back past-due balances over time.

- **Policy Change:** We ask that you track the date and amount of bills that you send to patients so that Marilyn can fill in when patients pay.

Screenshots of EMR Financial Pages

**this is a test account so there is no PHI*

1a) **Main Financial Page:** This page is the equivalent of the Financial Form, and allows you to input patient's monthly income, rent, dependents, expenses, and special circumstances. This will also be the page where Dr. Salton or Dr. Schwartzbaum can write down and approve a fee. If this page is completed, you do not need to complete a hardcopy or hushmail Financial Form.

Main Financial Page
Financial Modifications
Bills

Financial Information Form

Close

Patient: **Michael Potenza**

Case#: **2015-002** G: **M** Age: **10**

Date: **11/3/2020** DB: **9/2/2010**

Referred By: **Dr. Jane Doe**

Occupation: **Computer consultant**

Gross Monthly Income before taxes: _____

Other financial resources (SS, etc.): _____

Total Income: **\$0**

#Dependents: # in Household including yourself:

Rent: _____

Other Expense1: _____ Amount: _____

Other Expense2: _____ Amount: _____

Other Expense3: _____ Amount: _____

Total Expenses: **\$0**

Approximate Monthly Net Income: **\$0**

Address: **123 Elm Street**

City/ST/Zip: **Bronx** **NY** **10469**

Work Ph: **(212) 535-1212** Ex: **1234**

Home Ph: **(718) 999-8888**

Cell Ph: **(347) 555-6666**

Best Ph: **Cell**

Best Time: **9:00AM**

Can Leave Message: **Yes**

Must Be Discreet: **No**

Do you or anyone in your family receive other services at the Parnes Clinic? **Yes**

Other Parnes services: _____

Reported Fee for Other Services: _____

Any other special financial circumstances: _____

Therapist's Financial Comments: _____

Clinical Director Approval:

Fee: _____

Comments: _____

E-Sign

Created By: Administrator

Date Created: 11/3/2020 3:55:18 PM

Last Mod. By: Administrator

Date Last Mod.: 11/3/2020 4:05:29 PM

1b) **Main Financial Page-Sample:** Please feel free to reference this sample of how to complete the Main page. Note that only Dr. Salton or Dr. Schwartzbaum can complete the orange Fee Approval box, so if you have any important notes about prior fee etc, feel free to write it in the “Therapist Financial Comments” section.

Main Financial PageFinancial ModificationsBills

Financial Information Form

Close

Patient: Michael Potenza
Case#: 2015-002 G: M
Date: 11/3/2020 DOB: 9/2/2010 Age: 10
Referred By: Dr. Jane Doe

Occupation: Computer consultant
Gross Monthly Income before taxes: \$2,000
Other financial resources (SS, etc):
Total Income: \$2,000

#Dependents: 3 # in Household including yourself: 5

Other Expense1: Student Loans	Amount:	\$1,000
Other Expense2:	Amount:	
Other Expense3:	Amount:	
Total Expenses:		\$1,000
Approximate Monthly Net Income:		\$1,000

Address: 123 Elm Street
City/ST/Zip: Bronx NY 10469
Work Ph: (212) 535-1212 Ex: 1234
Home Ph: (718) 999-8888
Cell Ph: (347) 555-6666
Best Ph: Cell
Best Time: 9:00AM
Can Leave Message: Yes
Must Be Discreet: No

Do you or anyone in your family receive

Therapist's Financial Comments:
Transfer case-prior unpaid balance from summer 2020

Clinical Director Approval:
Fee:
Comments:
E-Sign

Special Circumstances (check all that apply):

<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Medicaid
<input type="checkbox"/> College Student	<input type="checkbox"/> Medicare
<input type="checkbox"/> Disabled/Chronic Illnes:	<input checked="" type="checkbox"/> Private Insurance

CoPay: \$15

Any other special financial circumstances:
Job loss due to COVID

Created By: Administrator
Date Created: 11/3/2020 3:55:18 PM
Last Mod. By: Administrator
Date Last Mod.: 11/3/2020 4:05:29 PM

