



Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

Ferkauf Graduate School of Psychology

Manual for Student Therapists

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 (Parnes Clinic). Students are to familiarize themselves with the contents of this manual and should consult with Clinic Staff, the Clinic Director, the Assistant Clinic Director 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 and adhered to as clinic policy. In addition, all forms referenced in this manual are housed in the Parnes Clinic Canvas page (<https://yu.instructure.com/enroll/E9GNTM>). Students are also responsible for reading, owning, and adhering to the latest edition of the Ethical Standards of Psychologists, as well as the Standards for Educational and Psychological Testing, published by the American Psychological Association.

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ETHICAL PRINCIPLES

As all individuals who provide services through the Parnes Clinic are obligated to abide by the Ethical Standards of the American Psychological Association, a copy of the APA's Principles of Psychologists and Code of Conduct is in the [Parnes Canvas site](#).

Mission

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

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

Diversity Statement

The Parnes Clinic welcomes individuals of all backgrounds and aspects of identity, including race, ethnicity, nationality, immigration status, political party, culture, sex (or sex assigned at birth), gender, gender identity, sexual orientation, class, religious belief and non-belief, and level of ability/disability. We recognize that our training program and clinic staff are embedded within a larger culture that includes values, beliefs, biases, and practices that routinely advantage some individuals and disadvantage others. We explicitly disavow and strive to work against differential treatment of people on the basis of these and other factors that are often prejudged by the larger culture. Our commitment is to treat our clients with respect, act in ways that build trust, and honor the trust placed in us. We are open to perspectives that are different from our own. We support our clients' efforts to engage in and repair relationships. We believe that prioritizing one's personal identity and values alongside evidence-based treatment will promote the relief of suffering and progress towards therapeutic goals. We understand that during times of social, political, economic, and environmental strife, it is sometimes difficult to feel seen and heard. The Parnes Clinic is committed to creating a space for clients to express personal concerns, explore their values, and find ways to make their values come to life.

General Information

The Parnes Clinic is located at the Van Etten Building, 1225 Morris Park Avenue, 5th floor. The facility is informally known as the "Psychology Clinic." The telephone number is (646) 592-4399. The clinic and the clinic office are open Monday through Thursday from 9:00 a.m. to 8:00 p.m. and Friday 9:00 a.m. to 2:00 p.m. The Assistant Director provides evening office coverage except during the winter recess. The Clinic is closed in observance of Federal and Jewish holidays. Students should consult the yearly clinic calendar which is posted throughout the clinic and on Canvas for specific calendar information. Please note that the clinic calendar does not correspond exactly to the graduate school's academic calendar. Patients, other than those seen through Dr. Zweig's Gero-Psychology Practicum, are seen September through the end of July unless special arrangements have been made with the Clinic Director or Assistant Director. Patients seen through the Gero-Psychology Practicum are seen September through August.

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

Primary Contacts

Clinic Director: Dr. William Salton. Office: 5C-23. The Clinic Director is responsible for all clinical and administrative operations of the Parnes Clinic. S/he meets with all new Parnes student therapists to help orient them to the clinic (within the context of their practicum classes) and is available to everyone at Parnes; either in-person, by email, or by telephone. The Clinic Director is a member of each graduate faculty at Ferkauf and attends meetings regularly to brief faculty on clinic "happenings" and to discuss individual student's issues. Finally, it is the Clinic Director's responsibility to represent the clinic in the community, either to referral sources, or in a public relations capacity.

Assistant Clinic Director: Dr. David Lynch. Office: 5C-22C. The Assistant Clinic Director, henceforth referred to as the Assistant Director, works closely with the Clinic Director on clinical and administrative operations of the Parnes Clinic. He meets with all new Parnes student therapists to help orient them to the clinic (within the context of their practicum classes) and is available to everyone at Parnes; either in-person, by email, or by telephone. The Assistant Director provides evening coverage at the Parnes Clinic and is available for emergency consultation during the clinic's evening hours (until 8 p.m., Monday to Thursday, Friday 9 a.m. to 2 p.m.). The Assistant Director also serves as the Coordinator of the Lemle Clinic for Non-Verbal Learning Disorders.

Clinic Administrator: Erimeck Basora. The Clinic Administrator is the main "face" of the Parnes Clinic. She is the person whom every patient interacts with on arrival and departure, and is the "voice" on the clinic phone during the day. She also keeps the clinic running smoothly by interacting with such university departments as maintenance,

housekeeping, and IT. Finally, she is responsible assembling and maintaining for the paper charts and keeping track of the money which flows in and out of the clinic.

Postdoctoral Fellow: The Parnes Postdoctoral Fellow (“Parnes Postdoc”) works under the supervision of the Clinic Director and Assistant Director to support the day-to-day Parnes Clinic activities as well as engage in contact with all graduate programs.

Predoctoral Psychology Fellow (Psychology Intern): As of November 2024, the Parnes Clinic houses the only APPIC member psychology predoctoral internship at a graduate school training clinic in existence. We are extremely proud of this distinction. The Parnes Predoctoral Psychology Intern works under the supervision of the Clinic Director, Assistant Director, and postdoctoral fellow. Each year, two Psychology Interns are matched via the APPIC Internship match process, and they begin their year-long training year in September. Psychology Interns participate in the clinical, supervisory, and administrative workings of the Parnes clinic, as well as participating in “rotations” that include placements at North Bronx Healthcare Network, and ongoing clinical work at Parnes and the Lemle Clinic for Non-Verbal Learning Disorders. Other rotations and training opportunities may also be available to our Interns, such as proctoring Katz Physicians Assistant students and working at Albert Einstein College of Medicine’s cancer clinic.

Clinic TAs: The Parnes Clinic, which serves over 500 patients and trains over 150 students annually, could not function effectively without approximately 20 TAs to keep it operating smoothly. Their various roles and functions are described below:

Practicum TAs: All services offered at the clinic are connected with practica within their graduate programs. They include: child Cognitive Behavioral Therapy (CBT), child psychodynamic therapy, behavioral medicine therapy, adult psychodynamic, adult CBT, Lemle Clinic for Non-Verbal Learning Disorders, and the Ferkauf Older Adult program (FOAP) as well as child and adult psychological assessment. There are also TAs who oversee students who work in the clinic from our two masters degree programs, which offer training in Marriage and Family therapy and Mental Health Counseling. The TAs for these practica are tasked with keeping them running smoothly, including patient assignment, patient flow, and chart review.

Screening TAs: The child and adult Psy.D. programs, Southern Smoke Foundation, and the Marriage and Family Therapy programs have “screening TAs” who are responsible for conducting telephone “screeners” with prospective patients and presenting them to the Clinic Director or the Assistant Director.

Playroom TA: The playroom TA maintains the three playrooms and two toy closets and orders supplies with the Clinic Director when necessary.

Assessment TAs: Assessment TAs in the child and adult Psy.D. programs oversee the operations of each assessment track and screen patients for appropriateness with the Clinic Director or the Assistant Director.

Technology TAs: The technology TAs provide account access to students and ensure that the various technologies at the clinic including (but not limited to) VALT, Hushmail, Google suite, and Microsoft Teams are up to date and running well. Tech TAs are the “go to” for any Parnes related technology questions. They also interface with the University’s IT department, when necessary.

Parnes Psychiatrist: Dr. Felice Perlman. The Parnes Psychiatrist works with some of our patients one day a week (usually Wednesdays) to manage their psychiatric care. The Parnes Clinic provides 8 hours of psychiatric coverage per week, which is more than any other training clinic in the country. All Parnes patients who may want to consult with our psychiatrist must be presented to the Clinic Director or Assistant Director for screening, due to our psychiatrist’s limited availability.

EMR Tech Support: Michael Potenza. Our EMR was created and is maintained by a company called “Point and Click, Inc.” The EMR Tech support for Point and Click serves to maintain all EMR functioning. He works with the Clinic Director and the Assistant Director to problem-solve and support all EMR operations. Our EMR is also upgraded regularly in response to the clinic’s developing research and patient care demands.

Key Terms/ Resources/General Issues

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

1) In-Person Therapy Terms:

VALT: VALT is the in-person video recording and storage system utilized at Parnes. Instructions about how to use VALT and share videos with your supervisor is available on Canvas. There is also a video on how to use VALT posted on the Parnes Clinic Canvas page.

File Room: This is where the paper charts are stored at Parnes Clinic.

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

Telephone Services: All students who see patients at Parnes are granted Microsoft Teams phone numbers and voicemail boxes. This telephone account is to be used for clinical purposes only (Please review full policy).

Chart Number: All patients are assigned a chart number, in the format of (Year of Screener-Number). This number is consistent between the paper chart and electronic charts. Student therapists should make efforts to not make duplicate entries for the same patient. If a patient returns to the clinic after a hiatus, their original chart number will be used. Mr. Potenza must be contacted to reopen the chart, with the Clinic Director or Assistant Director copied.

2) Online Resources

Parnes Google Suite (GSuite): GSuite is the HIPAA-compliant telehealth platform used by Parnes. The GSuite includes Google Meets (telehealth platform), Google Drive (for secure storage of recorded sessions), Google Calendar, etc. *Please note that students are only permitted to use the Parnes GSuite for Parnes business, (NOT personal Gmail, externship email, or YU email).* Instructions on how to use G-suite are available in the [Parnes Canvas page](#) and a corresponding video on the Canvas page.

Hushmail: Hushmail is the HIPAA-complaint email platform used to facilitate sending and signing patient forms. Instructions on how to use Hushmail are available on the [Parnes Canvas page](#). Hushmail houses the patient forms.

EMR Chart: This is the chart through which the Screener, Intake, Progress Notes, Contact Note, Termination Report, financial records, etc. are stored.

