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 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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(Revised: Summer, 2021)

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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 Prinicples of Psychologists and Code of Conduct is in Appendix TT.

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 supervised state-of-the-art therapies to a broad-based population, especially those who cannot otherwise afford or access these services within the community.

Diversity Statement

There is also a strong commitment to respect and work within the framework of the religious and cultural values of the clients. The Parnes Clinic works with clients of religious, as well as non-religious, orientations. We are committed to providing services which are culturally sensitive and meaningful, as well as respectful of clients' sexual orientation and their dignity and privacy. Most fundamentally, all those who provide services through the Parnes Clinic are devoted to ameliorating our clients' suffering, enhancing their growth and sense of well-being, and always remaining mindful of their social and cultural milieu, as well as their very unique individualities.

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". Our mailing address is 1300 Morris Park Avenue, Rousso Building, 1st Floor, Bronx, N.Y. 10461. The telephone number is (646) 591-4399.

The clinic and the clinic office is 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 posted yearly clinic calendar for specific information and regular Canvas posts. Please note that the clinic calendar does not correspond exactly to the graduate school's academic calendar. Paients, other than those seen through Dr. Zweig's Gero-Psychology Practicum, are seen September through July unless special arrangements have been made with the clinic director. Patients seen through the Gero-Psychology Practicum are seen September through August.

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 Individual Psychotherapy

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 and adjustment disorders, anxiety and bereavement. Clinical Program (Psy.D.) students taking the Psychodynamic Psychotherapy Practicum provide these services to patients.

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 patients.

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, obesity, 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 life style changes and psychological sequelae that oftentimes accompany chronic illness, such as diabetes, asthma, cancer or cardiac disease. 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, ie. gastric bypass, surgery, as well as specialized weight management groups. Both psycho-dynamic and cognitive behavioral approaches are used in the behavioral medicine sub-clinic.

Career counseling.

Master's level Mental Health Counseling students offer "Strong Interest Inventory" testing and feedback to provide information that can help individuals 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 severecognitive impairment receive specialized services 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.

Children/Adolescent Psychotherapy (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 focused on 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, though length of treatment is based on therapeutic gains, so 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, 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.

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

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 is also routinely provided for the parents and families of our child patients.

Family and Couples Therapy (LMFT program])

Services are also provided to distressed couples and families. LMFT provide services to families and couples. The predominant conceptual frameworks that are employed including 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.

Assessment

The Parnes Clinic offers a full range of psychological assessment services to children, adolescents, and adults.

Children and Adolescents (School-Clinical Child Program, [Psy.D.])

School-Clinical Child Program (Psy.D.) students 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 adustment. The students work collaboratively with families and school personnel as part of these evaluations.

Adults (Clinical Program, [Psy.D.])

Adults who are treated with psychodynamic or cognitive-behavior psychotherapy routinely receive comprehensive psychological evaluations, including diagnostic, intellectual and personality assessments. First and second-year Clinical Program (Psy.D.) students perform these evaluations. Clinical Program (Psy.D.) students taking the advanced CBT Program also provide specialized

assessments for anxiety and depressive disorders. Clinical Program (Psy.D.) students taking the Gero-Psychology Practicum also provide specialized psychological and neuropsychological evaluations for older adults. We also offer adult psychological testing during June and July.

Bariatric assessment

The Parnes clinic 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 patients prepare for the behavioral changes required following the surgery.

Assessments for political asylum

The Parnes clinic also provides psychological 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.

Supervision

All clinical services provided by the Parnes Clinic are part of practica 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. (The videos can also be used for teaching and research.)

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. Behavioral medicine cases are supervised through the Clinical Psychology Program's (Health Emphasis) (Ph.D.) Behavioral Medicine and Therapy practicum, and by adjunct clinical supervisors on a one-to-one basis. Assessments in the adult Psy. D. program are supervised through 5-6 person "assessment labs" and individually as needed.

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. 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.

Issues Related to Supervisors

1. Adjunct Clinical Supervisors are required to work with only one student per year. A second student can be assigned to a supervisor if the supervisor is agreeable.

2. Supervisors will be contacted twice during the academic year (at mid-year and in June) for evaluations of their supervisees.

3. Supervisors will be sent a letter of confirmation as an Adjunct Clinical Supervisor prior to the start of the academic year. In addition, they will be "onboarded" by YU's Human Resources Department.

4. Ongoing contact between one's individual supervisor and one's practicum or faculty supervisor, as well as with the Clinic Director, is encouraged when necessary, so as to facilitate coordination of care.

5. Adjunct supervisors' updated curriculum vitae should be filed with the Clinic annually.

6. Students should obtain from their supervisors telephone numbers and email addresses by which to reach them, in the event that a crisis occurs, even though the clinic director is the "first responder" during a crisis.

7. The clinic director should be informed immediately in the event of a crisis because s/he has the ultimate responsibility.

8. The Clinic Director is always available for ad hoc supervision is on vacation, or otherwise unavailable.

9. Supervisors receive a "manual" of their own, however, students should always be available to advise his or her supervisors on clinic policies and procedures, since they are most familiar with them.

10. All supervisors are covered by the University's malpractice insurance policy for the supervision that they provide at Parnes.

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 so as 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 __) 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 student clinicians who are involved in providing services through the Parnes Clinic 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. 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 one's student status, which necessitates the presentation of the pateint'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, while the patient is given the actual Notice of Privacy Practices. All students involved in a patient's evaluation or treatment following the initial meeting should also be available to address any questions about our Privacy Practices that may emerge during the course of providing services, and student clinicians should feel free to consult with the Clinic Director as needed. The Parnes Clinic does not accept insurance, and does not transmit a patient's data, such as their diagnosis or treatment CPT codes electronically for insurance billing and reimbursement purposes. Copies of our Notice of Privacy Practices, and the Acknowledgement of Receipt of the Privacy Practices Statement are in the Appendix (see Appendices A and B).

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 A);
2. The appropriate **Consents for Services** (See later sections of this manual, and Appendices C, D, E.) [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**, as are appropriate, (See later sections of this manual and Appendices F, G, H.) (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 file, and, thus, are legal documents. All of these forms are available in Spanish for clients who feel more comfortable reading in Spanish than in English.

The HIPAA Security Rule

It should be noted that as of April 20, 2005, the Federal Government instituted the HIPAA Security Rule which has been in effect, in addition to the previously-existing HIPAA Privacy Rule. The Notice of Privacy Practices of the Parnes Clinic, discussed earlier, as well as the HIPAA Privacy Rule which has been in effect since April l4, 2003, address under what 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 (EPHI.) 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 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 l8-client identifiers. A copy of the l8 HIPAA client-identifiers is available in the Clinic Office and is in Appendix I.)