2a) **Financial Modifications Page:** This second tab serves to track any changes to patient fee over time. For cases that stay with Parnes for a long time, fees may be raised and dropped, so feel free to use this page if applicable

Financial Information Form

Main Financial PageFinancial ModificationsBills

Fee Modification History

Mod. Date	Fee Change	Comments	Created By	Signed By	Date Signed

2b) **Financial Modification Page sample**

Financial Information Form

Main Financial PageFinancial ModificationsBills

Fee Modification History

Mod. Date	Fee Change	Comments	Created By	Signed By	Date Signed
11/19/2020	\$15.00	Fee was 20 dollars but patient lost job due to COVID	hschwartzbaur		

3) **Billing Page:** This page is for students to track bills send out, and for Marilyn to track money received in the clinic. Please note in this example, the patient had a large prior balance, which is taken into account in the Total Outstanding Balance.

Financial Information Form

Main Financial Page
Financial Modifications
Bills

Close

Bill Date	Description	Amount	Amount Paid	Balance	Created By	Date Created	Last Mod By	Date Last Modified
9/30/2020	September Bill	\$40.00	\$40.00	\$0.00	hschwartzbauer	11/19/2020 12:11:11 PM	hschwartzbauer	11/19/2020 12:11:56 PM
10/31/2020	October Bill	\$40.00	40.00	\$40.00	hschwartzbauer	11/19/2020 12:11:56 PM	hschwartzbauer	11/19/2020 12:12:13 PM
11/19/2020	November Bill	\$40.00	\$0.00	\$40.00	hschwartzbauer	11/19/2020 12:12:13 PM	hschwartzbauer	11/19/2020 12:12:59 PM
8/31/2020	COVID Summer Outstanding Balance	\$120.00	\$0.00	\$120.00	hschwartzbauer	11/19/2020 12:12:59 PM	hschwartzbauer	11/19/2020 12:13:20 PM
Total Outstanding Balance:				\$200.00				

Add New Bill

Total Outstanding Balance: \$200.00



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

VIDEO-RECORDING POLICIES AT THE PARNES CLINIC

The Parnes Clinic is a training clinic of the Ferkauf Graduate School of Psychology, an institution accredited by the American Psychological Association (APA), wherein all psychological and psychoeducational services are provided by graduate students in psychology who receive supervision from licensed psychologists. APA regulations stipulate that student practicum evaluations must be based in part on direct observation, which includes in-person observation, live video streaming, or video recording. In addition, video-enhanced supervision can improve your quality of care. As such permission to video-record your sessions is a condition for acceptance as a patient at the Parnes Clinic.

Video-recordings are stored on encrypted devices or DVDs and kept secure at all times in locked cabinets and/or password protected computer files.

These video-recordings will be used for supervision and evaluation purposes.

These video-recordings may also be used for research or teaching purposes by Ferkauf faculty and students, though this is not a condition for acceptance in the clinic, and you can decline to have your recordings included in this research. As far as teaching, video-recordings will be used by Ferkauf faculty *only* to train Ferkauf Graduate School students to become clinical psychologists. Students will protect the confidentiality of clinic clients.

Upon written notice, we can have any or all video-recordings destroyed or restricted in their use *after* they have been used in evaluations.

You have the right to refuse all video-recording, but if you do, you will not be eligible for services at the Parnes Clinic. You will, instead, be provided with referrals appropriate for your care.

Please discuss any concerns or questions with your therapist.

CONSENT TO VIDEO-RECORD

Please initial the appropriate consents below:

I authorize the student therapist to video-record sessions and share recordings with his/her clinical supervisor and faculty evaluator to monitor treatment and improve the quality of care (authorization is required for acceptance as a patient at Parnes).

I authorize video-recording of my/our sessions for research purposes (authorization is optional).

I authorize video-recording of my/our sessions for teaching purposes (authorization is optional).

I do not consent to video-recording, and instead request referrals to other service providers.