Parnes Canvas page: Canvas is an online tool and resource for students to access real-time clinic updates, find clinic paperwork (i.e., forms, instruction sheets, “Welcome Back Letters,” etc.). The Parnes Clinic canvas page should be checked regularly. Student clinicians will also get emails when there are new Canvas posts which must be read immediately because they often contain important and timely information that is needed to function effectively in the clinic. This is also the main vehicle by which the Clinic Director and Assistant Director communicate with the Parnes therapists and Ferkauf faculty. It is the practicum TA’s responsibility to provide the Canvas link to each of the students in the practicum.

It is the students’ responsibility to read all Canvas posts immediately.

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 4 years old to 100 years old. Services are offered to individuals, couples, families, and some specialized groups, such as people with medical diagnoses and different neurotypes, and people seeking political asylum. We have also recently added a specialty clinic for people who work in the food and beverage industry. Finally, the Lemle Clinic is a specialty clinic that offers neurodiversity-informed assessments and therapy. 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 abuse drugs or alcohol, or who have unstable psychotic disorders, such as acute schizophrenia. Since our psychological services are provided by students, we do not offer services to individuals who have an active legal case, who are experiencing current domestic violence or current child abuse/neglect or sexual abuse, or who have an open case with the Administration for Children's Services (ACS).

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

Treatment

Adult Services

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

2) Cognitive Behavior Therapy Program (Clinical Program, [Psy.D.]): Cognitive Behavior Therapy (CBT) is a structured, problem-focused psychotherapy in which the therapist uses specific techniques to improve the patient's well-being and overall functioning. It focuses on thought patterns, feelings and behaviors that may be causing their difficulties. This treatment is effective for depression, general anxiety, panic attacks, social anxiety, agoraphobia and other specific phobias, obsessive-compulsive disorder, post-traumatic stress, and other stress-related disorders. Clinical Program (Psy.D.) students taking the CBT Psychotherapy Practicum provide these services to 3-4 patients at a time.

3) 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 also offer psychological services to patients with conditions such as sleep disorders, enuresis, infertility, and chronic pain, as well as those seeking assistance with smoking cessation. Working closely with each client's medical team, Clinical Program (Health Emphasis) (Ph.D.) students can also help enhance their patients' adherence with their medical regimens, as well as help clients and their caregivers cope with the lifestyle changes and psychological sequelae that oftentimes accompany chronic illness. In collaboration with local surgeons, Clinical Program (Health Emphasis) (Ph.D.) students also offer pre- and post-operative psychological counseling for clients who are considering, or who have already undergone, bariatric, i.e., gastric bypass and surgery. Both psychodynamic and cognitive behavioral approaches are used in the behavioral medicine sub-clinic. The Parnes Clinic also provides pre-surgical psychological evaluations for patients undergoing bariatric surgery. The evaluations usually involve one or two visits to the clinic, after which the student therapist sends an evaluation to the patient's surgeon. If it is recommended that the surgery should be delayed, the Clinic often offers short-term psychotherapy to help these patients prepare for the behavioral changes required following the surgery. Health psychology students treat 2 to 3 patients at a time.

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

5) Ferkauf Older Adult Program (FOAP): Older adults (age 60+) without severe cognitive impairment receive specialized services at our clinic including geropsychological 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.

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

7) Food and Beverage Workers sub-clinic: Since the Spring of 2023, Parnes Clinic has offered all of the above services to patients who work in the food and beverage industry. Through a partnership with the Southern Smoke Foundation, these patients receive up to 20 sessions free of charge. If additional sessions are needed beyond the

20 covered sessions, these patients are charged according to the Parnes Clinic's sliding scale fee structure.

8) Lemle Clinic for Non-Verbal Learning Disorders: The Lemle Clinic is the first clinic on the East Coast specializing in providing services to individuals with Non-Verbal Learning Disorders (NVLD). The Clinic offers a variety of assessment and treatment options for individuals and their families, for whom quality care options are limited. The Lemle Clinic's mission is to promote awareness about NVLD and bringing compassionate and innovative care to those in need. Referrals for treatment are made within Parnes, the NVLD Project, or the Lemle Hushmail (lemleclinic@hushmail.com), The clinic coordinator is the Assistant Clinic Director.

9) Assessments for political asylum: The Parnes clinic also provides psychodiagnostic and psychosocial assessments for persons who are seeking political asylum in the United States as a result of persecution in their native countries because of their race, religion, nationality, politics, or membership in a special social group. In a class called "Working with Asylum Seekers," Ferkauf students conduct these assessments, which are eventually presented to the US government as part of the asylum seeker's immigration applications. These asylum seekers are often given referrals to become patients at the Parnes Clinic or are referred to clinics which are closer to where they live.

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

1) CBT Youth Clinic: Cognitive Behavior Therapy (CBT) is an active, solution-focused type of psychotherapy that is geared towards teaching children, adolescents, and their families' skills to modify thinking patterns, reduce negative feelings and change behaviors. It is typically goal-oriented and strives to be time limited. However, since the length of treatment is based on therapeutic gains, treatment can be long term if needed. CBT is effective for a range of issues including general anxiety, social anxiety, school refusal, specific phobias, selective mutism, obsessive compulsive disorder, post-traumatic stress disorder, depression, oppositional defiant disorder, and attention deficit/hyperactivity disorder. Children between the ages of 2 and 18 are seen within the CBT Youth Clinic. Treatment involves setting an agenda for sessions, building and coaching of child and parent skills, and home practice of skills, and family collaboration to promote change. Client progress is monitored closely in order to tailor treatment to meet the individual needs of the child and family. Students in this practicum treat two patients at a time.

2) Child/adolescent psychodynamic therapy: Psychodynamic psychotherapy for younger children, generally between 4 and 10, usually involves play therapy to help them explore and express their emotional worlds in order to take control of problematic behaviors. For older children and adolescents, talk therapy is used to provide understanding in order to enhance interpersonal relationships, emotional and behavioral control, and overall quality of life. Psychodynamic psychotherapy is effective in treating anxiety, depression, school problems, the aftermath of trauma, and family, interpersonal

and behavioral problems. Support and guidance are also routinely provided for the parents and families of our child patients. Students in this practicum treat two patients at a time.

3) Children and Adolescent Assessment: School-Clinical Child Program (Psy.D.) students in their second year perform psychological neuropsychological and/or psycho-educational evaluations for both children and adolescents. These may include academic, cognitive, neuropsychological, and social-emotional assessments, depending on the reason for the referral and the nature of the problem. Factors associated with poor learning and/or social adjustment. Emphasis is placed on the evaluation of Our students work collaboratively with families and school personnel as part of these evaluations. Student therapists can also provide assessment and therapy within the Lemle Clinic for Non-Verbal Learning Disorders.

Supervision

All clinical services provided by the Parnes Clinic are part of practica which are associated with academic coursework. In keeping with APA guidelines, all therapy and some assessment sessions taking place within the Parnes Clinic, either in-person or online, must be video recorded. These videos provide the “backbone” for all supervision and training at the clinic. All 3rd and 4th year Clinical Program (Psy.D.) students seeing adult patients through the Psychodynamic and CBT Practica must be in one-on-one supervision with an adjunct clinical supervisor one hour per week, as well as in weekly group supervision in the “Psychotherapy Lab.” The adult psychotherapy labs are taught by both full-time and adjunct faculty in the Clinical Program (Psy.D.) The Health Program, MHC, and LMFT programs have similar arrangements.

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 core and adjunct faculties 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.

Privacy Practices of the Parnes Clinic

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

It is essential that all Parnes student clinicians familiarize themselves with the Privacy Practices of the Parnes Clinic. Each patient, or the parent/legal guardian of any patient who is a minor, must be given a copy of our Notice of Privacy Practices by the student conducting the intake with the patient either in-person or via Hushmail. 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 with or without a patient's authorization. Specifically, the student must emphasize to the patient, and/or the legal guardian, the following limits of confidentiality:

- 1) suspected child abuse/neglect
- 2) suspected sexual abuse
- 3) suspected elder abuse
- 4) potential danger to self or others
- 5) and the therapist's student status, which necessitates the presentation of the patient's case in supervision.

The client (or legal guardian/parent) then signs the form acknowledging "Receipt of Notice of Privacy Practices". The signed Acknowledgement of Receipt of Notice of Privacy Practices becomes a part of the patient's record (in the paper chart), while the patient is given the actual Notice of Privacy Practices.

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

These are:

1. The **Acknowledgement of Receipt of Privacy Practices** (See [Parnes Canvas](#) page and Hushmail)
2. The appropriate **Consents for Services** (See [Parnes Canvas](#) page and Hushmail)
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**, (See [Parnes Canvas](#) page and Hushmail) as are appropriate. No information can be released to an outside agency or practitioner without written Authorization for Communication of Health Information, except in situations of suspected child abuse/neglect, sexual abuse, elder abuse, danger to self or others, or as required by law, as delineated in the Parnes Notice of Privacy Practices. These three sets of documents remain a permanent part of the patient's paper file, and, thus, are legal documents.

The HIPAA Security Rule

It should be noted that as of April 20, 2005, the Federal Government instituted the HIPAA (EPHI) Security Rule, in addition to the previously existing HIPAA Privacy Rule, which had been in effect since April 14, 2003. These rules address the limited conditions, and to whom confidential client information can be disclosed, as well as how clients can have access to their files. The purpose of the HIPAA Security Rule is to ensure the security of confidential electronic patient information The HIPAA Security Rule describes the steps practitioners of psychology must take to protect confidential

information from unintended disclosure through breaches of security. This includes the protection of confidential data from any reasonably anticipated hazards, such as a computer virus, and/or any inappropriate uses and disclosures of electronic confidential information. The Security Rule also addresses the protection of confidential data in offices, files, tapes, and computers.

