Campbell
PSYCHOLOGICAL SERVICES

Child's Name: _____ Date of Birth: _____

PARENT INFORMATION

☐I do NOT consent to my child receiving services at Campbell Psychological Services

Parent Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (cell / home / work)

May we leave a message from Campbell Psychological Services at this number?

☐Yes

☐No

Is there currently a custody dispute regarding this child, or do you expect that the current custody arrangement will be disputed in the future?

☐Yes - *If yes, a signed copy of the Agreement for Court-Involved Families is required and must be returned with the Pre-Intake Packet. If it is not already enclosed, this form can be found at CampbellPsychPA.com/custody*

☐No

Please be sure that all pages are completed in their entirety and that the child's name and date of birth is on all pages.

Completed forms can be returned using one of the following methods:

1. ***Fax: (717) 620-0536***
2. ***Email: ClientCare@CampbellPsychPA.com***
   Please consider limits of privacy/security when sending sensitive information by email
3. ***Mail: Campbell Psych. Services***
   Attn: Client Care Coordinator
   25 E. North Street
   Carlisle, PA 17013

SERVICE AGREEMENT

Welcome to Campbell Psychological Services! This document contains important information about our professional services and business policies. It serves a consent for services and an agreement between you and Campbell Psychological Services ("CPS"). Please read it carefully and let us know if you have any questions, so that we can discuss them. In this Agreement "you" refers to the individual identified as the client and, if applicable, the client's caregivers.

SERVICES

Our clinicians provide assessment, evaluation, and psychotherapy; we do not prescribe medication. Services are provided on an outpatient basis. Our main office is located at 25 East North Street in Carlisle, Pennsylvania.

Outpatient Therapy: Therapy typically begins with an assessment to help your therapist better understand your concerns. This may take one or more sessions to complete, at which point your therapist will work with you to develop therapy goals and a plan. Your therapist will use his/her knowledge, skills, and expertise to provide you with the best treatment he/she is able. Psychotherapy has been shown to have positive benefits for many people, including reduced distress, better relationships, improved coping skills and self-awareness, and the resolution of specific problems. However, as with any treatment, there are potential risks. These include – but are not limited to - uncomfortable feelings, discussing sometimes unpleasant or challenging aspects of life, and the possibility that therapy will not resolve the issues for which you are seeking help. Therapy requires an investment of your time, energy, and resources to be most effective.

Evaluations: A psychological evaluation is intended to get a clear picture of what type of difficulties you are having, why you are having them, and how to address them. Evaluations may take three or more sessions to complete. Keeping your scheduled appointments and promptly completing any forms provided to you will help the evaluation to be completed in a timely manner.

Evaluations are intended to answer specific questions regarding diagnosis or treatment needs. Your clinician will use his/her knowledge, skills, and expertise to answer the evaluation question(s) and provide you with direction for next steps. However, because each person is unique and complex, our clinicians are sometimes unable to answer the evaluation question. If that happens, your clinician may need to refer you for further testing or specialized evaluation with another provider. For example, we are not able to conduct psychological testing, such as intelligence testing, or evaluate for learning disabilities. Children who may be on the autism spectrum are referred out for specialized evaluation. The client and/or parent or guardian will be provided with feedback regarding the results of the evaluation.

CONSENT TO TREAT & RELEASE OF INFORMATION FOR MINORS

There are specific laws and regulations regarding the treatment of individuals under the age of 18 years, including who can provide consent to treatment and who makes decisions about sharing information from the youth's treatment record.

- For youth under 14 years of age, decisions about care are made by the parents/legal guardians.
- For youth 14 to 17 years old, consent to treat can be provided by either the youth *or* the parents/legal guardians. With a few exceptions, the youth decides with whom information may be shared. It is important that

the youth, caregivers, and clinician discuss at the start of services the youth's right to confidentiality and what information will be shared with the caregivers.
- When there is custody agreement or court order and the parents/guardians are the ones providing consent to treat, CPS is legally required to take reasonable steps to get consent from all parties with legal custody before beginning services.

