



STEPHEN F. AUSTIN STATE UNIVERSITY

THE UNIVERSITY OF TEXAS SYSTEM ★ NACOGDOCHES, TEXAS

Department of Human Services and Educational Leadership School Psychology Assessment Center

P.O. Box 13019, SFA Station • Nacogdoches, Texas 75962

Phone (936) 468-1304 • Email spac@sfasu.edu

For electronic use only

PERMISSION FORM

Name: _____ Date: _____

I hereby voluntarily consent to utilize the school and/or intervention services provided through the Stephen F. Austin State School Psychology Center. Possible services include individual, group, marital, or family therapy, consultation, educational intervention, and individual psychological testing. As a client utilizing the service of a supervised School Psychology Doctoral Student, I understand that I have a right to ask any question I may have about the process, methods, duration, and goals of the services that are rendered to me and the right to discuss any concerns I may have. I have the right to terminate those services at any time.

I have read and hereby certify that I understand the following:

- The School Psychology Center provides training and research for the Stephen F. Austin State School Psychology program. The program requires that all student therapists or interviewers be under the supervision of faculty psychologists.
- There is a possibility that my School Psychology Doctoral Student and/or supervising psychologists may change during the course of the therapy or services.
- For training or research purposes sessions may be audio or video taped, and/or observed by supervisors or other School Psychology Doctoral Students of the Stephen F. Austin State School Psychology Center.
- Tapes, tests, and other information obtained during my contacts with the clinic may be used for research and/or training purposes. I give consent for my individual data to be presented **anonymously** at professional meetings and/or published in a scientific journal.
- I understand that one of my rights involves confidentiality. Within certain limits, information revealed by me or my child during counseling/testing will be kept strictly confidential, and will not be revealed to any other person or agency without my permission. If I give my written permission to release information to my health insurance company, employee assistance program, or other health benefits program, I understand that School Psychology Doctoral Students may disclose the nature of services provided, the diagnosis, the dates of services, the fees charged, and other relevant information specifically requested by the insurance company or program.
- I understand that there are certain limits to confidentiality, in which it is required by law and/or professional ethics that School Psychology Doctoral Students reveal information to other persons or agencies, without my permission.

These limits to confidentiality are as follows:

There are situations where the School Psychology Assessment Center may be required or permitted to disclose information without your authorization. These situations are unusual in this clinic.

These include:

- A. If the School Psychology Assessment Center has knowledge, evidence, or reasonable concern regarding the abuse or neglect of a child, elderly person, or disabled person, it is required to file a report with the appropriate agency, usually the Department of Health and Human Services. Once such a report is filed, we may be required to provide additional information.
- B. If a client communicates an explicit threat of serious physical harm and has the apparent intent and ability to carry out such a threat, the School Psychology Assessment Center may be required to take protective actions. These actions may include contacting the police and/or seeking hospitalization for the client.

STEPHEN F. AUSTIN STATE UNIVERSITY

THE UNIVERSITY OF TEXAS SYSTEM ★ NACOGDOCHES, TEXAS

PERMISSION FORM continued

- C. If we believe that there is an imminent or even, in our judgment, high risk that a client will physically harm himself or herself, we will also take protective actions.
- D. Although courts have recognized a clinician-client privilege, there may be circumstances in which a court would order the School Psychology Assessment Center to disclose personal health or treatment information. We also may be required to provide information about court ordered evaluations or treatments. If you are involved in, or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order the clinic to disclose information.
- E. The School Psychology Assessment Center is required to provide information requested by a legal guardian of a minor child, including a non-custodial parent.
- F. If a government agency is requesting information for health oversight activities or to prevent terrorism (Patriot Act), the clinic may be required to provide it.
- G. If a client files a worker's compensation case, the School Psychology Assessment Center may be required, upon appropriate request, to provide all clinical information relevant to or bearing upon the injury for which the claim was filed.
- H. If a client files a complaint or lawsuit against the School Psychology Assessment Center or professional staff, the Center may disclose relevant information regarding the client in order to defend itself. If any of these situations were to arise, the Center would make every effort to fully discuss it with you before taking action, and would limit disclosure to what is necessary.

The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Signature of Client

Date

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

Date

School Psychology Doctoral Student

Date