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

1) There is to be no electronic transmission of any client-identifying data, except through secure platforms like Hushmail, Google Meets, and VALT (all of which will be described later in this manual). HIPAA lists 18 client identifiers which must be kept private. The 18 HIPAA client-identifiers:

1. Name
2. Address (all geographic subdivisions smaller than state, including street address, city county, and zip code)
3. All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
4. Telephone numbers
5. Fax number
6. Email address
7. Social Security Number
8. Medical record number
9. Health plan beneficiary number
10. Account number
11. Certificate or license number
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web URL
15. Internet Protocol (IP) Address
16. Finger or voice print
17. Photographic image - Photographic images are not limited to images of the face.
18. Any other characteristic that could uniquely identify the individual

2) No clinical document with client-identifying information is ever to be removed from the Clinic. Our students, supervisors and faculty have access to the EMR on their home computers. It is the student therapists' responsibility to ensure that the EMR (with PHI) is on a personal computer which is password protected. What follows are STRICT guidelines to keep this information private and protected on these devices:

- Do not open the EMR unless you are in a private location.

- 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.

All students are required to sign a document stating that they will protect a patient's privacy while in their homes (see [Parnes Canvas](#) page). This document was prepared by our general counsel's office and is filed at the clinic.

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

4) No patient-identifying information is to be stored on any computer within the Computer Lab in the Rousso building.

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

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

7) No identifiable clinical material is ever to be discussed in any public area, such as elevators, bathrooms, stairwells, reception areas, outdoors, or in busses, taxis or subways. This pertains to both in-person and cell phone discussions. Students must also be conscientious to maintain privacy when providing telehealth services from a location outside of the Parnes Clinic.

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

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

Professional Conduct and Center Policies

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

Ethical Standards. 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 (see [Parnes Canvas](#) page).

Representation. Therapists/clinicians cannot represent themselves to clients as psychologists, and must indicate their student status to all clients (as a “student clinician” or “student therapist”). Specifically, in accordance with APA Ethical Standards and the informed consent process, students must inform their clients, and/or legal guardians for clients who are minors, that they are in training and that they discuss each client’s evaluation, remediation and/or treatment with their supervisors. Students must also inform their clients, or their legal guardians, of the name of their supervisor(s), if this information is requested. At the beginning of treatment, student clinicians must also inform patients of how long they will be working with them.

Private Practice. No student therapist 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.

Supervision expectations. Student therapists must be in ongoing weekly, individual supervision with a member of the Core or Adjunct faculty who is a licensed provider in their discipline. All adjunct supervisors must be “onboarded” by the University. This is done by arrangement with the Dean’s office and the HR department. For any prolonged period of time during which supervision is interrupted (i.e., summer vacations, conferences), therapy will likewise be interrupted until supervision begins again. Alternatively, the Clinic Director, Assistant Director, and sometimes the Parnes Postdoc or Psychology Intern, under supervision of the Clinic Director, can serve as “covering” supervisor. Under no circumstance may a client be seen by a student therapist who is unsupervised. A **Record of Supervisory Meetings** (see [Parnes Canvas](#) page) is to be completed by the student and signed by the Individual Clinical Supervisor. Students should indicate the reasons for any cancelled supervisory meetings on this form. This form will be stored in the paper chart.

Patient assignments. As our mission and diversity statements say, the Parnes Clinic strives to deliver clinical care to all communities in New York State. Please note, that on some occasions there are discrepancies between student therapist and patients regarding political, cultural, religious, and ideological orientations. Please remember that it is your responsibility as a student therapist to respectfully treat patient’s psychiatric difficulties and we are expected to discuss the above discrepancies in supervision.

Courtesy. Patients and their families have a right to expect consistently courteous, professional, ethical, and empathic behavior, as well as services that are culturally sensitive and relevant, and that are respectful of clients’ religious choices and sexual orientation.

Confidentiality. Principles of confidentiality presented in the Ethical Standards of Psychologists should be studied and closely followed. Material from the client's file cannot be released to outside individuals or agencies without the client's written authorization. Appropriate authorization forms should be signed by the client, (or legal guardian, if the client is a minor), regardless of whether the communication is oral or written. The only exceptions are situations involving suicidality, homicidality, child abuse/neglect and elder abuse, or as required by NYS law. Records obtained from another party which are in a client's folder cannot be released to a third party.

There are several different forms for Authorization for Communication of Health Information.

See [Parnes Canvas](#) page for **Authorization For Communication of Health Information.**

See [Parnes Canvas](#) page for **Consent for the Parnes Clinic to Share Information with Others, to be signed by minors from 12 to 18 years of age.** This is to be signed in conjunction with the legal guardian's signing the Authorization for Communication of Health Information. *There are special considerations regarding confidentiality issues involving minors between 12 and 18 years of age. These are delineated in the "Notice of Privacy Practices" of the Parnes Clinic.* Essentially, students providing psychological and/or psycho-educational services to clients between 12 and 18 years of age should make every effort to obtain the minor's written authorization prior to releasing information to a school, another health care provider, social service agency, any family member, in addition to the minor's legal guardian. However, the Parnes Clinic reserves the right to provide ongoing updates or summaries about a 12-18 year- old client's progress, treatment or evaluations, as well as any other information disclosed by the minor, to the minor's parents, (or legal guardian), without the minor's authorization, so as to enable continuity of care, and if disclosure of such information appears to be in the client's best interests. However, prior to releasing any information about a 12-18 year-old client to a school, another health care provider, a social service agency or any party other than the minor's parents, (or legal guardian), the student must obtain written authorization, at the very least, from the minor's legal guardian, (and, if possible, from the 12-18 year-old client).

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

In order for any Authorization for Communication of Health Information to be legally valid, the authorization must be signed by the patient and the witness (the student clinician). A separate Authorization for Communication of Health Information must be obtained for each agency, school, practitioner, or family member that the Parnes Clinic will be communicating with. However, if communication will occur between the Parnes Clinic and several practitioners within a single agency or school, only one Authorization for Communication of Health Information per agency or school will be sufficient. The student obtaining the Authorization for Communication of Health Information should be sure to a) indicate the specific agency, school, practitioner or family member to whom

the information will be released and include an appropriate address and phone numbers; b) date the Authorization; c) witness the client's (or legal guardian's) signature on the Authorization. Consent forms are valid until the end of treatment and do not need to be renewed unless an "end date" is noted on the consent form, however, *consent forms can be revoked at any time*. If a patient reenters treatment after a hiatus, new consent forms must be signed; however, they do NOT need to be signed every time a student therapist changes. The authorization is to be completed at the time that information will be released. (We do not ask our patients for "blanket" consent forms that simply "allow their information to be released"). If any written document, such as a letter or a copy of a "Psychological Evaluation", is to be given to a client, or to the client's legal guardian, the document must be given by the student who has provided the services. The document is not to be left in the clinic office for the client, or for the client's legal guardian to pick up, as only the student providing services to the client can attest to the client's, or to the legal guardian's, identity. Alternatively, documents can be "snail mailed", or Hush-mailed. Release of documents or records to patients must also be noted in their charts.

Documentation. Documentation including progress notes, treatment summaries, and other clinical contact information must be completed in a timely fashion. PROGRESS NOTES MUST BE WRITTEN WITHIN 48 HOURS OF EACH SESSION. All patient contacts, including telephone calls, emails and cancelations/reschedules, should be described in a Contact Note in the EMR.

Minors. IF A CLIENT IS UNDER 18 YEARS OF AGE, AND IF THE LEGAL GUARDIAN IS SOMEONE OTHER THAN THE CLIENT'S PARENT, OR IF THERE IS ANY QUESTION OF WHO THE LEGAL GUARDIAN IS, WE MUST OBTAIN DOCUMENTATION OF LEGAL GUARDIANSHIP FROM THE COURT PRIOR TO THE SIGNING OF A CONSENT FOR SERVICES, AND, THUS, PRIOR TO THE PROVISION OF SERVICES. THIS DOCUMENTATION OF LEGAL GUARDIANSHIP MUST COME FROM THE COURTS, NOT FROM A LAWYER. IF THERE IS ANY QUESTION ABOUT WHAT CONSTITUTES COURT DOCUMENTATION, THE STUDENT SHOULD CONSULT WITH THE CLINIC DIRECTOR. IN SITUATIONS OF PARENTAL DIVORCE OR SEPARATION, WHERE BOTH PARENTS HAVE JOINT CUSTODY OF A CLIENT WHO IS A MINOR, BOTH PARENTS MUST SIGN ALL APROPRIATE CONSENT AND AUTHORIZATION FORMS. THE STUDENT CLINICIAN MUST ALWAYS ENQUIRE ABOUT CUSTODY ARRANGEMENTS WHEN SEEING A CHILD WHOSE PARENTS ARE DIVORCED.

Dress.

Appearance. 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.

Digital Footprint. Similarly, to wardrobes, a student's online identity can be just as visible (Google, Facebook, LinkedIn, Snapchat, TikTok, Instagram, etc.) Student therapists should regularly monitor their online "presence," as many patients are likely to

“check them out” in cyberspace. Privacy, especially online, is easy to violate and students should be mindful of their online comportment, for themselves, the clinic, and Ferkauf. The Clinic Director and Assistant Director are happy to consult on this issue if needed.

Telehealth platform. Virtual (online) services can be conducted on only approved platforms, which is Google Meets. Video recording of virtual session must also be done via Google Meets.

Rides. Clients should not be offered rides or be given other favors which would compromise the clinical relationship, as well as create liability risks.

Legal and ethical dilemmas. If there are any legal or ethical dilemmas, the student should consult with the Clinic Director or Assistant Director, who have access to legal counsel for the University, as well as to ethics advisors through APA and the New York State Psychological Association.