For youth with multiple legal guardians:

- Each adult may make their own choices regarding whether to use electronic communication (see Consent for Electronic Communications).
- Any guardian may provide consent for information to be exchanged with outside parties including, but not limited to, physicians, schools, and caseworkers. If you have concerns about this policy, you should speak with your therapist about your concerns. The exception is consent to share information with private attorneys - it is our policy to get consent from all legal guardians before sharing information with private attorneys.

PARENT/CAREGIVER INVOLVEMENT

Parents (by which we mean any adult caregiver responsible for a child's well-being) are among the most important people in a child's life. Parents have valuable information that can help your clinician help your child and family. Parents also play a key role in extending the impact of therapy beyond the therapy office.

In most cases, especially with younger children, therapists will ask for parent involvement in the child's therapy. This may include joining the child in session, meeting with the therapist one-on-one to talk about the child's needs, and helping with "homework" between sessions. Therapy is not a "drop off" appointment. Parents should plan to remain in the waiting room unless other arrangements are made with the clinician.

PROFESSIONAL FEES, BILLING & PAYMENT

Please see the *Financial Responsibility Agreement*.

ATTENDANCE & MISSED APPOINTMENTS

A scheduled appointment means that time is reserved only for you. You are responsible for attending scheduled appointments or cancelling at least 24 hours before the appointment, otherwise you will be charged a Missed Appointment fee.* You are responsible for this fee; insurance does not pay for missed appointments.

Repeatedly missing or cancelling appointments, for whatever reason, may result in discharge from services. Specifically, your case will be closed if:
- You miss or late-cancel 2 appointments within a 30-day period, or more than 3 appointments in a 6-month period.
- You go more than 30 days without coming in for an appointment.

*Medical Assistance clients are not subject to this fee, per federal regulation.

LATE ARRIVAL

It is important that your sessions begin and end on time. Please arrive a few minutes before your scheduled appointment so that you can get the full benefit of your scheduled time. If you arrive late, your session will not be extended to make up for the missed time. If you arrive more than 15 minutes late for your scheduled appointment, it will be considered a missed appointment (see above regarding Missed Appointments).

FREQUENCY AND DURATION OF THERAPY

Therapy sessions are typically 45-55 minutes long, although your first appointment may be slightly longer. You and your therapist will decide together on the frequency, number, and length of sessions most appropriate to address your concerns.

CONTACTING YOUR CLINICIAN BETWEEN APPOINTMENTS

Our clinicians are typically in appointments throughout the day and not immediately available by phone. If you need to reach your clinician, please leave a voicemail so that he/she can return your call. Calls will generally be returned within one to two business days.

If you are experiencing a non-life-threatening emergency or urgent situation and are not able to reach your clinician by phone, please leave a message letting your clinician know the matter is urgent. Your clinician will call you back as soon as he/she is able.

Between-session calls are appropriate for scheduling appointments or urgent matters. There is a charge for calls longer than 10 minutes. If you find that your appointments are not long enough to meet your needs or that you are needing a lot of support between sessions, please speak with your clinician about meeting more frequently.

EMERGENCY PROCEDURES

If you need immediate assistance or if you have a crisis outside of normal business hours (Mon-Fri, 9 am – 5 pm), please utilize Cumberland/Perry Crisis Intervention, which provides around-the-clock crisis coverage. Walk-in crisis services are available at Carlisle Regional Medical Center and Geisinger Holy Spirit Hospital Emergency Departments. Crisis Intervention can also be reached by phone at 866-350-HELP. In case of a life-threatening emergency, call 911.

If you have thoughts or plans of hurting yourself or others, it is important to share this information with your clinician. Your therapist will help you to create a plan intended to keep you and others safe, as well as reduce the need for crisis care.

SOCIAL MEDIA

Due to the importance of your confidentiality and in order to keep the relationship with your clinician a professional and therapeutic one, clinicians do not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, Twitter, Instagram, etc.).

If you choose to follow Campbell Psychological Services on social media, we will never disclose on social media that you are client of the practice. However, if you choose to follow the practice on social media, you assume any risks associated with doing so.