2) No clinical document with client-identifying information is ever to be removed from the Clinic Office or file room, (or from an area designated as protected by the Clinic Director). Our students, supervisors and faculty have access the the EMR (Electronic Medical Record; to be described later) int their homes. What follows are STRICT guidelines to keep this information private and protected:

- 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.

3) If a Xeroxed copy is made of a clinical document in order to work on the document, or to present it in supervision, the student must delete all client-identifying data from the Xeroxed clinical document. The original clinical document with all client-identifying information remains solely within the Clinic Office, or a space designated as protected by the Clinic Director.

4) No patient-identifying data is to be stored on students' flash drives, personal computers IPADs, phones or any other electronic data storage devices. Only Ferkauf-owned equipment and approved platforms can be used to record sessions. Do **not** use your own cell phones and laptops or other personal recording devices.

5) 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. Designated staff or students will be conducting periodic checks on computers in the Computer Lab to ensure compliance with this policy, and to delete any documents stored on the computers.

6) 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' using this numerical code while working on the patient's clinical documentation on any personal computer will help to protect each patient's confidential information. (Students can also use symbols, initials, or the patient's EMR number for any patient-identifying information while working on reports, and then do a "search and replace" for the protective symbols just prior to filing the completed document in the Clinic Office.)

7) Patient-identifying data must be added to any clinical document, including Progress Notes, that are not in the EMR just prior to filing the document in the Clinic Office. All printing of documents with clients' identifying data must be done only in the Computer Lab in Rousso and then carried to Van Etten or on the designated clinic printer at Parnes. Xeroxing must also be done either in the lounge on the fifth floor of Van Etten, or at Parnes. (Progress Notes or clinical documents brought to field supervisors for review and signature must not contain client-identifying data. These documents can get lost, stolen, or damaged during transit, and must be protected.)

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

9) No identifiable clinical material is ever to be discussed in any public area, such as elevators, bathrooms, stairwells or reception areas. This pertains to both in-person and cell phone diescusssions.

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

11) 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 within a space of the Clinic designated as protected by the Clinic Director. This is particularly important of sessions is in an online format.

12) All Teaching Assistants, Clinic Assistants or Research Assistants who have been given keys to protected Clinic areas, (such as the Testing Library or Clinic Office), must return the keys to the Clinic Director or appropriate Faculty Member as soon as they have completed their work as a TA, CA or RA, and they must never duplicate the keys.

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 Univeristy. 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 an intern supervisor. Under no circumstance may a client be seen by a student therapist who is unsupervised. A **Record of Supervisory Meetings** (Appendix J) 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 is a part of the client's 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. 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 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, and 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, homocidality, 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 F for **Authorization For Communication of Health Information**. (Students

should note that there are specific Authorization for Communication of Health Information forms to be used for the **Child Assessment with Practicum Class**. These forms are kept in a separate place in the Clinic Office.)

See Appendix G for **Consent for the Parnes Clinic to Share Information with Others**, **to be signed by minors from l2 to l8 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 l2 and l8 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 l8 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, or the minor's legal guardian. However, the Parnes Clinic reserves the right to provide ongoing updates or summaries about a 12-l8 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 l2-l8 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 l2-l8 year-old client). As is always the case, confidentiality is waived if there is any indication that the 12-l8 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 H 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. (see Appendix H).

In order for any Authorization for Communication of Health Information to be legally valid, the authorization must be signed in person, that is, with the student providing the services witnessing the client's (or legal guardian's) signature.

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, 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 #; b) date the Authorization; c) witness the client's (or legal guardian's) signature on the Authorization. *Please note that consent forms can be revoked at any time.* 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. If a patient reenters treatment after a hiatus, new consent forms need to be signed.

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 to the client, or to the client's legal guardian, by the student who has provided the services to the client. The document is <u>not</u> 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. This must also be noted in the chart.

7. Documentation including progress notes, treatment summaries and other clinical contact information must be completed in a timely fashion.

8. <u>In accordance with Privacy Practices laws and APA ethical standards, the Parnes Clinic must do everything possible to maintain as protected and private all of a client's information and documentation</u>. Thus, client folders are <u>not</u> to be taken from the Clinic**.** As a general guideline, no clinical documentation with identifying data should ever leave the Clinic. If materials are photocopied, the student should black out the name of the client before leaving the building. No identifying information should ever be electronically transmitted. Numerically coding the document with the patient's chart number is a good way to protect clients' privacy, while giving the student the opportunity to work on reports and communicate with one's supervisor. <u>Special care must be taken to protect audio-taped or videotaped clinical material.</u> If information is being transmitted online, it can only be done using HIPAA compliant platforms.

9. **<u>Consents for Services</u>**:

<u>Prior to receiving any services at the Parnes Clinic, all clients (or the legal guardian, if the client is a minor), must sign the appropriate Consent for Services.</u>

Adult clients must sign the **"Informed Consent and Agreement to Receive Psychological and/or Psychoeducational Services"** (Appendix C) or the "**Informed Consent and Agreement to Receive Family Therapy and/or Couples Therapy"** (Appendix D) prior to receiving any services at the Parnes Clinic.

If a client is under l8 years of age, the client's legal guardian must sign the **"Informed Consent and Agreement to Receive Psychological and/or Psychoeducational Services**" (Appendix C) on behalf of the minor prior to the minor's receiving services. (Students should note that there is a specific "**Informed Consent and Agreement to Receive Psychoeducational Services" form** that is to be used for the **Child Assessment with Practicum Class**. This form is available in the Clinic Office.)

Any client, (or legal guardian, if the client is under l8 years of age), presenting to the Clinic for a **pre-surgical bariatric evaluation** must sign the **"Informed Consent and Agreement to Psychological Assessment for bariatric evaluations**" (Appendix E) prior to receiving the evaluation.

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, AND/OR, IF THERE IS ANY INDICATION THAT ONE OF THE PARENTS MAY BE AGAINST, OR DISAGREE ABOUT, THE CLIENT'S RECEIVING SERVICES AT THE PARNES CLINIC, BOTH PARENTS MUST SIGN ALL APROPRIATE CONSENT AND AUTHORIZATION FORMS. THE STUDENT CLINICIAN MUST ALWAYS ENQUIRE ABOUT CUSTODY ARRANGEMENTS WHEN SEEING A CHILD WHOSE PARENTS ARE DIVORCED.

10. Under no circumstances, should cases or any clinical matters be discussed, however obliquely, in any public or semi-public area, including hallways, the clients' waiting area, stairwells, elevators, and restrooms. Patients should also not be discussed on cell phones in public places. Additionally, students should not do their charting in the clients' waiting area, or any "public" space. There is space opposite the Clinic Secretary's office which is designed for this purpose.

11. Mature comportment is expected, especially around the waiting area. 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.

12. Similarly to wardrobes, a student's online identity can be just as visible (Google, Facebook, Linkedin, 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 not embarrass themselves, or the clinic, or Ferkauf! The Clinic Director is happy to consult on this issue if needed.