Emergencies. Any serious, urgent clinical problems, such as suicidal ideation or behavior, acute changes in mental status, homicidal potential or child abuse/neglect concerns should be brought promptly to the attention of the Clinic Director and/or the Assistant Director by the therapist, and subsequently the supervisor by text messaging their cell phones. After consulting with the therapist, supervisor, and possibly a psychiatric consultant or the ACS Mandated Reporters’ Registry, the Clinic Director and/or the Assistant Director will recommend a course of action. This could include the continuation of treatment, some modification of treatment, a gradual termination of the case, or an immediate transfer and/or hospitalization. In cases of child abuse/neglect, after consultation with the ACS Mandated Reporters Registry, it will be determined whether a report needs to be filed with the ACS Registry. (Students should refer to the section of this Manual which describes child abuse/neglect procedures.) In all such cases, the safety and well-being of the client is the preeminent consideration, for which the Director must bear the final responsibility. (*These policies and procedures are delineated more fully in the section of this Manual titled, “Emergencies and Other Extreme Clinical Situations”.*)

Coverage. 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 and/or Assistant Director of any periods of extended absence which prevent them from seeing their clients, and of appropriate coverage arrangements. An “extended absence” is considered to be more than one week. All extended absences and coverage plans should be noted in the patient chart. Students are expected to be available to provide coverage for their peers.

Program expectations. Students must abide by the regulations, requirements, and policies delineated by their respective programs. See your program handbook.

Minors in the waiting area. 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, or anywhere at the clinic, without an adult's supervision.* Similarly, students seeing child clients are required to inform the child's legal guardian that she or he, or a developmentally-appropriate person designated by him or her, is to bring the client directly to the clinic, and then pick up the client from clinic. Upon the completion of a session, the student therapist is to stay with the client until the legal guardian (or person-designated by the legal guardian), picks the child up . These policies are to be strictly adhered to, both to ensure the safety of the child, and to avoid any liability for the Clinic. (If there is a clinical situation that warrants an exception to this policy, the student is to first clear this with the Clinic Director or Assistant Director, to make arrangements to ensure the child's safety while in the Clinic.)

Out of state patients. Based on the regulations that govern licensure, student therapists can only see patient when they are PHYSICALLY located in New York State. This means that patients who are traveling out of New York State, both domestically or internationally, cannot be seen via telehealth visit until they return.

Client Processes

Referrals. A client may be self-referred to the Parnes Clinic or may contact the Clinic in response to a recommendation from school, work, another agency, a physician or a friend.

- A. The Parnes Clinic does not accept clients who are court-mandated, or open cases referred by ACS.
- B. Potential patients, (or legal guardians, for minors), initially contact the Parnes Clinic by calling 646-592-4399 or emailing the Clinic Coordinator Hushmail email address (Cliniccoordinator@parnesclinic.hush.com).
- C. Parnes clinic does not have capacity for Walk-ins because of the unavailability of immediate screenings.

Screeners. All perspective patients are asked to participate in a screener telephone call to determine eligibility. During the telephone screening appointment 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. All potential patients are asked about risk factors such as homicidal and suicidal ideation, plan and intent; history of suicide attempts; risky legal situations, substance use, etc. All prospective patient, including individuals who have been seen at externship site, need to be screened via this procedure. To initiate a screener, patients are asked to email the Clinic Coordinator email address as cliniccoordinate@parnesclinic.hush.com (See Screener Template on Parnes Canvas page).

Screener presentation. All patients who participate in a screening phone call are presented to the Clinic Director or Assistant Director. If the patient is deemed to be

inappropriate for the Parnes Clinic, the Clinic Director or Assistant Director will provide relevant referrals.

Intake assignment. Following the telephone screener, each appropriate client is assigned for intake to a student in the appropriate program or given a referral if the prospective client is deemed inappropriate for the clinic. In collaboration with the Clinic Director or Assistant Director, the prospective patient will be assigned to a track (e.g., CBT, Psychodynamic, Health, etc.).

Adult psychotherapy clients are sometimes assigned for intake to 1st year Clinical Program (Psy.D.) students. There is a specific procedure for these intakes described below (see section entitled "Intake Procedure for 1st year Clinical Program [Psy.D.] Students"). If a first-year student is not available, adult intakes are assigned to students in the psychodynamic, or CBT practica.

Elderly clients. Clients who are over the age of 60 are directly assigned to students in the FOAP practicum.

Medical Issues. Clients with medical issues that affect their mental health are assigned directly to students in the Behavioral Medicine practicum. Child therapy clients are assigned to 3rd and 4th year School-Clinical Child Program (Psy.D.) students. They can be referred to either Psychodynamic, or Cognitive Behavioral treatment.

Families and Couples. Family/marital therapy clients are assigned to students in the LMFT program.

Mental Health Counseling. Appropriate clients can also be assigned to student therapists in the LMHC program.

Psychology Intern and Postdoc. As advanced trainees, Psychology Interns and Postdocs are assigned patients who have more clinically complex presentations.

Testing and Assessment. After screening, each potential assessment case is assigned for intake in their appropriate practicum. Child psycho-educational evaluation cases are assigned to 2nd year School-Clinical Child Program (Psy.D.) students. Child neuropsychological evaluation cases are assigned to 3rd or 4th year School-Clinical Child Program (Psy.D.) students. Adult psychological assessments are assigned to 2nd year Clinical Program (Psy.D.) students as well as some students in the Health Ph. D. Program. Potential bariatric assessments are assigned to students in the health program. Individuals seeking bariatric evaluations are told during the initial telephone screening that they must see their Nutritionist prior to being given an appointment for a pre-surgical bariatric evaluation. All bariatric screening forms are also reviewed by the Clinic Director or Assistant Director.

Intakes. It is the student's responsibility to keep the practicum TAs updated about the intake process, and return all completed paper forms and electronic forms to the office as soon as possible. It is also the student's responsibility to keep their TAs informed of all intakes and potential intakes that do not proceed in a timely fashion so that they can be adequately dispositioned. (TAs often use Google Sheets, or similar trackers, for this purpose.) The charts should also reflect the intake process. In addition to an intake report, students should track patient communications and intake session details through Progress Notes. All prospective clients need to be informed by the student conducting an initial intake that the intake is part of an assessment process, designed to determine whether or not the client is appropriate for a training clinic, such as is the Parnes Clinic. *An intake does not guarantee admission.* The client needs to be informed that if, based on the intake, it is determined, in consultation with clinical supervisor and leadership, that the Parnes Clinic cannot provide the level of services needed by the prospective client, the student conducting the intake, the Clinic Director or Assistant Director, will identify alternate agencies or practitioners which can more adequately serve the prospective client and this referral will be documented in the client's chart. *This is explained in the form titled: "What to Expect When You (or Your Child or Family Member) comes to the Parnes Clinic For Ongoing Psychotherapeutic Services."* Under no circumstances, can a student unilaterally decide whether or not a prospective client is appropriate for services at the Parnes Clinic. The decision can be made only in consultation with the clinic leadership, in a careful review of all of the clinical and psychosocial data presented by the student.

Required forms. The client (or legal guardian, for any client who is a minor), is given or emailed via Hushmail, the necessary forms. To access the forms in Hushmail, begin composing an email and select the "Add Forms" option. There are many forms and measures uploaded to Hushmail for student use, however, the below forms are required:

- 1) **Informed Consent**
- 2) **Consent to Record**
- 3) **Notice of Privacy Practices**
- 4) **Agreement for Services**
- 5) **Acknowledgement of Receipt of Notice of Privacy Practices**
- 6) **What to Expect When You (Or Your Child or Family Member) Comes to the Parnes Clinic For Ongoing Psychotherapeutic Services."**

As previously described in this manual, all required forms must be completed at the time of the first intake session. All forms must be completed by the end of the first intake session. The client (or legal guardian, for minors) signs the forms 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, in layperson's terms, the contents of the Notice, with particular emphasis on the limits of confidentiality. All of these forms are available as templates in Hushmail and the [Parnes Clinic Canvas](#) page. Once forms are completed, it is the student's responsibility to Hushmail the forms to the Clinic Administrator so they can be added to the paper chart.

Consent for video recording. When a prospective patient is screened, he/she is informed that consent for video recording of each session, including the intakes, is required because the Parnes Clinic is an APA approved training site. Then, the student who is doing the intake will restate this requirement and give the patient the options of using their video recording solely for training, or additionally for teaching, or research purposes. The patient has the right to refuse the latter of these two options but recording for training purposes must be consented to. **If a patient refuses to be video recorded for therapy, please consult with the Clinic Director, and the patient will likely be provided with a referral.** *No session can be videotaped without written and informed consent to record the session.*

Intake Emergencies. 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”.

Establishing fees. The client’s financial information is obtained during intakes and entered into the EMR. The one exception to this expectation is patients who receive 20 no cost sessions via the Southern Smoke Foundation. Please see the video on the [Parnes Canvas](#) page to learn how to enter a patient’s financial information into the EMR. All intakes are free of charge. After intake, all potential psychotherapy patients must be presented to the Clinic Director or the Assistant Director for acceptance into the clinic (which the Clinic Director or Assistant Director records in the EMR). The patient’s fee is also determined in consultation with the Clinic Director or Assistant Director, who will refer to the patient’s reportings on the Financial Form. Child clients are admitted after they are presented and reviewed by their individual supervisors and in the child psychotherapy seminars, however, they still need to be presented to the Clinic Director or Assistant Director for admission and assigned a fee.

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

Supervision. Prior to a first intake session or therapy session, each student is required to meet with their individual supervisor.