****You have the right to withdraw this consent at any time, or to refuse to sign, though please be informed such action may affect your status at the Parnes Clinic.**

Print Name

Signature

Date

Witness Signature

Date

Parnes Clinic

P: 646.592.4399 F: 718.430.3983

Director: William Salton, Ph.D.

1165 Morris Park Avenue, C-14, Bronx, NY 10461

(Rev. 8/17)



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

CONSENT TO VIDEOTAPE/AUDIOTAPE

At the Parnes Clinic, licensed psychologists are responsible for the work of our graduate student therapists. In order to ensure we provide high quality care and that we meet training requirements set by the American Psychological Association, we require that graduate students record all of their sessions for review by the supervisor and treatment team. This consent form is used to obtain your permission to record sessions. Feel free to ask your therapist any questions about the purpose of taping and use of the tapes.

Please initial the appropriate consents below:

REQUIRED:

_____ We authorize the student therapist to videotape (or audiotape if videotaping is unavailable) sessions and to share videotapes (or audiotapes) with his/her clinical supervisor and the treatment team to improve the quality of care and meet student therapist training needs.

ADDITIONAL:

_____ We authorize videotaping/audiotaping of our sessions for research purposes. Researchers and their supervisors will protect the confidentiality of clinic clients. We understand video/audiotapes will be stored in a locked cabinet and/or on university password protected computers.

_____ We authorize videotaping/audiotaping for teaching purposes. Videotapes/audiotapes will be used by Ferkauf faculty only to train Ferkauf Graduate School students to become clinical/school psychologists. We understand tapes will be stored in a locked cabinet and/or on university password protected computers.

Upon written notice, we may have any or all video/audio recordings erased or restricted in their use. If a client only wants video/audiotaping used for supervision purposes, the video/audiotapes will be destroyed after their use in supervision.

****This release is to be signed by all adults and children over 12 years of age participating in the sessions. You have the right to withdraw this consent at any time or to refuse to sign.**

_____	_____	_____
<i>Print Name (Parent or legal guardian)</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Print Name (for client over age 12)</i>	<i>Signature</i>	<i>Date</i>
_____	_____	
<i>Witness Signature</i>	<i>Date</i>	

(Rev. 8/17)



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

**WHAT TO EXPECT WHEN COMING TO THE PARNES CLINIC
FOR ONGOING PSYCHOTHERAPEUTIC SERVICES**

1. When you (your child, your family member) first come to the Parnes Clinic, you will meet with a student who will conduct an **INTAKE INTERVIEW**. The purpose of this initial interview is to get a sense of who you (your child, your family member) are, what psychological services would be most helpful to you (your child, your family member), and whether or not the students at the Parnes Clinic can provide the psychological services that would be most helpful to you (your child, your family member).
2. Based on the information that you (your child, your family member) have provided during the initial interview, the student, in consultation with his/her supervisor, a faculty member, and/or the Clinic Director will determine whether the Parnes Clinic can provide the psychological services that would be most helpful to you (your child, your family member). If we feel that the students at the Parnes Clinic can provide the psychological services that would be most helpful to you (your child, your family member), the Clinic Director or a faculty member will then assign a student who will work with you (your child, your family member) for therapy.
 - a. If you are an adult coming for therapy, the student therapist assigned to you, most likely, will not be the same student who conducted the initial intake interview.
 - b. If the person coming for therapy is under 18 years of age, the student therapist very likely will be the same student as the one who conducted the initial intake interview.

The student therapist will contact you to arrange an initial therapy appointment.

3. Additionally, once it is determined that the Parnes Clinic can provide the psychological services that would be most helpful for you (your child, your family member), you will be contacted by another student to conduct a full psychological evaluation. The purpose of this psychological evaluation is to help get to know you (your child, your family member) better so as to provide the best possible care.

Parnes Clinic

Steps for Referring Testing Patient for Therapy

Hello Adult Psy. D. Students-

If you have tested a patient and you are referring him/her for subsequent therapy (cbt or dynamic), please follow the following procedures.