13. Psychological or psycho-educational 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. Clients should not be offered rides or other favors which would compromise the clinical relationship, as well as create liability risks. In addition, patients should not be seen online through any other platform than Google Meet, which has been approved for Parnes use.

14. 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.

15. 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 by the therapist and/or the supervisor by using the clinic director's pager. Upon consulting with the therapist, with the supervisor, and possibly with a psychiatric consultant or the ACS Mandated Reporters' Registry, the Director will recommend a course of action. This might 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".)

16. 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. Each program will have a book in the Clinic Office in which arrangements for coverage made by the therapist are to be recorded. An "extended absence" is considered to be more than one week.

Students are expected to be available to provide coverage for their peers.

17. Students must abide by the regulations, requirements, and policies delineated by their respective programs.

18. 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. In a similar light, students seeing child clients are required to inform the child's legal guardian that the legal guardian, or a developmentally-appropriate person designated by the legal guardian, is to bring the client directly to the student providing the services, and then pick up the client from that student, in an appropriate area of the Clinic. Upon the completion of a session, the student providing services to the child client is to stay with the client until the legal guardian (or person-designated by the legal guardian), meets the client in an appropriate area of the Clinic. 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, so as to make arrangements to ensure the child's safety while in the Clinic.)

18. Students are required to abide by the policies and procedures of the Parnes Clinic, and are asked to sign the "Acknowledgement of Receipt of Policy and Procedures Manual of the Parnes Family Psychological and Psychoeducational Services Clinic" (Appendix K).

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 freind. (The Parnes Clinic does not accept clients who are court-mandated, or open cases referred by ACS.) 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 at _____ (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 potential family and couples and the Health Program TA screens potential Behavioral medicine cases. All other adults seeking ongoing psychotherapy are screened by the Clinical Program' TA, and she/he serves as a "triage" for all potential adult clients.

3. All patients who present for screening forms are reviewed by the Clinic Director.

4. Following the telephone interview, each appropriate client is assigned for intake to a student

in the appropriate program.

A. 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"). The exceptions to this procedure are elderly clients, who are directly assigned to students in the practicum in the treatment of older adults, and clients who are assigned directly to students in the Behavioral Medicine practicum. If a first year Psy. D. student is not available, intakes are assigned to their appropriate practica (CBT or Psychodynamic) after screening.

B. Adults with a primary mental health condition or disorder are referred to 3rd and 4th year students in the Clinical Program (Psy.D.) for either psychodynamic or cognitive behavior therapy.

C. Adults with a primary medical disorder and co-exiting mental health disorder are referred to students in the Clinical Program (Health Emphasis) (Ph.D.).

D. 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. These forms are reviewed by the School-Clinical Child Program's faculty.

E. Family/marital therapy clients are assigned to students in the LMFT program.

F. 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.

G. Adult psychological assessments are assigned to 2nd year Clinical Program (Psy.D.) students as well as some students in the Health Ph. D. Program.

H. Behavioral Medicine Practica clients enrolled for ongoing therapy are assigned to 2nd year Clinical Program (Health Emphasis) (Ph.D.) students, or 1st year Health students during their 2nd semester. These students can also complete bariatric evaluations. 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 forms to the office as soon as possible. This is usually done 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**.** (Often, Google-docs are used for this purpose.) The charts should also reflect this process.

2. The client's financial information forms (appendix R) is filled out during all intakes and entered into the EMR. When the patient's clinical and financial information is presented to the Clinic Director, he or she presses the "admit" button on the EMR and assigns the client a fee. Then, the patient is formally admitted to the Parnes Clinic. 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 for admission and assigned a fee.

    a. Please note that no child case can be officially admitted and opened until the Clinic Director has assigned a fee and signed the patient's financial form. (This is because the IBSI is not used in child cases.)
    b. Similarly, family and couples patients cannot be officially admitted and opened until they are presented to the Clinic Director and he or she signs the financial form.

3. Prior to a first therapy session, the student is required to meet with his/her individual supervisor. All students must be in ongoing individual supervision with an approved supervisor, and be in group supervision at the University, (that is, through a psychotherapy lab, or a practicum)

4. The client (or legal guardian, for any client who is a minor), is given or emailed, an **Application Form** (see either Appendix P for **Adult Application Form**, or Appendix Q for **Child Application Form**), a **Financial Information Form** (see Appendix R), and the appropriate **Informed Consent and Agreement for Services** as described previously in this Manual (see Appendices C, D, E), all of which must be completed at the time of the first session. If the client is a child/adolescent, appropriate Consent Forms must be signed by the parent/legal guardian, and filed immediately, as delineated earlier in this Manual. 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 A), 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. (Certainly, minors can be given their own copy of the Notice of Privacy Practices, if they desire it. However, in cases where the client is a minor, the legal guardian is the one to sign the Acknowledgment of Receipt of Notice of Privacy Practices and **must** be given a copy of the Notice of Privacy Practices.) Consents to audiotape or videotape should be obtained.. (See Appendix S for **Family Audio/Video Release**; Appendix T for **Consent to Record Sessions**; 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 V).

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.

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, that the Parnes Clinic cannot provide the level of services needed by the prospective client, the student conducting the intake, the Student Clinic Coordinator, and/or the Clinic Director, will identify alternate agencies or practitioners which can more adequately and meaningfully 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 Psychotherapuetic Services", which is available in both Spanish and English, and is to be given to the client, and/or legal guardian. See Appendix V.]

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 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 client's chart with all identifying information filled in, within 2 weeks of the final intake session.

   a. Earlier in the intake process, a student may either present a draft of the intake report to the Clinic Director, or discus the prospective client with him/her in order to speed up the intake process.

8. Once it is clear that a prospective client is not appropriate for services at the Parnes Clinic, (based on consultations with supervisory/administrative faculty, and/or the Clinic Director), the prospective client needs to be given a referral to an appropriate agency or practitioner as soon as possible. Clients cannot be maintained in a "holding pattern".

9. 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."

10. Many patients 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.) [The student who will be the client's therapist will later address the issue of psychological evaluation with his/her supervisor, and with the client, during the course of treatment.

11. 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 Parens 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. No session can be videotaped without written and informed consent to record the session.

12. 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".

13. The student prepares a first draft of the intake report following the **Clinical Interviewing Outline** and submits it to his/her supervisor in their session after the intake. In this second supervisory session, the student reviews with his/her supervisor the session with the client. (The Clinical Interviewing Outline is available in the Clinic Office, as well as from the faculty member teaching Clinical Interviewing.) There is also a template for this on the EMR (Appendix U)

14. 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 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; 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.