Entering the Intake. Student therapists are required to enter their intake into the “Intake” section of the EMR, completing in all relevant tabs. The completed intake must be reviewed and signed by a licensed supervisor/faculty member within two weeks of the final intake session.

Intake approval. It is *essential* that the student discuss the intake with the Clinic Director or Assistant Director for disposition for treatment, continued evaluation, or for referral elsewhere. This discussion usually takes place after the second intake session,

but it also can happen earlier. The discussion with clinic staff must be a part of every intake. Appropriate clients are then assigned to students in the appropriate practica.

Measures. Each clinic “track” will determine the measures it uses to track patients’ symptoms and outcomes. Please consult with your TAs and faculty.

Intake documentation. 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. Hushmail communications must also be documented, although they do not need to be replicated in the chart. This is at the discretion of the supervisor and trainee.

No shows and hard to contact patients. It is the student’s responsibility to inform the TA (and, of course, the supervisor) if the prospective client does not attend the intake appointments. The student will be assigned another intake.

There is no charge for intakes at the Parnes Clinic.

Psychological Testing

1. As part of the intake process, clients in the adult and child Psy.D. practica are typically informed 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. The student therapist fills out the **Testing Referral Form** (see [Parnes Canvas](#) page). As stated earlier, a patient may decline psychological testing, but this must be discussed in supervision and, at times, with the Clinic Director or Assistant Director. All assessment materials are located in the Testing Library and are on loan to students. **Testing Materials Policies will be found in the Testing Library.**

2. Patients in the child CBT and Psychodynamic tracks are also routinely given psychoeducational assessments by students in the second year of this program. Child testing is also provided for children who are not in therapy at Parnes. Neuropsychological assessments for children and adults are also provided by students who take an elective with the Lemle Clinic for NVLD. The child assessment TA is responsible for coordinating this aspect of the clinic’s resources.

3. The clinic also provides psychological assessments for adults who are not receiving therapy here. These patients are also screened by telephone, given an “assessment intake” and then approved by the Clinic Director or Assistant Director for a psychological assessment.

4. All patients who request a psychological assessment who are not in treatment at the Parnes Clinic must fill out the Financial Form so that the fee for their assessment can be determined.

a. In the Child Assessment Practicum, patients are given a flat fee for testing. If the patient cannot afford this fee, they follow the procedure from above.

5. After any psychological assessment is supervised and completed, the student who completes the testing is responsible for arranging a testing feedback session with the client in a timely fashion. The testing student, in conjunction with his/her lab supervisor, the student therapist and therapist's supervisor, can determine how the feedback should be handled, (e.g., with or without the therapist present). If, in consultation with the tester's lab supervisor, the therapist, and the therapist's supervisor, it is felt that it is clinically indicated for the therapist to present the testing feedback to the client, this can be arranged by having the tester present the feedback to the therapist, who then will present it to the client. The testing referral form, raw data and final report, (signed by the testing student and lab supervisor), must be placed in the client's paper file in the clinic. The report can also be uploaded to the EMR. 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.*

Scheduling Sessions and Clinical Spaces

Students should inform their clients, in advance, of their vacations, of any expected absences, and of the holiday schedule when the Clinic is closed. (Clinic holidays are posted on Canvas and around the clinic). Sessions may often be rescheduled, however, in the case of longer holidays, such as Passover-Easter, it is often not possible to accommodate all requests for rescheduling. You can also schedule a make-up appointment online if a room is not available.

Appointments with clients must never be scheduled, whether in-person or via telehealth, outside of the Parnes Clinic hours of operation.

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

prior to leaving the room for the next student. Please emails or speak with the Clinic Administrator if there are any broken items or other facilities issues.

The following are expectations regarding room space:

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

a. Students in the Child-School Clinical program are able to borrow toys from the two toy closets. It is the student clinician's responsibility to maintain the cleanliness and organization of these closets and return all toys after use. Student clinicians must also inform the Playroom TA if a toy breaks, games are missing pieces, or there is a shortage of art supplies.

2. Students should not move furniture from room to room. If it is absolutely necessary to move furniture to another room, the student should be sure to return it to the original room and its original place within the room once the session is finished. Clocks also must remain in the therapy rooms.

3. If a student no longer needs a room which had been reserved (e.g., when a client cancels or ends treatment), the student must cancel the room online. Students should be mindful that space is extremely limited.

4. Students should be sure to put the "Do Not Disturb Sign" in place prior to going into session, and then clearing it once the session is ended.

5. Students should turn on the sound machine prior to going into session and turn it off once the session is completed. Please ask the Clinic Administrator if you do not see a sound machine by your room.

6. The procedure for booking rooms online.

a. Use the QR codes posted around the clinic to access the Appointment Plus website (<https://booknow.appointment-plus.com/43s2mbme/>)

b. Selected the desired length of session, select the clinic room number, select the date, select the desire times.

c. Click the "Find Open Time Slots" button to see available times in that desired room

d. Click on "Book it" to select the desired time slot

Please DO NOT use the VALT system for booking rooms.

7. If a student therapist is seeing patients via telehealth, it is also important to be mindful of the space in which the session takes place. Students should "coach" their patients on ways that they can ensure privacy and comfort for themselves. Specifically, it should be

clearly stated to patients that during the session, *no one* other than the patient should be able to hear the conversation.

Missed or No Show Appointments

Students often ask how to handle missed appointments, and how many “no show” appointments necessitate cases being closed at the Parnes Clinic. The reasons that clients miss or break appointments is first and foremost a clinical issue, which should be addressed in supervision. From an administrative standpoint though, every outreach attempt to try to engage the client in treatment, either by letter or telephone or Hushmail, must be documented. Additionally, every time a client either calls to cancel an appointment or breaks an appointment without contacting the student in advance must also be documented. Generally, when a client is not an at-risk client, and the client, (or legal guardian), breaks three consecutive appointments without notifying the student in advance, the case can be terminated. However, prior to terminating the case, a) there must have been appropriate outreach attempts by the student therapist to try to engage the client in treatment, all of which have been documented in the EMR; b) the student must have discussed the client’s clinical situation and the issue of the broken appointments with a plan to terminate, in supervision and with the Clinic Director or Assistant 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 or Assistant Director. *In addition, clinicians must fully document (in the EMR progress notes) 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 guidelines 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 or Assistant 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.

Telephone Concerns/Messages

1. Students should be very discreet when calling clients’ homes and should always remain mindful of confidentiality issues. For example, family members may not be aware that the client is seeking or receiving psychological services. Students who are returning clients’ calls and are unsure what to say, can state that they are returning a phone call and are from Yeshiva University. Also, students should be sure to check the cover page on the EMR which indicates each client’s preferences regarding contacting him or her by phone.)

2. All students involved in a therapy and assessment practica at the Clinic are assigned a Microsoft Teams telephone number. Microsoft Teams allows student therapists to

make and receive telephone calls via a telephone or laptop application. Students have the responsibility of checking their voicemail at least daily. As noted above, it is the student's responsibility to return calls within 24 hours, or sooner, if clinically indicated. Clients should also be informed that if they would like to reach the Clinic Office directly during clinic hours, they can call the main clinic number at 646.592.4399. Each client must also be informed by their student clinician that voicemail, in no way, represents an emergency service, and, in no way, provides 24-hour access to the student. Each student must inform each client (or parent) on his or her caseload that, in the event of an emergency between sessions, the client (or parent) must contact the nearest local emergency room or call 911. This should also be stated on outgoing voicemail messages. Students assigned a voice mailbox through the Clinic should also indicate any vacations or absences from the Clinic on their outgoing messages, and reinforce emergency procedures if needed.

3. Similarly, patients must be informed that emergencies cannot be transmitted via Hushmail or email. If the patient has an emergency between sessions, they must call 911, 988 crisis line, or go to a local emergency room and not depend on their student therapist. As noted earlier, students must never give out their cell phone, home, or work numbers. Once this is done, it is irreversible, and it can pose severe liability issues. It also gives the false impression that students are available 24/7, which is clinically unwise, and legally and ethically not acceptable.

4. Google Voice is NOT a HIPAA compliant way to contact patients and is *not* part of the Parnes Google Suite. Students should make outgoing calls via Microsoft Teams.

Student Responsibilities

All students are responsible for keeping their clients' records in compliance with Privacy Practice standards, APA ethical guidelines and the Policies and Procedures of the Parnes Clinic. This includes keeping clients' records up-to-date and maintaining them as protected and confidential. Students' compliance, (or failure to comply), with all charting requirements, as delineated throughout this Manual, will be reflected in students' course grades for the appropriate clinical practica. Listed below is what should be included in every patient's record:

- 1) Intake Interview Report completed in the EMR.
- 2) Mid-Year Summary, signed by supervisor and student therapist, submitted mid-January in the EMR.
- 3) Year-end Summary submitted at the end of June, signed by supervisor and student therapist (In the EMR).
- 4) Termination Report (when applicable) signed by supervisor and therapist in the EMR. In some cases, a Mid/End-Year Summary may be cross-referenced with a Termination Report.

- 5) Monthly billing sheet in the EMR
- 6) Baseline and Monthly Assessment Forms (as described by Track faculty)
- 7) Progress Notes for all therapy sessions in the EMR. (There are specialized progress notes used for the CBT Practicum which can be obtained from the CBT Student Coordinator or from Clinic Staff.)
- 8) Record of Supervisory Meetings, filed in the paper chart.
- 9). All appropriate Authorizations for Communication of Health Information and Consents to Record Sessions which is filed in the paper chart.
- 10) Copies of all communications (i.e., letters, forms, etc.) with outside agencies.