RELEASE OF INFORMATION TO INSURANCE

By signing this form, you authorize the release of information regarding your care to your insurance plan for payment of claims, certifications, health management decisions, and other purposes related to the administration of benefits of your insurance plan.

Your insurance plan may request medical records, including your treatment plan and therapy notes, in order to confirm that services are medically necessary and verify eligibility for payment. In order to bill insurance, your therapist must provide you with a mental health diagnosis.

CONFIDENTIALITY

In general, the privacy of all communication between clients and mental health service providers is protected by law and information about you can only be released with consent from you or, for client under 14 years of age, a legal guardian. However, there are a few exceptions, which are outlined in the *Notice of Privacy Practices*. These exceptions include, but are not limited to:

- **Suspected Abuse:** If, in our professional capacity, a clinician at Campbell Psychological Services has reasonable cause to suspect a child is or has been the victim of abuse, neglect, or maltreatment, that clinician is required by Pennsylvania law to report the suspicion of abuse or maltreatment to the appropriate authorities.
  - This includes suspicion that a child coming before us is the victim of abuse, as well as situations in which a person tells a clinician he/she knows of a child who is being or has been abused.
  - Our clinicians are mandated to make a report if anyone age 14 or older discloses that he or she committed child abuse, even if the victim is no longer in danger.
  - Suspected abuse of an elderly or disabled person will also be reported to the appropriate state authority.
- **Serious Threat to Health or Safety:** A clinician may disclose confidential information to protect a client or others from a serious threat of harm by the client. This may include, but is not limited to, calling the police, seeking appropriate hospitalization, or notifying a potential victim.
- **Certain Legal Situations:** In most legal situations, you have the right to refuse permission for Campbell Psychological Services to release any information about treatment. In some circumstances, a judge may require (court order) the release of written records or testimony by a clinician.

In such situations, your clinician would make every effort to discuss with you his/her intended actions before making any disclosures, unless your clinician believes that doing so would increase the risk of harm to you or another person.

Our clinicians may consult with professionals within the practice or from other organizations, including other licensed mental health professionals, for the purposes of improving care to clients and our professional growth. During such consultation, we may discuss specific clients. When consulting with a professional outside the practice, we take reasonable efforts to avoid revealing the identity of the client; the consultant is also legally bound to keep the information confidential. If you have any questions or concerns about this, please let your clinician know.

INVOLVEMENT IN COURT PROCEEDINGS

Families involved in court proceedings are expected to disclose this to CPS. If you are involved in a divorce proceeding or custody dispute, you will be asked to review and sign the *Therapy Agreement for Court-Involved Families.* Please note that therapy and psychological evaluations will not yield recommendations about custody. Custody recommendations, if needed, should be based on a custody evaluation conducted by a professional trained in such matters. Any and all time spent responding to court-related requests will be charged at a rate of $175/hour. This charge is not covered by insurance. Further information and fee information are available upon request.

Client Name: _____ DOB: _____

Service Agreement Signature Page

I have read and understand the information in the five-page Service Agreement for Campbell Psychological Services. My signature below indicates that:

- **I consent to participate in outpatient mental health services with Campbell Psychological Services / I consent to my child's participation in services at Campbell Psychological Services.**
- **I agree to abide by the terms of the Service Agreement.**
- **I authorize the release of any information necessary to process insurance claims, and I authorize payment of health benefits directly to Campbell Psychological Services for any service rendered.**

_____ _____

Signature of client, if 14 years or older Date

Parents & Guardians Sign Here:

☐ Client is a minor under 14 years of age OR

☐ Client is unable to sign – reason _____

_____ _____

Signature of legal guardian or representative Date

_____

Printed Name

Relationship to client:

☐Parent

☐Legal guardian

☐Other: _____

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY POLICY

I have received a copy of this office's Notice of Privacy Policies & Practices. I understand that this Notice is available electronically at www.CampbellPsychPA.com/forms and is also available in paper format in the waiting room or upon request.