15. If there has been no previous discussion with the student, the intake is then reviewed by the Clinic Director for disposition for treatment, continued evaluation, or for referral elsewhere. Appropriate clients are then assigned to third or fourth year Clinical Program (Psy.D.) students for therapy within the Psychodynamic or CBT Practica, or first or second year Clinical Program (Health Emphasis) (Ph.D.) students for Behavioral Medicine clients.

16. The SCID must be filed in the client's chart, in conjunction with the completed and signed intake evaluation, and all other consents, financial information, application forms, 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.)

17. 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.

18. 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 appointment. Failure to do so will prevent a new assignment from being made, so that completion of the class requirement may be delayed.

19. 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 Student Clinic Coordinator 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 Student Clinic Coordinator 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 intake seminar before seeing the prospective client.

4. After the intake is completed, it 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.

Intake Procedures To Be Followed By Clinical Program (Psy.D.) Students During Periods When the Clinical Interviewing Class Is Not In Session

In order for the Parnes Clinic to be able to maintain an ongoing flow of new clients during periods in which the Clinical Interviewing Class is not in session, such as during the January semester break, or during June and July, 3rd and 4th year Clinical Program (Psy.D.) students will be expected to conduct intake evaluations for any adult clients that they will be assigned for therapy. Specifically, once an initial telephone screening is conducted by a member of the Clinic Staff, and the prospective client appears to meet the inclusion criteria for services at the Parnes Clinic, the Clinic Director will refer the prospective client to a student therapist in either the CBT or Psychodynamic sequence. The student will then follow all intake procedures delineated above, in the section, "General Instructions for Intakes In All Psychotherapy Practica". As part of the intake evaluation, the student will conduct the SCID. The student conducting the intake evaluation will review the intake with his/her individual supervisor. The student's individual supervisor signs the final Intake Report. The Clinic Director will then will then either have a discussion with the student about the patient's suitability, or review the Intake Report in order to determine the prospective client's final disposition. The patient's fee will also be determined by the clinic director at this time. If, based on all information obtained during the intake interview, it seems that the prospective client still meets the criteria for receiving services within the Parnes Clinic, the student will then provide therapy for the client for whom he/she conducted the intake evaluation. If, during intake, information is disclosed which indicates that the prospective client is not appropriate for the Parnes Clinic, the student who conducted the intake will provide, with assistance from the Clinic Director, appropriate referrals to the individual.

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. However, 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 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 W). 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.** Patients are charged a nominal fee (between $50 and $100) for this service if they can afford it.

2. Patients in the child CBT and Psychodynamic tracks are 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.

3. The clinic also provides psychological assessments for people who are not receiving therapy here. These patient are also screened by telephone, given an "assessment intake" and then approved by the clinic director for a psychological assessment.

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 file. 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 the questions of: "how to handle missed appointments?", and "after how many broken appointments can a case be closed at the Parnes Clinic?". The issue of why clients miss or break appointments is first and foremost a clinical issue, which the student should address in supervision, to be able to meaningfully and thoughtfully address it with the client and/or the legal

guardian. From an administrative standpoint though, every outreach attempt to try to engage the client in treatment, either by letter or telephone or Husmail, must be documented in the client's folder on a telephone contact sheet or progress note. Additionally, every time a client either calls to cancel an appointment or breaks an appointment without contacting the student in advance must be documented on a progress note. The general rule is that in situations where the 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 on the part of the student 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 their own reasons for canceling, or missing sessions if this occurs.*

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 general 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. Again, it cannot be stressed enough that no case can be terminated at the Parnes Clinic without consultation with one's supervisor and the Clinic Director, and without all documentation of each and every outreach attempt, and all referrals made. Despite the above, it is also important to terminate patients in a timely fashion, especially when they do not attend sessions regularly.

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://www.securedata-trans7.com/ap/parnesclinic/index.php?page=10

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.

Students should inform their clients, in advance, of their vacations, of any expected absences, and of the holiday schedule when the Clinic will be closed. (Clinic holidays are posted on the front door and throughout the clinic.) Sessions may be rescheduled, however, in the case of longer holidays, such as Passover-Easter, it is often not possible to accommodate all requests for

rescheduling. In such instances, it is more considerate to miss a session than to compete for limited space in the Clinic, unless there is a pressing clinical need. Every effort will be made to have regularly scheduled rooms available, however, students should check with Clinic Staff. You can also schedule a make-up appointment online if a room is not available. Appointments with clients must never be scheduled when the Clinic is officially closed.

The space in which a clinical encounter takes place holds a great deal of meaning and emotional significance for client(s) being seen. Students should be sure to keep the room as neat as possible. Additionally, each of the three clinical programs that provide services through the Clinic has different and specific needs regarding furniture that is kept in the room. Each Clinic room must have the following furniture: a) a table suitable for testing; b) a straight back armless chair for children being evaluated; c) two armchairs. In some rooms, one of the armchairs is a large chair 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 the student's responsibility to put the furniture back in its proper place prior to leaving the room for the next student. In short, the following rules should be respected:

1. If a student has a room booked, it is not for a 60 minute session. After a 45minute 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 try for child therapy rooms, since children don't always clean up after themselves.

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 bring it back to the original room or its original place within the room, once the session is finished. Clocks also must remain in the therapy rooms.

3. Students should be quiet in the hallways and maintain a professional attitude. For instance, it is essential that students do not discuss any clinical material in hallways, stairwells, the bathroom, the lobby or the elevator. It is easy to forget that when students leave a class, they may be just outside a therapy session in progress.

4. 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, and that there is the need to be considerate of fellow students.

5. No cellphones are to be used in the hallways, near clinic rooms.

6. 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.

7. Students should turn on the sound machine prior to going into session, and turn it off once the session is completed.

Telephone Concerns/Messages

1. All students involved in therapy practicum work at the Clinic have a mailbox in the Clinic Office. Students involved in testing have "collective" voicemail box, based on their testing practicum. When a student receives a phone message from a client at the Clinic Office, a copy of the written message will be placed in the student's mailbox. Mail from patients and people associated with them will also be placed in students' clinic mailboxes. *These are two of the many reasons that it is imperative to check your mailbox whenever you come to the clinic.* The student will also be left a message by Clinic Staff on the student's Clinic voice mail, if the student has a voice mail assigned to him or her, or on the student's cell phone. (Students should remember that phone calls from clients and Clinic Staff must be returned within 24 hours, or sooner, if clinically indicated.)

2. **Voice Mail** The Clinic has been allocated a fixed number of voice mailboxes, to be distributed amongst students within all three clinical programs. (Sometimes, it is necessary for students to share voicemail boxes.) 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 7l8-430-2585, and then entering the student's mailbox number. Clients should 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. It must be stressed that each and every client must be informed by the student providing services to

that client 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) he/she is working with that, in the event that an emergency occurs between sessions, the client (or parent) must contact the nearest local emergency room or call 9ll. This is delineated later in this Manual in the section on Emergency Procedures.] Students assigned a voice mailbox through the Clinic should indicate any vacations or absences from the Clinic, and reinforce emergency procedures if needed (ie., include a statement that "if this is an emergency, please contact your nearest emergency room") on their outgoing messages.