Students are responsible for keeping session *Progress Notes* for each scheduled session as well as for other “Contact Notes” such as phone calls and collaborative meetings. These are distinct from process notes, which may be required by one’s individual or practicum supervisor, but are not part of the client’s chart. There is a way to differentiate Contact Notes from Progress Notes in the EMR (by checking the appropriate option from the dropdown menu).

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.***

Students are responsible for keeping their billing up to date. They may either give their clients a printed invoice, Hushmail it to them, or arrange for invoices to be sent to the client’s home, if the client prefers. The process for billing and payment is as follows:

A. Fees are set during intake process by the Clinic Director or Assistant 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 (i.e., set fee, bills sent, and money received) are tracked on the "Financial – Bills" page in the EMR. There is a video on Canvas with additional details on how you can manage this process.

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

Fees

The Parnes Clinic maintains a commitment to providing the highest quality, most clinically beneficial services to clients, no matter how limited their financial resources may be. Fees are arranged on an individual basis according to income and expenses. Initially, client fees will be established by the Clinic Director or Parnes Postdoc after the client completes the Financial Form on the EMR. Then, the Clinic Director or Assistant 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 inform the client. *The student should be mindful of the client's response to the fee, and remain aware that the fee is subject to change.*

Any request for changes in the fee must be discussed with, and approved by, the Clinic Director or Assistant 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 or Assistant Director.

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

Fees for our services are as follows:

Therapy (Individual, Couples, and Family) – From \$5.00 to \$90.00 based on income and expenses. However, fees may be lower than \$5.00 under special circumstances (e.g., those patients without any form of income). This should always be discussed with the Clinic Director or Assistant Director.

Psycho-educational evaluations (Child Testing) – As of September 2025, the fee for a psychoeducational evaluation is \$600. If a parent or guardian states that they cannot pay this amount, they will be asked to complete the Financial Form to establish a sliding scale fee. The Clinic Director or Assistant Director will review the Financial Form and determine the updated fee. The fee covers the intake, all testing sessions, testing materials and protocols, written report, and feedback session.

Adult psychological testing – At intake, the patient will complete the financial form and the fee will be determined by the Clinic Director or Assistant Director. The fee covers the intake, all testing sessions, testing materials and protocols, written report, and feedback session. *The fee is waived if the patient is in therapy at the clinic.*

Child neuropsychological testing – At intake, parent or guardian will complete the financial form and the fee will be determined by the Clinic Director or Assistant Director. The fee covers the intake, all testing sessions, testing materials and protocols, written report, and feedback session. *The fee is waived if the patient is in therapy at the clinic.*

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 or Assistant 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 or Assistant 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 on a monthly basis.

1. Client may give cash or check payments directly to their therapists, or a member of the Clinic Staff in the office. All checks should be made out to "Yeshiva University," not the student therapist or Parnes Clinic. Credit card payments may also be made at the clinic office.

2. Clients may pay online by these steps

- a. Follow this link: https://secure.touchnet.com/C21817_ustores/web/store_main.jsp?STOREID=107 (https://secure.touchnet.com/C21817_ustores/web/store_main.jsp?STOREID=126 for Lemle Clinic payments)
- b. When prompted, click New User
- c. Click on the session
- d. Enter the amount of \$
- e. Client to enter their FEE (ex., October fee, etc.)
- f. Add to cart
- g. Fill Name, with the chart number and Payment for "Service Fee"
- h. New user and Register
- i. – Fill in and login

- j. Fill out credit card information
- k. Pay

2. If the clinic office is closed at the time of the in-person session, the client may pay the clinician who can then leave the payment in the lock 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 Administrator.
6. If fees are mailed to the clinic, or there is no one to give a receipt at the time of payment, it can be given to the patient at a later date.
7. There is also a locked box on the Clinic Administrator’s door in which payments can be left. Please be sure the patient’s name is clearly indicated.

Insurance

The Clinic’s policy on insurance is the following:

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

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 the patient or others. Examples of emergencies include suicidality; homicidality; acute psychosis; any command hallucinations to hurt self or others; any acute, severe change in mental status, a serious change in medical condition; child abuse/neglect, sexual abuse, or a result of sexual abuse, elder abuse or domestic abuse.

Instructions to be Given to Clients (or their Legal Guardians) if an Emergency Occurs

Between Clinical Encounters or When the Clinic is Closed:

All clients must be instructed by the students providing services to them that, in the event of an emergency, they are to go the nearest emergency room or contact 911. It must be made very clear to all clients that the Parnes Clinic cannot provide emergency services. Students should inform their clients that they should never leave emergency

information on the clinic voicemail or on the student's voicemail, as it is neither possible nor realistic to expect that the student will receive the information in time to ensure the client's or other's safety. Information about potential emergencies should also not be transmitted through Hushmail. *Students must also document in the progress notes that the client (and/or legal guardian for minors) was informed of emergency procedures.* Such a note should state: "I have discussed with the client (and/or legal guardian) emergency procedures if needed in the future, i.e., the need to contact the nearest ER or call 911 if the client presents with a danger to self or others. Client (or guardian) has agreed to follow through with emergency procedures if needed in the future". A list of psychiatric emergency rooms in the area can be obtained from the clinic office.

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

For standard non-emergent clinical situations, the appropriate procedure is that the student should try to reach their individual supervisor and the Clinic Director or Assistant 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 or Assistant Director should be contacted immediately. The Clinic Director or Assistant Director will then determine the gravity of the situation and the appropriate steps that need to be taken.

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

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

1. Text the Clinic Director or Assistant Director immediately as follows:

- a. **Between 9:00 AM and 12:00 noon:** Text the following message to Dr. Salton at 212.749.0347: "Hello. My name is _____. I am a student in the _____ program at Ferkauf. I am having a potential emergency with a patient. Please call me back at _____. You will be called within 15 minutes or less.
- b. **Between 12:00 noon and 5:00 PM.** Text the following message to Dr. Salton at 212.749.0347 or Dr. Lynch at 617.717.4603: "Hello. My name is _____. I am a student in the _____ program at Ferkauf. I am having a potential emergency with a patient. Please call me back at _____. You will be called within 15 minutes or less.
- c. **Between 5:00 PM and 8:00 PM and on Fridays:** Text the following message to Dr. Lynch at 617.717.4603: "Hello. My name is _____. I am a student in the _____ program at Ferkauf. I am having a potential emergency with a patient. Please call me back at _____. You will be called within 15 minutes or less.

- d. If the Clinic Director or Assistant Director are out of the office or on vacation, student therapists will be informed on alternative emergency procedures through CANVAS.

2. Carry out all interventions indicated by the Clinic Director or Assistant Director to ensure the safety of all those involved.
3. Follow up with individual and group supervisors as soon as possible. If it is determined, in consultation with the Clinic Director or Assistant Director, that the client will need to be hospitalized directly from the clinic, the following steps should be followed

If it is determined, in consultation with the Clinical Director or Assistant Director, that a patient requires a visit to the emergency room, the following steps should be followed:

1. 911 should be called, giving all relevant information, including:
 - a. Name of patient
 - b. Provide student therapist name and role
 - c. Patient address (if seen via telehealth)
 - d. Current psychiatric condition, including whether or not a weapon is present
 - e. Reason for activating emergency services
2. For in-person services, the Security guard near the 5th floor elevator should be notified that an emergency is occurring and that 911 was called. The student's and client's location in the clinic should also be shared with the security guard. **Security's telephone # is: 646-592-4398.**
3. **For telehealth services**, the clinician should remain on the video call with the patient throughout emergency process. Stay with the patient until EMS has transferred him/her to the emergency room. 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. The student should provide his/her information to the psychiatric ER staff for follow-up, as needed. The Clinic Director and/or Assistant Director should be kept apprised of the situation at all times.
4. If the student feels unsafe sitting with a client during the course of a clinical encounter, it is very important that the student pay attention to his/her feelings. In such a situation, the student should leave the therapy room and call for assistance from a member of the Clinic Staff, building security, or the police. The panic button (see below) should also be engaged, if needed.
5. **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. *situation.*

Remember, certain aspects of a client's confidentiality can be waived during an emergent situation. These details were shared with the patient during consenting procedures and intake.

Child Abuse/Neglect/Sexual Abuse

Definition of Child Abuse (NYS Family Court Act, Section 1021):

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

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

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

Definition of Sexual Abuse of a Minor:

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

State Office of Children and Family Services.” This is available for students’ review but must be kept in the clinic office at all times.

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

(this applies to students in all practica.)

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

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

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

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 confidentiality is waived. 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-2221A) must be mailed within 48 hours. This form must be signed by the student and the Clinic Director or Assistant 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. If the situation is determined to be *reportable* by the ACS worker, and, thus, a report is made to the ACS Registry, the student will need to document this in the client's file. Such a note should be titled: "Consultation with ACS Mandated Reporter's Registry: 800-635-1522", and should include all of the above information.

Once again, it should be underscored that all situations of suspected abuse/neglect must be dealt with immediately, and in consultation with and the Clinic Director or Assistant Director and one's supervisor. The Clinic Director or Assistant Director will assist the student with the making of all phone calls to the ACS Mandated Reporter's Registry, and with all documentation. Please note that clinic staff NEVER decides whether a child abuse situation has occurred; this is determined by ACS.

Availability of Limited Psychiatric Consultation Services at the Parnes Clinic

The Parnes Clinic has a consulting Psychiatrist who works with children, adolescents, and adults, who is available to conduct non-emergent psychiatric evaluations, and if indicated, medication follow-up, on a limited basis. We have 8 hours/week of psychiatric time. These "back-up" psychiatric services are available only for clients who are receiving ongoing services at the Parnes Clinic. The fee for psychiatric services is the same as the fee for a client's psychotherapy sessions. These services are available only for clients who can attend psychiatric appointments during the fixed times that the Psychiatrist works with Parnes. Due to the Psychiatrist's fixed and limited hours at the Clinic, there is no flexibility in the scheduling of psychiatric appointments. It should be stressed that if a client needs a Psychiatric Consultation due to a clinical emergency, emergency procedures delineated earlier in this manual must be followed, which usually does NOT involve our psychiatrist.