- 1) Discuss the case with your testing supervisor or lab instructor to determine that therapy at Parnes is indicated.
- 2) Inform the clinic TA (Carly Geller/Maggie Harris) that you would like to refer the patient to Parnes for therapy.
- 3) Clinic TA calls testing patient and completes phone screener.
- 4) Clinic TA creates EMR record for patient and enters information from screener (since testing cases are not currently in the emr).
- 5) Clinic TA presents screener to Dr. Salton.
- 6) Dr. Salton simultaneously accepts patient for intake and therapy on EMR.
- 7) Dr. Salton advises which therapy track is best suited for patient.
- 8) Clinic TA from the designated track assigns appropriate therapist who will both complete the intake and then begin the therapy.
- 9) The assigned therapist conducts brief clinical interview and administers the SCID.
- 10)The assigned therapist writes intake report for patient based on testing report, clinical interview, and results from SCID.
- 11)The assigned therapist begins therapy unless extenuating or new circumstances preclude this, ergo necessitating a consultation with Dr. Salton.

Scheduling Appointments/Room Usage

Student evaluators, and therapists are responsible for scheduling appointments with their clients. Clients may be seen as early as 9:00 a.m. For security reasons, evening sessions should be scheduled so that they end at, or before the Clinic closes (8:00 p.m. Mon. through Thurs., and 2:00 p.m. on Friday). Rooms may be booked on the hour or half-hour only. For example, you cannot book a room from 5:15 p.m. to 6:00 p.m. Instead, it is possible to book it from 5:00 p.m. to 5:45 p.m., or 5:30 p.m. - 6:15 p.m. Sessions will end at 45 minutes past the hour or 15 minutes past the hour, respectively. You may book a room from 1 to 4 hours.

Below is the procedure for using “Appointments Plus” which is our online scheduling system:

(Do not use the VALT system to schedule rooms.)

- i. Go to **<https://booknow.appointment-plus.com/43s2mbme/>**
- ii) Select the amount of time you will need.
- iii) Select the room you will need.
- iv) Select the dates you will need. You can select dates up to 90 days in advance.
 - a. *If, for whatever reason, you no longer need a room that you have booked going forward, please cancel it online. This is very important because space is so tight.*
- v) Select the time(s) you will need.
- vi) You will then be asked if you are a new or returning user. Select whichever is appropriate.
- vii) You will then be asked to fill in your information. Where it says, “patient initials”, either write them (if you are actually seeing a patient), or, if you are using the clinic for another purpose, write in that purpose.

Obtaining non-emergent psychiatric evaluations.

- a) If the client has insurance, the client (or legal guardian, if the client is a minor) can obtain the name of a psychiatrist from the client's insurance company.
- b) If the client is a minor, the legal guardian can speak with the client's pediatrician or other medical practitioner to help obtain the name of a psychiatrist.
- c) If the client is a minor and meets the criteria for a developmental disability, the client can apply for co-enrollment in the Children's Evaluation and Rehabilitation Center, (CERC), (718-430-8500), and apply for a multidisciplinary evaluation through the CERC. However, the client must be receiving ongoing services through the CERC in order to be able to receive a psychiatric consultation through the CERC. Additionally, there may be a significant waiting period.
- d) For adult clients, Columbia Presbyterian Medical Center (212-305-6001) has a psychiatric service, where the client can see a psychiatrist at Columbia Presbyterian for a low fee, while the client receives psychological services at the Parnes Clinic.
- e) For adult clients, Montefiore's Anxiety and Depression Clinic (718-920-2910) provides psychiatric services for clients who meet their research criteria, free of charge, while the client receives psychological services at the Parnes Clinic.
- f) If the client is an adult, the client can speak with his/her medical doctor to see if the medical doctor can offer a referral.
- g) The Clinic Director has a list of psychiatrists for those clients who can afford to pay out-of-pocket. The Clinic Director also has a list of psychiatrists that may accept insurance.
- h) The Clinic Director should be contacted so as to help identify appropriate psychiatric services for the client.

NOTE: If a client is not receiving psychiatric services at the Parnes Clinic, it is extremely important that the client sign the appropriate releases so that his/her therapist and psychiatrist can be in contact.