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. STUDENTS MUST NEVER GIVE OUT THEIR CELL, HOME, OR WORK NUMBERS. THIS MUST BE STRICTLY ADHERED TO FOR LIABILITY REASONS, CLINICAL REASONS, AND STUDENTS' OWN PROTECTION.

3. 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 the client by phone.)

4. As noted earlier, students must never give out their cell, home or work numbers. Once done, it is irreversible, and can pose severe liability issues. It also gives the false impression that students are available 24 hours a day/7 days a week, which is clinically unwise, and legally and ethically not acceptable.

5. In case students are calling their clients from their home or cell phones, they should be aware that most clients have caller I.D. or caller return services on their phones. If the student does not have a block on the phone, there can be a block placed for an individual call by dialing *67, listening for a special dial tone, followed by a regular dial tone and then dialing the telephone number. (The phone company may charge for this.) Students can consult their telephone network providers for further information. 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, from externship or from a phone booth.

6. Google Voice is NOT a HIPAA compliant way to contact pateints.

Student Responsibilities

1. Adult clients (from the ages of 18 and up) are seen for ongoing therapy by students in the Clinical Program (Psy.D.), (3rd or 4th year), or, within the Behavioral Medicine sub-clinic, by students in the Clinical Program (Health Emphasis) (Ph.D.). All child and adolescent clients (17 and younger) are seen for ongoing therapy by students in the School-Clinical Child Program (Psy.D.), (3rd or 4th year). Families and couples are seen by students in the LMFT program.

2. Students are advised to refer to their respective Program manuals for specific practicum requirements.

   Students in the ***Clinical Program (Psy.D).*** who are in their 3rd and 4th years are expected to carry a minimum of three clinic clients, and a maximum of four clients. (Depending on clinic flow, students may only be assigned one client, but will be expected to see up to four, if needed, by the clinic.) Additionally, Clinical Program (Psy.D.) students are required to enroll in a Psychotherapy Lab during both their 3rd and 4th years, and must be available to accept clients during those years. Clinical Program (Psy.D.) students are expected to see their clients from September through the end of July. The only exceptions are: a) fourth-year students who are beginning their internships in July, (and, thus, are expected to see their clients only through the end of May of their pre-internship year); b) students within the GeroPsychology Externship, (who are expected to see their clients throughout the l2-month period). Finally, students in the Clinical Program (Psy.D.) will be expected to pick up a client in June or July following the completion of their 2nd year**.**

   School –Clinical Child Program (Psy.D.) students carry 2 to 3 therapy cases in their 3rd and 4th years. The 3rd and 4th year classes are each split in half and divided between the CBT and the Psychodynamic practica each year. School-Clinical Child Program (Psy.D.) students are required to complete psycho-educational evaluations in their second year and have the option of completing neuropsychological evaluations in their third or fourth year.

   Clinical Program (Health Emphasis)(Ph.D.) students are required to conduct a number of pre-surgical bariatric evaluations during the spring semester of their first year and during their 2nd year. Clinical Program (Health Emphasis) (Ph.D.) students also provide ongoing therapy for clients who are appropriate for the Behavioral Medicine sub-clinic. They can also elect to participate in the asylum program or the gero-psychology externship.

3. 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. Students should be sure to read the section of

this Manual entitled: Special Considerations Regarding Clinical Documentation. Copies of all file forms listed below can be obtained from the Clinic Office:

A. Acknowledgement of Receipt of Notice of Privacy Practices (Appendix A);

B. Completed Application Form, Financial Information Form and Informed Consent and Agreement to Receive Psychological and/or Psychoeducational Services (or Family Therapy and/or Couples Therapy; or Bariatric Evaluation). (Appendices P, Q, R, C, D, E, respectively);

C. Intake Interview Report (completed by the intake student in the appropriate practicum); (Outlines for the Intake Interview Report are to be obtained from the faculty member teaching the specific clinical practicum.);

D. Mid-Year Summary signed by supervisor and therapist, submitted mid-January (Appendix Z);

E. Year-end Summary submitted at the end of June, signed by supervisor and therapist (Appendix Z);

F. Termination Report (when applicable) signed by supervisor and therapist. In some cases, a Mid/End-Year Summary may be cross-referenced with a Termination Report. (Appendix AA). A Transfer Data sheet is to be completed when client is to be transferred to another student.(Appendix BB);

G. Monthly billing sheet submitted to the Clinic Office by therapist (Appendix CC);

H. Psychodiagnostic and Psychoeducational Referral forms (Appendix W) and raw data (All raw data and test reports are to be filed in the client's chart by the student evaluator. Baseline and Monthly CBT Assessment Forms for CBT clients, as well as SCID data, are also part of the client's file.)

I. Progress Notes for all therapy sessions. (Appendix DD) (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 J);

K. All appropriate Authorizations for Communication of Health Information (Appendices F, G, H), and Consents to Record Sessions (Appendices S, T).

4. Students are responsible for keeping session progress notes for each scheduled session as well as for other "occurrences" 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 page for Progress notes in the EMR.

5. 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.

6. 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 is as follows:

    A. Fees are set during intake by the Clinic Director. (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 are tracked on a page in the EMR.

7. 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. In other words, the sequence is as follows: a) the student is assigned a case for therapy; b) the student has an appointment scheduled with the supervisor; c) the student calls the client with an appointment time after the student will have first met with the supervisor, prior to meeting with the client; d) the student documents the initial contact with the client in the EMR.

    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 after the client completes the Financial Information Form (Appendix R) and the student inputs this data into the EMR. Then, the clinic director determines a fee when the patient is presented to him/her during the intake process. After the fee has been established, the student should discuss the fee with the supervisor and 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. 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 responsible for paying for appointments cancelled within less than 24 hours notice. Needless to say, 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. Students may try to schedule make-up sessions, whenever feasible. The "24 hour rule" should be discussed with clients as early in the therapy process as possible. Even though these contingencies are part of the Informed Consent and Agreement to Receive Psychological and Psychoeducational Services have been discussed with the client.

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 lower than $5.00 or even waived completely 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 who are not clients for $50. Child neuropsychological testing - no fee charged if the evaluation is conducted as part of the practicum requirement within the School-Clinical Child Program (Psy.D.); $350.00 if this is a separate neuropsychology referral.

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 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.

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 co-payments. For example, if an individual has a $10.00 co-payment, the Clinic Director will set the fee at $10.00 or slightly lower.

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 is available through the testing library.

