

James J. Gray Psychotherapy Training Clinic
American University Psychology Department

POLICIES

Between-session communication. Your therapist will indicate at your first session how you can get a message to her or him between sessions. Please give at least 24 hours notice if you must cancel or reschedule an appointment.

Your therapist is not available on a 24-hour emergency basis but will provide you with information on hotlines you could use in such an emergency situation.

Fees. The fee is set on a sliding scale. You will be told your fee by the clinic director upon initial telephone contact with the clinic. Payment in full is expected at the start of each session, for which a receipt will be provided. You may pay in cash, or by check made payable to "AU Training Clinic". You need to arrange for your own insurance reimbursement if applicable (with your therapist's input as needed). After two instances of missed or incomplete payments, no additional sessions will be scheduled until the balance is paid in full.

Confidentiality. Protecting the confidentiality of your communications (written, oral, or taped) is your therapist's ethical and legal responsibility. No information (including the fact that you are seen in treatment) can be released without your consent, with the following exceptions:

I. LEGAL ISSUES

(a) If you present a substantial risk of doing serious and imminent physical harm to yourself or others, your therapist must take any reasonable preventive steps necessary, including contacting police or relatives.

(b) If your therapist has reason to believe that you or someone close to you is involved in child or elder abuse, this must be reported to Protective Services.

(c) Your records and/or your therapist's relevant testimony could be required in certain court cases (e.g., involving your emotional condition, child welfare, a claim against your therapist).

(d) Your signing an insurance form authorizes your insurance company to obtain information from your therapist about you (e.g., diagnosis).

TRAINING ISSUES

In addition to the above legal exceptions, your therapist is a trainee in a clinical psychology Ph.D. program and as such will be receiving individual and group supervision of the treatment. This has the following implications:

(e) Your therapy sessions will be audiotaped and/or videotaped. The tapes will be made available to your therapist's supervisor, a licensed clinical psychologist. They may also be used, as judged relevant by the supervisor, for the purposes of training other clinical psychology Ph.D. students.

(f) Your therapist will write chart notes concerning your therapy sessions, which will be maintained in a secure fashion in the clinic.

(g) Your treatment will be discussed in supervision meetings between therapist and supervisor.

RESEARCH ISSUES

In addition to providing a community service, this clinic is intended to support research on psychotherapy, in the hope that therapy methods might thereby be improved, for the benefit of future clients. This has the following implications:

(h) Your therapist may elect to write a summary of the methods used, and results obtained, in your therapy. This report could conceivably be distributed to other professionals (e.g., publication in a professional journal or book). If such a report is written, no identifying information about you would be included.

(i) You will be asked to complete, prior to treatment, an intake evaluation consisting of an interview and a number of standard questionnaires regarding your psychological well-being. Some of these measures will be repeated periodically throughout the course of your treatment as one way of monitoring the effectiveness of treatment.

(i) Besides being used for training purposes [point (e) above], tapes of your sessions might be Viewed/ listened to by researchers (as approved by the Clinic Director) in the context of future studies of psychotherapy. In this case, researchers will not have access to individually identifying information about you.

Please sign below to indicate that you have read, understood, and agreed to these conditions.

Signature: _____

Name (please print): _____

Date: _____