Non-Emergent Psychiatric Consultations

Reasons for Non-Emergent (Routine) Psychiatric Consultations

There are several reasons that a psychiatric consultation might be indicated, which are separate from 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 or Assistant 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 while providing psychological 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 available during the specified times when the appropriate Psychiatrist is on-site, the referral process is simple:

1. The student presents relevant aspects of the client's history and clinical presentation to the Clinic Director or Assistant Director, who will make the final determination as to whether or not a psychiatric consultation is warranted.
2. Prior to the scheduled psychiatric evaluation, the student should make every effort to *obtain a copy of the client's most recent physical examination and lab work* from the client's medical doctor or pediatrician. The student can obtain this by either: a) asking the client (or legal guardian) to obtain this from the medical doctor or pediatrician, and then bring it to the clinic, or b) with signed Authorization for Communication of Health Information, contacting the medical doctor or pediatrician directly and requesting that a copy of the physical examination be sent to the Parnes Clinic. Once obtained, the record of the physical examination and lab work should be kept in the client's paper record. Additionally, the student should document all attempts to obtain a copy of the client's most recent physical examination. Although not receiving this information does not preclude obtaining a psychiatric consultation, this information is sometimes necessary in order for medication to be prescribed. At the very least, the student should place the name and phone number of the client's medical doctor or pediatrician in the client's chart.
3. Once the psychiatric evaluation is scheduled, the student contacts the Psychiatrist by telephone, text, email, or, if possible, in-person at the Parnes Clinic, so as to present relevant information. Specifically, the student should concisely and briefly present: 1) the reason for the referral; 2) current symptomatology and history of the symptomatology; 3) current medications prescribed by an outside practitioner; 4) any active and serious medical conditions; 5) any risk factors; 6) any active substance abuse.
4. The referring student should be present at the initial psychiatric evaluation.

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

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

Coordination of Care with Psychiatrists/Medical Doctors/Pediatricians Outside of the Parnes Clinic

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

Special Issues Regarding Clinical Documentation:

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

have no question about how to complete these essential clinic functions. Indeed, many of these rules apply to all mental health clinics.

1. There are two official charts (“file”, “folder”, “record”) for each client, on paper and one EMR. The paper chart that must be kept in the Clinic at all times. The paper chart includes: all signed consent and authorization forms;; all raw data from psychological testing or evaluations; any communications, such as letters, from the client, or from the client’s legal guardian, to the student providing the psychological services; copies of all letters or evaluations sent to the client, to the client’s legal guardian, and to any 3rd party and record of supervisory meetings. The EMR chart includes: referral and screening reports; and financial information; the intake report; progress notes; mid-year and end-year summaries; monthly billing sheets; and termination reports and transfer data sheets when appropriate.

2. Students must take care to ensure that clients’ charts remain both private and protected. If material containing patient information, or any of the 18 HIPAA identifiers listed in on Canvas are removed from the clinic for any reason, it must be xeroxed and de-identified. *All client-identifying information remains solely on the original document, which is kept in the Clinic at all times.*

3. Any information which is to be released to a third party by a student must first be discussed with, and reviewed by the student’s supervisor, and the Clinic Director or Assistant Director. Any written document which is being sent to a 3rd party must be reviewed and signed by one’s individual supervisor, or if an individual supervisor is not available, the Clinic Director must also review these communications. A copy of the document which is being released must be kept in the client’s chart, with the original Authorization for Communication of Health Information.

4. The Intake Report must indicate that the student has done a careful assessment of the following risk factors: a) suicidality (individual and family history); b) homicidality (individual and family history); c) psychosis (individual and family history); d) substance abuse/dependence (individual and family history); e) medical problems which potentially pose an acute risk; f) history of involvement with the courts; criminal history; g) history of ACS involvement; h) history of sexual/child abuse as either a victim or perpetrator, and i) past or current domestic violence, j) DSM-5 diagnosis.

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

A. Date the clinical encounter occurred

B. Type of session (for example, individual therapy, couple’s therapy, family therapy, “telephone contact with”)

C. Length of session

D. Whom the student met with/spoke with

E. Information and experiences (subjective data) reported by the client

F. What the student observed (objective data)

G. Themes which emerged

H. Interventions which were carried out

I. Client's response to the student's interventions

J. Any "significant negatives". For example, if the client reports feeling more depressed than is usual for the client, and reports passive wishes to die but denies active suicidal ideation, plan, intention, the student needs to document this. The student should never leave any acute risk factors unaddressed in a note and should indicate that s/he gave careful consideration to the risks involved, and took appropriate action to ensure the safety of everyone involved.

K. It is important that, where appropriate, the student includes in the clinical documentation, a discussion of not only those interventions which were carried out, but also, of those interventions that were considered, but ruled out at the time. The student should document the clinical reasons why it was decided, in consultation with supervisory/administrative faculty, that certain interventions were not taken. For example, if, in consultation with one's supervisor, Clinic Director or Assistant Director, referral to a Psychiatric Emergency Room was considered, but ruled out, this should be clearly documented, indicating the *clinical reasons* for ruling this intervention out at the time.

L. In a similar light, in the event a client (or legal guardian, if the client is a minor), *refuses to accept a recommendation* made by the student, (per prior consultations with supervisory or administrative faculty), the student should document in the client's chart. (It should be stressed that "Progress Notes", as described above, are to be differentiated from "Process Notes". Process notes are verbatim descriptions or qualitative observations of therapy sessions and may be required by one's individual or practicum supervisor. Process notes are considered by many to be an excellent learning tool. Unlike progress notes, process notes are *not* a part of the client's charts. Process notes must never have any client identifying data attached to them. Process notes are never to be kept in the paper file or written in the EMR. They are to remain deidentified and stored securely.

6. Under Privacy Practices regulations, clients, or legal guardians for clients who are minors, have the right to have access to clients' Psychological, Psychoeducational, or Neuropsychological Evaluations or Test Reports, (unless this would be clinically contraindicated.) Therefore, as noted elsewhere, it is essential that all Evaluations or

Reports be written in a manner that is respectful of the client, and that is mindful of issues of diversity and of individual differences. Additionally, while test scores or answers that a client gives in response to test questions are part of the client's general record, and thus, with proper authorization, can be released to appropriate parties. The test questions themselves are considered copywritten "trade secrets" and must never be released.

7. All clinical documentation must be written as soon as the clinical encounter has occurred. If there is any significant delay in writing one's notes, (such as a delay of more than 24 hours), the student must indicate both when the documentation was done, and when the clinical encounter occurred.

8. All consultations with one's Supervisor, other than that which occurs during one's regular supervisory session, as well as with the Clinic Director, should be documented in a progress note, and given a title, such as, "Consultation with..."

9. All student therapists who have seen their clients for 4 sessions or more must do an intake report, mid-year and End-year summaries.

10. In order to ensure that all students' charts are in compliance with the Policies and Procedures of the Parnes Clinic, the Clinic's Student TAs will conduct periodic chart reviews. Any chart deficiencies will be brought to the attention of the student. It is the student's responsibility to correct any issues promptly and remain in communication with their TA. As noted in an earlier section of this Manual, students' compliance, (or failure to comply), with charting requirements will be reflected in students' grades in the appropriate clinical practica.

11. Under Privacy Practices Laws, clients or their legal guardians have the right to see and obtain a copy of their charts, (unless this would be clinically contraindicated.) This has several essential implications regarding clinical documentation. A) First and foremost, all clinical notes and documentation should be written in a manner that is reflective of a professional relationship which is based on the utmost respect for each client's dignity, and of individual differences and issues of diversity. B) Additionally, if a client requests to see, or to have a copy of the chart, the student should explore the reasons for this request, and then discuss the client's request with his/her Supervisor and the Clinic Director. If, based on a thoughtful and careful review of all relevant clinical data with appropriate supervisory/administrative faculty, it is determined, based on sound clinical judgment, that the client's seeing, or having access to the chart would be clinically contraindicated, this must be documented very clearly in the client's chart, and discussed with the client. The clinical reasoning informing the decision that it would be clinically contraindicated for the client to see or obtain a copy of the chart would also need to be documented. However, if it is determined, in consultation with appropriate supervisory/administrative faculty, that the client's request to have access to the chart is not clinically contraindicated, the client's request should be met. This, likewise, would need to be documented in the client's chart.

12. All hand-written entries into a patient's paper chart must be *legible* and written in blue or black ink. Additionally, *white-out must never be used* in a chart, as white-out can be interpreted as "tampering with the data". If the student makes an error on anything in a chart, s/he should put a line through the incorrect words, initial them, and then re-write the words. On the EMR, it is important to include that you made an "addendum" if you make any changes to the chart after signing a note. Clinic Director or Assistant Director approval is needed to unlock a signed note.

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

Security Problems

1. To reach the security guard on the fifth floor of the Van Etten building, the student should press the "panic button" in the treatment room. The panic buttons are either under, or on the sides of the tables in each room. Pushing the panic button will inform the security guard of which room may be having a problem and s/he will arrive immediately. There is a security guard on the fifth floor during all the hours that the clinic is in operation. He/she is also in constant contact with security personnel in the Van Etten lobby.

2. If there is ever no answer when the panic button is engaged, the student should leave the clinic room and call the Einstein security guard in the Van Etten lobby at 646-592-4398. The security base will contact the security guard by walkie-talkie.

All clinic-related security problems should be reported to the Clinic Director or Assistant Director immediately.