1. The Testing Materials Library (fifth floor, Van Etten Building) is opposite the main entrance to the Clinic and has designated hours, posted on the doors. All materials are to be taken out and returned only during these hours. Materials are not to be returned to the Clinic Office or

to the lst floor Psychology 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 the 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 (e.g. 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. Far too often in the past, when material had been left in the Library without the student's properly signing it in, the material was taken by another student without that 2nd student's signing in for it. The original student, in that case, would maintain responsibility for the kit.

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, as this can be reflective of a delirium or a medical crisis, as well as a psychiatric crisis; acute, serious change in medical condition; child abuse/neglect, sexual abuse, or a result of sexual abuse.

Instructions to be Given to Clients (or their Legal Guardians) in the Event 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 9ll. It must be 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, ie., the need to contact the nearest ER or call 9ll 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 (see Appendix GG).

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

If the student has a question about how to deal with a standard non-emergent clinical situation, the appropriate sequence 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. He/she 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, 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 beeper. 1-917-632-4283;

2. Carry out all interventions indicated by the Clinic Director to ensure the safety of all those involved.

3. Follow up with individual and group supervisors as soon as possible.

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

1. 9ll should be called, giving all relevant information.

2. Security should be informed that an emergency is occurring and that 9ll was called.

Security should be informed of the student's and client's location in the clinic. (Security's telephone # is: 718-430-3800).

3. Stay with the patient until EMS has transferred him/her to the emergency room.

4. 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.

5. The student should provide his/her information to the psychiatric ER staff for follow-up as needed.

6. The clinic director should be kept appraised of the situation at all times.

If during the course of a clinical encounter the student feels unsafe sitting with a client, 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.

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; d) 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 1012(E):
"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 l8 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 l30 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.

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, it may be determined, in individual consultation the Clinic Director and with one's supervisor, as to whetehr the ACS Mandated Reporter's Registry (800-635-l522) 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-l522". This note should include the following information: l) 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 (ie., 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-222lA) 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-l522", 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-222lA) 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 in the client's folder all telephone contacts with the ACS field worker. (The name and contact number of the ACS field worker should be clearly indicated in the client's folder.)

5. Once a verbal report is made to, and accepted by, the ACS Mandated Reporter's Registry, a written form must be submitted within 48 hours of the verbal report to the ACS field office designated by the ACS Mandated Reporter's Registry**.** This form is titled: "Report of Suspected Child Abuse or Maltreatment" (form: LDSS-2221A), (Appendix HH). Blank LDSS-2221A forms are kept within the Clinic Director's office, and the Clinic Office. The first two pages of the completed LDSS-2221A form, (i.e., the white and yellow pages,) are sent to the appropriate ACS field office and placed in the client's chart, respoectively, while the last page of the form, (i.e., the pink page), is kept within the Clinic Director's office. The Clinic Director maintains a record of all reports accepted by the ACS Registry. (The copy of this form is never to be released to a third party.)

6. 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.

Availability of Limited Psychiatric Consultation Services at the Parnes Clinic

The Parnes Clinic has both an Adult Psychiatrist and a Child-Adolescent Psychiatrist who are 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 Adult and Child-Adolescent Psychiatrist are on-site at the Parnes Clinic. Due to each of the Psychiatrist's fixed and limited hours at the Clinic, there is no flexibility in the scheduling of psychiatric appointments. (Students should check with the Clinic Director about the Psychiatrist's schedule.)

If a client is in need of a non-emergent psychiatric evaluation, but is unable to come to the Clinic during the timeslot that the Psychiatrist is scheduled to be on-site, an alternative referral for psychiatric evaluation will need to be obtained. There are several options for 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.

Students should be aware that most agencies will not "split" a client's treatment. That is, most agencies will not provide psychiatric services, while another agency, (such as the Parnes Clinic), provides psychological services. (This is due to liability and compliance- with- regulatory-agencies issues.) Clients receiving Medicaid or Medicare for whom psychiatric services are an absolute necessity, but who cannot come to the Parnes Clinic during the appropriate Psychiatrist's timeslot at the Clinic, will most likely, need to be transferred to a clinic that provides a full-range of services, (ie., both psychiatric and psychological services), as there are almost no private psychiatrists who accept Medicaid or Medicare. Additionally, if a client receives an initial psychiatric evaluation with the Psychiatrist at the Parnes Clinic, and it is determined during the evaluation that medications are absolutely necessary for the client's care, but the client cannot afford to pay for medications, the client may most likely need to be referred to another agency which can provide medications on-site. These situations should be discussed with one's clinical supervisors and the Clinic Director.

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.

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, so that the Clinic Director can decide whether or not a psychiatric consultation is warranted.

2. Prior to the scheduled psychiatric evaluation, the student should make every effort to <u>obtain a copy of the client's most recent physical examination and lab work</u> 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 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. <u>At the very least, the student should place in the client's chart the name and phone number of the client's medical doctor or pediatrician.</u>

3. The student completes the **Request for Psychiatric Consultation Form (Appendix JJ)** and submits it to the Psychiatrist. The student should also email the psychiatrist that a referral is pending.

4. Once the psychiatric evaluation is scheduled, the student contacts the Psychiatrist by telephone, or, if possible, in person at the Parnes Clinic, so as to present relevant information. Specifically, the student should concisely and briefly present: l) 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.

5. The referring student should be present at the psychiatric evaluation. It should be noted that the client (and/or legal guardian) has the right to refuse to grant permission for the referring student to observe the evaluation, and, if so, this refusal must be honored. The reason for this refulsal must be discussed as part of the client's therapy.

6. The student and the psychiatrist should determine whether or not the student at follow-up visits, however, it is important that the students always be aware of their patient's psychiatric care.

7. Once the psychiatric evaluation is completed, the referring student should read the psychiatric not and follow- up with the appropriate Psychiatrist so as to coordinate the care received. The referring student should discuss any recommendations made by the Psychiatrist with the student's supervisor, and follow through as is appropriate.

8. 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)".

9. The Psychiatrist documents the psychiatric evaluation, follow-up visits and all medications prescribed in the EMR.

10. 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 Psychiatrists at the Parnes Clinic are 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.

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: A Summary of Essential Information

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. Therefore, the following policies must be strictly adhered to.

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; completed application; all raw data from psychological testings or evaluations; any communications, such as letters, from the client, or from the client's legal guardian, to the student providing the psychological or psycho-educational services; copies of all letters or evaluations sent to the client, to the client's legal guardian, or to any 3rd party and record of supervisory meetings. The EMR chart includes: referral and screening forms; and financial information forms; 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. HIPAA lists l8 client-identifiers. (The l8 HIPAA client-identifiers are listed in Appendix I.) Prior to removing any Xeroxed copy of any clinical document from the Clinic Office, (or from an office space designated as an extension of the Clinic Office), students must ensure that all information which could potentially identify a client, that is, each of the l8 HIPAA client-identifiers, is removed from the Xeroxed copy of the clinical document. All client-identifying information remains solely on the original document, which is kept in the Clinic at all times.