_____	_____
Client Name	Date of Birth
_____	_____
Signature of Client	Date
_____	_____
Signature of Parent or Legal Guardian	Date
_____	_____
Signature of Parent or Legal Guardian	Date

CONSENT TO ELECTRONIC COMMUNICATIONS

Campbell
PSYCHOLOGICAL SERVICES

Electronic communication includes:

- Text messaging
- Email
- Secure messaging through our on-line Client Portal

Benefits of Electronic Communication

Email and text messaging can be useful ways to communicate about appointments and billing or to occasionally share information between appointments. Email is also a convenient way for your therapist to communicate with other parties (e.g., school, caseworkers, etc.). Our electronic health record can automatically send appointment reminders sent through email or text, which many clients find helpful.

Each therapist has an email account that can send both encrypted and unencrypted emails. Our Client Portal also offers Secure Messaging – this alternative to traditional email allows you to exchange messages with your therapist on a secure platform.

Risks of Electronic Communication

It is important to be aware of the limits of confidentiality before choosing to use electronic communication with CPS and your therapist.

Unencrypted text and email messages can be intercepted in two ways:

1. When the message is sent unencrypted, the message may be read by third parties who monitor internet traffic, such as server administrators. If a work email is used for communication, employers may have access to any messages that are sent or received.
2. If someone else has access to your phone, computer, or other devices, they may be able to read your emails or texts.

If you choose to send and receive messages through the Client Portal, you will receive an unencrypted email from Campbell Psychological Services each time there is a message waiting for you. For 15 minutes from the time this email is opened, it can be used to access the Client Portal without entering your username and password. Thus, anyone who has access to your email could access information in the Client Portal (such as shared documents and upcoming appointment times) during that time.

An ***encrypted*** message can only be accessed if the recipient enters a unique password. The requirement for a separate password is less convenient, but encryption adds a level of increased security and makes it very difficult for anyone besides the intended recipient to access the email.

Limits to Electronic Communication

Electronic communication is not a replacement for face-to-face therapy. Detailed or sensitive conversations should be reserved for in-person meetings. Electronic communication should never be used to communicate in the case of an emergency. While our therapists try to return messages in a timely manner, they are often in appointments throughout the day and may not check their messages outside of regular business hours. Please do not expect an immediate response to electronic communication.

All electronic communication will become a part of your clinical record.

_____ _____

Client Name Date of Birth

Authorization for Electronic Communication

I authorize Campbell Psychological Services to transmit the following Protected Health Information related to my clinical records and treatment.

I authorize appointment reminders sent via unencrypted SMS text message:

- ☐ Yes – cell phone number for reminders: _____
- ☐ No

I authorize automated appointment reminders sent via unencrypted email:

- ☐ Yes – preferred email address for reminders: _____
- ☐ No

Do you authorize Campbell Psychological Services to use of **encrypted email** to communicate with you? *You will need to create a password the first time you receive an encrypted email from Campbell Psychological Services and remember that password to maintain access to the emails.*

- ☐ Yes, I authorize Campbell Psychological Svcs. to use encrypted email to communicate with me.
- ☐ No, I do not want to receive encrypted email from Campbell Psychological Services.

If there is any information you want receive via **unencrypted email** instead, please mark it below:

- ☐ Communication about scheduling & appointment times
- ☐ Billing and payment information
- ☐ Clinical/personal information, including therapy-related information
- ☐ Other: _____

Client Email Address: _____

Parent Email Address (if youth is under 14 *or* client gives permission for electronic communication with parent): _____

Do you authorize use of Secure Messaging through the Client Portal?

- ☐ Yes
- ☐ No

I have reviewed the Consent to Electronic Communications and understand the risks, including but not limited to my confidentiality in treatment, of transmitting my Protected Health Information electronically. I understand that I am not required to sign this agreement in order to receive treatment and I may terminate this authorization at any time. I understand all electronic communication will become a part of my clinical record.

_____ _____

Signature of client Date

☐ Client is a minor under 14 years of age ☐ Client is unable to sign because_____

_____ _____ _____

Signature of legal guardian or representative Date Printed Name

Relationship (if other than parent/legal guardian):_____