Recording sessions using VALT

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

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

2. As your username, enter your [first name] space [last name]. The password is Parnesstudent (capital P) to log in. You will be welcomed by Intelligent Video Solutions. As an example, if your name is Max Celia, the following will be your credentials to begin with. If these do not work, write to me at parnestech@parnesclinic.org

Username:	Max Celia
Password:	Parnesstudent

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

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

5. Once logged onto the system you will see the home page as below:
Students have the capability to see only their recordings. The options on the home screen are “Observe,” “Review,” and “Schedule.”

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

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

All rooms in the clinic have the ability to record. Each room has a privacy switch (turns on green) and recording button (turns on blue). The privacy switch always needs to be on (green) for recordings to occur otherwise you will see a black screen. Please ensure that the client has signed off on the consent form before switching on the privacy switch.

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

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

Client Initials: FiLa-First two alphabets of your client’s First(Fi) and Last(La) name. JoSh for Joe Shmoo
Clinician: First two alphabets of your first and last name. MaCe for Max Celia
Date: MM/DD/YYYY format

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

Note: Any additional info.

6. Click “Save”

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

8. Next to your room number you will now see “Waiting”.

9. Click on start recording when you are ready to start the session and Click on stop recording at the end of the session.

10. If you have questions, concerns, worries, always reach out to 917-971-5306. And here is a link to the bulk of VALT’s user training videos. https://ipivs.com/wiki/Video_Training

11. Please do NOT use VALT to schedule room. Instead, use the appointment plus app.

Parnes Google Meet

1. **Logging In:** You will receive a one-time email to your YU email address prompting you to login

to your new google account. A template of the email is pasted below so you can see what to expect. You will be required to create a password for the account.

a. The Parnes Clinic has a separate subdomain within the general Gmail system that is delineated by our @parnesclinic.org. When signing in, make sure to use the @parnesclinic.org after typing in your username.

b. Unless otherwise arranged, your username will be the same as your YU/ Hushmail username. For example, if your YU email is jane.doe@mail.yu.edu, it will be jane.doe@parnesclinic.org.

c. *Please note* that you will only use your @parnesclinic.org or Hushmail account to communicate with patients. You may not use a personal or other Gmail account for Parnes related business. Parnes has purchased a specific, HIPAA compliant, Google account that has more security measures than ordinary Gmail accounts. If you have a personal Gmail account, you will need to double check that you are signed into the appropriate email before initiating a session.

d. Additionally, while we will be focusing on Google Meets, the video chatting platform, you will also have access to Google Drive, Gmail etc.

2. Changing your password: You should receive a prompt to change your password the first time you log in. If you do not receive this prompt, you can change your password by logging in to your account, clicking on the G Suite box in the upper left corner, then selecting manage account below your name. Look across the tabs on top and click on Security. Scroll down a little and you will see a box entitled Signing in to Google. Click on Password. You may need to sign in again.

3. Consent for Google Video Form: The Parnes Confidentiality Consent form that every student should have signed will continue to apply and cover the new Google platform. This form dictates the expectations of confidentiality and protection of the client record, with particular attention to recorded sessions.

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

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

6. Reviewing and Sharing Session Videos: Recorded sessions will be securely stored in your personal Parnes Google Drive. You will be able to share your videos by sharing your screen on Google Meets with your supervisor and playing the video during supervision

a. Please note- you are NOT permitted to delete videos in your Google Drive. As with VALT, our prior video platform (and the platform still used to store videos recorded in-person at Parnes), the session videos will be used for research, competency examinations, and supervision, so must remain on the platform

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

Frequently Asked Questions and Resources

1) What will we be using Google Meets for?

- a. This is for video telehealth. Google Meets is part of the larger Google Suite platform, so you will also have access to Gmail, Google Drive, etc.
- b. At this point we are still using Hushmail for forms until we can find a better way of having patients sign forms remotely.

2) Setting up your Password

- a. You can change your password by logging in to your account, clicking on the G Suite box in the upper left corner, then selecting manage account below your name. Look across the tabs on top and click on Security. Scroll down a little and you will see a box entitled Signing in to Google. Click on Password. You may need to sign in again.
- b. <https://support.google.com/accounts/answer/41078?co=GENIE.Platform%3DDesktop&hl=en>

3) Do I need to use Google Meets?

- a. Yes, as soon as you have access to your account, you will be expected to use Google Meets. This software allows us to record and store sessions, which is an APA requirement for supervision as well as a helpful and necessary step for research at Parnes and the completion of therapy-based comprehensive exams.

4) How do I create a Google Meets Appointment?

- a. One Time Appointment
 - i. There are two ways to set up a one-time Google Meets appointment.
 - 1. Go to Google Meets (<https://meet.google.com>), select “Join or start a new meeting,” enter a session name (i.e. “8pm session”), allow use of camera and microphone, and press “Join Now.” Once you have joined the meeting, a pop up will allow you to “Add people” to the meeting, and you will then be able to add the email address for your patient.
 - a. Video detailing steps: https://www.youtube.com/watch?v=K6vwkDZC0AY&feature=emb_title
 - 2. In the second option, you can go to Google Calendar, create new event, add a title (“8pm Session”), select “Add google Meet Video Conferencing,” and add a guest (enter patient email).
 - a. Video detailing steps: https://www.youtube.com/watch?v=CY_oyeg5UXk&ab_channel=Mr.Vacca
 - b. Recurring Appointments (same patient, same time each week)
 - i. Go to Google Calendar, create new event, Add a title (“8pm Session”), select “Add google Meet Video Conferencing,” and Add a guest (enter patient email), click the button “does not repeat” to change option to the frequency of your preference (i.e. weekly on Mondays, Custom etc,) to set recurring status

ii. If the meeting is due to recur, the same Meet links, codes and/or nicknames will be used for all the recurring events.

5) How do I record sessions?

a. At the start of each session, once you initiate the meeting, you will click the options bar on the bottom right of the screen and click 'START RECORDING.' This will then prompt your client to provide consent to recording.

i. Please note session will not start recording unless you manually start recording

b. Helpful Video: https://www.youtube.com/watch?v=oEaVap0yzrg&feature=emb_title

6) How to stop recording

a. The Google Meets video recording will stop automatically once you end the video call. If for some reason you need to end the recording prematurely, follow the same steps as described in item 5 and press "stop recording."

7) How do I access my recorded sessions?

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

8) What about using Parnes Gmail for emailing Patients?

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

9) Helpful Links/ Resources

a. Creating a Meet: https://www.youtube.com/watch?v=K6vwkDZC0AY&feature=emb_title

b. Creating a Meet (video 2):

https://www.youtube.com/watch?v=UgzhtQCstbo&ab_channel=SarahGregory%2CSLP

c. Detailed Video:

https://www.youtube.com/watch?v=wGXl0KpkR50&ab_channel=Teacher%27sTech

Using Hushmail

1. Login usernames.

a. You can sign in at <https://www.hushmail.com> by clicking on the sign in option located in the top right corner.

b. The Parnes Clinic has a separate subdomain within the general Hushmail system that is differentiated by our @parnesclinic.hush.com. When signing in, make sure to use the @parnesclinic.hush.com after typing in your username.
c. Unless otherwise arranged, your username will be the same as your YU username. For example, if your YU email is jane.doe@mail.yu.edu, it will be jane.doe@parnesclinic.hush.com.

- 2. Everyone has been given the same temporary password of daly bison bk*
- a. After you sign in, you can change your password by going to the three little lines located in the top right corner and selecting preferences from the dropdown menu. You should see several options, including a name to set for filling out forms, your email address, and then passphrase. You will need to use the temporary passphrase in order to create a new one.*
 - b. It is important to write down your password somewhere and make sure you don't forget it. We may not be able to reset your password should you forget it.*

3. Forms

- a. All intake forms are on the Hushmail platform in a fillable form that can be sent to patients.*
- b. Forms can be sent to patients by selecting the "add form" button when composing an email. Clicking on the "add form" button will give you a dropdown menu of all the forms that are available for sending. You are able to select multiple forms from the dropdown menu.*

4. All clinic supervisors have Hushmail accounts. Please use these email addresses when communicating about patient care.

5. Any questions can be sent to the Parnes Tech TA, who can be reached at parnestech@parnesclinic.org.

Referring Testing Patient for Therapy

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

- 1) Discuss the case with your testing supervisor or lab instructor to determine that therapy at Parnes is indicated.
- 2) Inform the Clinic TA that you would like to refer the patient to Parnes for therapy.
- 3) Clinic TA calls testing patient and completes phone screener.
- 4) Clinic TA creates EMR record for patient and enters information from screener.
- 5) Clinic TA presents screener to Clinic Director or Assistant Director.

- 6) The Clinic Director or Assistant Director simultaneously accepts patient for intake and therapy on EMR.
- 7) The Clinic Director or Assistant Director advises which therapy track ((CBT, Dynamic, FOAP, Lemle, etc.) is best suited for patient.
- 8) Clinic TA from the designated track assigns appropriate therapist who will both complete the intake and then begin the therapy.
- 9) The assigned therapist conducts brief clinical interview.
- 10) The assigned therapist writes intake report for patient based on testing report, clinical interview.
- 11) The assigned therapist begins therapy unless extenuating or new circumstances preclude this, ergo necessitating a consultation with the Clinic Director or Assistant Director.

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.

Online Parnes room reservation system

Do not use the VALT system to schedule rooms.

- 1) Go to <http://booknow.appointment-plus.com/43s2mbme/>
- 2) Select the amount of time you will need.
- 3) Select the room you will need.
- 4) 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.*
- 5) Select the time(s) you will need.
- 6) You will then be asked if you are a new or returning user. Select whichever is appropriate.

7) 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.