3. All individuals who provide psychological and/or psycho-educational services, as well as

adjunctive supportive services through the Parnes Clinic, are bound by standards of confidentiality, as delineated within the APA Ethical Guidelines, as mandated by NYS law, and as discussed within the Notice of Privacy Practices of the Parnes Clinic. Therefore, except in situations wherein a) a client presents with a danger to self or others; b) there is a suspicion of child abuse/neglect, sexual abuse, or elder abuse; c) the law mandates waiving confidentiality, no information can be released to a 3rd party, that is, to any outside agency, practitioner or family member, (other than the legal guardian, if the client is a minor), without the client's (or legal guardian's) informed and signed Authorization for Communication of Health Information. In this light,

A. 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, by one's licensed practicum supervisor. 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.

B. Progress notes have a higher level of protection than does the rest of a client's chart, and as such, are never to be sent to a 3rd party, [unless there is a court order (subpoena), which must be reviewed by the Clinic Director, in consultation with YU's general counsel's office.]

C. The Parnes Clinic cannot release records obtained from an outside agency or practitioner to a 3rd party.

D. Information related to any HIV-related information, also have a higher degree of protection than does other information contained within the client's chart. The student must obtain informed and signed Authorization specific to releasing HIV-related information, prior to releasing such information. (There are specific indices on the Authorization for Communication of Health Information Form for HIV information. Additionally, there is a specific NYS Authorization for Release of Confidential HIV Related Information, (Appendix H), which must be signed in addition to the Parnes Clinic's Authorization for Communication of Health Information, prior to releasing HIV information). (It is especially important that, prior to releasing any written document to a 3rd party, the student ensures that there is no HIV-related, and no substance abuse-related information embedded within the clinical document. If there is any such information within the document, the student will need to obtain specific authorization to release such information to the 3rd party, or else the document as written cannot be released). Additionally, it is important that the student take special care not to indicate the specific identity of any non-client, HIV-infected individual within the client's

record.

E. As noted earlier in this manual, there are special considerations regarding confidentiality issues involving minors between 12 and 18 years of age. Students providing services to such minors should pay careful attention to the section of the Notice of Privacy Practices which delineates the handling of these issues, and should obtain the specific Consent for the Parnes Clinic to Share Information with Others for Minors From 12 to 18 Years of Age (Appendix G), as is appropriate.

4. All raw data, including the SCID, obtained during the course of a psychological assessment, evaluation or intake, is part of the client's chart. They are generally *not* to be released because of copyright laws unless a subpoena is issued.

5. All clinical documentation written by the student must be signed by one's individual supervisor, or if an individual supervisor is not available, a licensed practicum supervisor or the Clinic Director.

6. All outreach attempts to contact clients, (such as by telephone or letter), along with the results of those attempts, (such as whether the client was reached or not), must be documented within the client's record. Copies of any outreach letters sent to clients should be kept in the client's paper chart.

7. Each client must have an Intake Report filed within the client's chart (EMR) within two weeks of the final intake session, or sooner, if there is an emergent situation. All Intake Reports must be signed by a licensed supervisor or faculty member. Different practica may have different forms for an intake evaluation/report, depending on the modality of treatment, the theoretical orientation of the practicum, or the client population, (for instance, child versus adult). The "Intake" may be referred to as an "Initial Consultation" in some practica. Although the specific form of an Intake Report may vary for different practica, the basic goal of the Intake Report is to document that the student conducting the intake (or initial consultation), has conducted a thorough assessment of all relevant psychological, interpersonal/familial, psychosocial and risk factors that would be helpful in determining whether or not the Parnes Clinic can meaningfully serve a given client, and if not, what level of services would be most beneficial for the client. As such, it is an invaluable tool in treatment planning. An Intake Report must clearly indicate that the student has done a careful assessment of all relevant risk factors, and has taken care to do everything possible to address any acute risk factors identified, so as to ensure the safety of all those involved. 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. If the student conducting the intake identifies any risks that pose an acute and imminent risk to the client and/or others, emergency procedures delineated in an earlier section of this Manual need to be followed, including the documentation of all interventions taken to ensure the safety of all those involved. (Students should refer to the section of this Manual titled, "Emergencies and Other Clinical Situations".) (As the format for an Intake Report may be practicum-specific, students should obtain the appropriate outline for an Intake Report from the faculty member teaching the specific practicum.)

8. There is a specific outline which Clinical Program (Health Emphasis) (Ph.D.) students use for conducting a Pre-Surgical Psychological Evaluation for clients considering bariatric surgery. (This outline is available in the Clinic office, or can be obtained from the appropriate Clinical Program [Health Emphasis] [Ph.D.] faculty member.) Additionally, there is a Consent for Psychological Assessment form used solely for clients coming to the Clinic for a Pre-Surgical Psychological Evaluation. This form is in Appendix E.

9. Following each psychotherapy session, as well as other contacts, or attempts to contact the student must write a "progress note".

The question often arises: What does one need to include in a progress note? Students in the Clinical Program (Psy.D.) enrolled in a CBT Lab should use the specialized CBT Progress Notes, which are available through the CBT Practicum. However, students in other practica should write progess notes indicating:

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. That which 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 instance, 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. The student should indicate in the clinical documentation that, based on the clinical data reported and obtained at the time of the clinical encounter, the

student gave careful consideration to the risks involved, and took appropriate action to ensure the safety of the client and others 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 would not be taken at the time of the clinical encounter. For instance, 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 in the client's file, indicating the clinical reasons for ruling this intervention out at the time. [For instance, if a client presents with active suicidal ideation, but no plan nor intention, and the possibility of Emergency Room referral was discussed with one's supervisor and the Clinic Director, but decided against, the student might write in the chart note, "In light of the client's report of active suicidal ideation, referral to a Psychiatric Emergency Room was considered and discussed with Dr. (name of supervisor/faculty member, Clinic Director)…. However, it was decided that referral to a Psychiatric Emergency Room was not indicated at this time because client: a) denied suicidal plans nor intentions; b) client did not appear to present with imminent danger to self or others; c) there is no history of suicidal behaviors; d) client agreed to go the Emergency Room in the future if he/she felt unable to control his/her feelings. Will continue to address in future sessions with client, and will continue to consult with supervisory/administrative faculty." This is just an example.] The standard is to indicate that all relevant possible clinical interventions were given thoughtful consideration, and that sound clinical judgment was used in ruling out specific interventions at the given time, based on the information obtained, thus far.

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: l)the specific recommendation which was made to the client , and/or legal guardian; 2) that the student discussed with the client, and/or legal guardian, the potential benefits of following through with the recommended intervention, as well as the potential risks of not following through with the recommended intervention; and 3) that the client, and/or legal guardian, refused to accept the treatment recommendation.

(It should be stressed that "Progress Notes", as described above, are to be differentiated from "Process Notes". Process notes are verbatim descriptions 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.

10. Whenever a student meets with a client for an intake, an evaluation or an assessment, of any kind, the student needs to write a progress note in the client's chart. Such a note should be titled, "Evaluation Session", for example. The student should write that the evaluation, intake or assessment was conducted, and should indicate the client's response to the process. Additionally, the student should indicate any acute concerns that arose during the course of the session, as well as all interventions taken to ensure the safety of all those involved, in light of the acute concerns which emerged.

11. 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.) (See item 2l below.) 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. The outline for a Psychological, Psycho-educational, or Neuropsychological Evaluation can be obtained from the appropriate practicum faculty instructor.

12. Student evaluators providing testing feedback to a client, and/or the client's legal guardian, following a psychological or psycho-educational evaluation, must document the testing feedback session in a progress note. Such a note should be titled, "Testing Feedback Session", and should indicate: a) to whom the student evaluator gave feedback; b) the response of the client and/or legal guardian to the feedback given; c) any untoward reactions to the feedback. Additionally, if the client who is seen for an evaluation is receiving other psychological or psycho-educational services at the Parnes Clinic, (such as remediation or therapy), and feedback is given to the student providing those other services, the student evaluator should put a progress note in the client's file indicating that the student evaluator provided feedback to the student providing the other services to the client. Finally, if any clinical or psychosocial information emerges during the course of an evaluation which is suggestive or indicative of an acute risk, or of an urgent or emergent situation, the student evaluator must institute emergency procedures delineated earlier in this manual, and must write a progress note indicating: a) the information which was provided to the evaluator, and b) all steps taken by the evaluator to ensure the client's, and/or other's safety, including, consultation with appropriate supervisory/administrative staff, and providing immediate feedback to any other student providing services to the client, (such as the student therapist or remediator), at the Parnes Clinic.

13. Students must document all crises, emergent situations, and consultations with the ACS Mandated Reporters Registry, within the client's chart immediately after these situations occur. Such documentation should be titled either "Crisis Intervention", "Emergency Contact" or "Consultation with ACS Mandated Reporter's Registry: l-800-635-l522", respectively. The documentation must indicate all relevant clinical and psychosocial information, any consultations with administrative/supervisory faculty or social service agencies, all interventions taken so as to ensure the safety of all those involved, and any follow-up plans. (Students should refer to the section of this Manual titled, "Emergencies and Other Clinical Situations", which further delineates the procedures involved in documenting emergencies and consultations with the ACS Mandated Reporters Registry.)

14. 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. To do otherwise represents an ethical violation.

15. 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…".

16. All student therapists who have seen their clients for 4 sessions or more must do Mid-year and End-year summaries. A guideline for these summaries is in Appendix Z. Additionally, if, in consultation with supervisory/administrative faculty, a student is either transferring a client to another student, or terminating a client, a Transfer Data Sheet (Appendix BB), or Termination Report (Appendix AA), respectively, must be completed. CBT Program students complete separate Mid-Year and End-Year Summaries.

17. It is sound clinical practice for mental health practitioners to be mindful of the client's salient medical issues and history, and, at times, to take an active role in coordinating psychological services with the client's primary care physician. Therefore, it is important that student therapists make every reasonable effort to obtain a copy of each client's most recent physical examination from the primary physician. Each student therapist should document in each client's chart that the student spoke with the client about the need to obtain a copy of the physical examination, and the client's reaction to this. (For instance, the student might write, "Therapist spoke with client about obtaining a copy of the most recent physical examination. Client agreed to bring in a copy of the physical exam"; or "Client refused to allow therapist to have contact with the primary M.D.", or "Client refused to obtain a copy of the medical exam", indicating the reasons for the client's refusal; or "Client signed Authorization for therapist to obtain a copy of the medical exam from the physician directly, and therapist will follow up.")

18. The decision to terminate a case must always be made in consultation with appropriate supervisory/administrative faculty. If it is determined, in consultation with supervisory/administrative faculty, that a client is to be terminated due to non-compliance with appointments, it is essential that the student document all attempts to engage the client in the therapeutic or evaluation process in the progress notes. Copies of all letters sent to clients must be kept in the chart. (It is advisable that all letters being sent to a specific client be written specifically with that client in mind. However, the Clinic has a specific Follow-Up Form Letter designed for clients who have not been able to be reached by telephone. A copy of this letter is in Appendix PP.) It is essential that any letter that is to be sent to a client must first be reviewed with one's supervisor. Additionally, a Termination Report is to be completed for any client whose case is terminated. (Appendix AA).

19. In order to ensure that all students' charts are in compliance with the Policies and Procedures of the Parnes Clinic, the Clinic's Student Clinic Coordinators (TAs) will conduct periodic chart reviews. Any chart deficiencies will be recorded on a form, which will be placed in the student's mailbox or semt to the student. This Form for Chart Reviews is in Appendix QQ. It is the student's responsibility to correct any deficiencies within two weeks, and return the form to the Student Clinic Coordinator. 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.

20. 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.

If an adult client requests to have a copy of the chart, the client is asked to fill out the form,

Client's Request For A Copy of File: For Adult Clients (Appendix RR), which then becomes part of the client's chart. If the legal guardian of a client who is a minor requests a copy of the file, (ie., after the case is terminated), the legal guardian is asked to complete the form: **Request for A Copy of File: For Clients who are Minors** (Appendix SS). Clients who are between l2 and l8 sign this form, in addition to the legal guardian. The legal guardian of clients who are minors must present ID, as well as proof of guardianship. If a Request for a Copy of the File is mailed to the Clinic, the signature(s) on the Request form must be notarized.

21. All hand-written notes 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 in a note, the student should put a line through the incorrect words, initial them, and then re-write the words.

22. Students often ask, "for how long does the Parnes Clinic need to keep a client's chart once the case is closed?". 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.)

Emergency Phone Numbers

If there is a question about how to deal with a clinical situation, the appropriate sequence is for the student to first try to reach the individual supervisor. If he/she is not available, the student should try to reach the practicum supervisor. However, if this is a potential crisis, the Clinic Director should always be contacted. The student should first check in the Clinic Office to see if the Clinic Director is on-site. If the Clinic Director is not on-site, the student should call the Clinic Director directly. **On an emergency basis only,** the Clinic Director, or another senior supervisor/faculty member, may be paged by using a touch tone phone, a) dialing 1-917-632-4283, b) waiting for a series of beeps, c) punching in the number to be called back, and d) hanging up.

As noted throughout this manual, in all situations which involve suicidal threats, psychiatric consultation, and any other crises, it is especially important that the student carefully documents all pertinent clinical and psychosocial information, as well as all interventions taken. This information should be filed in the Clinic Office as soon as is possible, and must be kept up to date.

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. This will indicate the room which may be having a problem and the security guard 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 main security base 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.