



# THE GRONOWSKI CENTER

A COMMUNITY CLINIC FOR PSYCHOLOGICAL SERVICES

5150 El Camino Real, Suite C-15, Los Altos, CA 94022

## *Office Policy and Consent for Psychological Services*

**GENERAL INFORMATION:** Welcome to the Gronowski Center. Operating hours for the Center are Monday through Thursday 9:00am - 8:00pm, Friday 9:00am - 4:00pm, and Saturday 10:00 am - 2:00 pm. Holiday hours vary.

**PSYCHOLOGY STUDENTS IN TRAINING PROVIDE TREATMENT:** Services at the Center are provided by therapists-in-training who are doctoral-level students in clinical psychology at Palo Alto University. Licensed clinical psychologists closely supervise the work of all doctoral students. One consideration in choosing The Gronowski Center is that student therapists work on a nine- to twelve- month rotation. If your student therapist ends her/his service during your treatment, we will ensure that you are assigned a new therapist if you desire to continue treatment.

**VIDEO TAPING OF SESSIONS:** Because the Gronowski Center is a psychology training center, an important condition of treatment is that your sessions will be videotaped. Only student therapists and clinical supervisors are allowed to view these recordings unless you provide us with written permission to use recordings of your sessions for other training purposes. In compliance with HIPAA, all recordings are secured in a locked filing cabinet in a locked room when not in use.

**INFORMATION REQUIRED FOR TREATMENT:** We ask all our clients to sign a consent so that we are able to contact any other treatment providers (psychologists, psychiatrists, social workers, medical doctors, etc.) in order to appropriately coordinate your care. We cannot treat you at The Center if you do not agree to sign this consent to release information.

**INFORMATION COLLECTED ABOUT YOU:** The Gronowski Center routinely collects data on its clients for clinical training, assessment and treatment planning, supervision, research and program evaluation purposes. You will be asked to complete a number of questionnaires and assessments as a condition of receiving treatment at the Center. This information may include your symptoms, level of functioning, your mental status, your satisfaction with your treatment progress and relationship with your student therapist, and other impairments or problems. When data you provide is used for the purposes of program evaluation and research, confidential identifying information about you will receive all appropriate protections guaranteed by State and Federal law. When data about you is stored in an electronic database and used for research purposes, all unique identifiers including your name, date of birth, social security number, etc. will be removed in order to protect your confidentiality.

**CONFIDENTIALITY POLICY:** All information disclosed within sessions, and the written records pertaining to those sessions, are confidential and may not be revealed to anyone outside of the Gronowski Center without your written permission, except when disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described in the Notice of Privacy Practices that you received with this form.

**WHEN DISCLOSURE IS REQUIRED BY LAW:** Some of the circumstances where disclosure is required by law are as follows: (1) when there is a reasonable suspicion of child physical abuse, neglect, sexual abuse or sexual exploitation, including but not limited to the accessing, downloading, exchanging or streaming of child pornography through any electronic or digital media; or (2) when there is reasonable suspicion of elder or dependent abuse or neglect, including financial exploitation; or (2) when a client presents a danger to self, to others, to property; or (3) is gravely disabled (for more details see also the Notice of Privacy Practices form).

**WHEN DISCLOSURE MAY BE REQUIRED:** Disclosure may be required pursuant under the following conditions: (1) If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain psychotherapy records and/or testimony by you. In couples, family therapy, or group treatment or when different family members are seen individually, confidentiality and privilege do not apply between the couple, group, or among family members. Your therapist will use clinical judgment when revealing such information. Your therapist will not release records to any outside party unless s/he is authorized to do so by all adult family members who were part of the treatment, unless required by law; (2) when a court order is issued for the release of a client's written records.

**CONFIDENTIALITY OF COMMUNICATIONS FOR FAMILY MEMBERS WITH MINOR CHILDREN IN TREATMENT:** When a minor receives treatment at the Gronowski Center, parents/legal guardians of the minor are legally entitled to have access to certain information about treatment. Center therapists will always notify parents/legal guardians if a minor's safety or health is at imminent risk due to a behavioral or emotional problem. However, the Gronowski Center reserves the right to use judgment in limiting other communications to parents/legal guardians in the best interests of the minor, where disclosing information to parents/legal guardians would be detrimental to the health, safety, or well-being of the minor or would jeopardize further treatment. In the initial assessment, the minor's therapist will discuss details with you about what specific information may be disclosed and circumstances where sharing information might be determined to be detrimental to treatment.

**E-MAIL, CELL PHONE, AND FAX COMMUNICATIONS:** It is very important to be aware that cell phone (also cordless phone) and fax communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. The Gronowski Center does not utilize e-mail when communicating with potential or existing clients.

**SUPERVISION:** Your therapist, a doctoral-level clinical psychology student, is supervised on a weekly basis by a licensed clinical psychologist, and your individual case may be discussed for training, supervision, and / or other purposes directly related to the operation of the Center. Because the Gronowski Center is a psychology training Center, a condition proving proper supervision for your treatment is that your sessions will be videotaped. Only student therapists in our program, clinic managers, and clinical supervisors have direct access to the recordings. All tapes are secured in a locked cabinet in a locked room when not in use in compliance with HIPAA.

**EMERGENCIES AND YOUR SAFETY:** If there is an emergency during your treatment at the Center, or in the future after termination, where your therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself, others, and to ensure that you receive the proper medical care. For this purpose, your therapist may also contact the police, a hospital, and/or other persons previously identified by you.

**TELEPHONE AND EMERGENCY PROCEDURES:** The Gronowski Center is generally open Monday through Thursday 9:00am – 8:00pm, Friday 9:00am – 4:00pm, and Saturday 10:00am – 2:00pm, except for certain holidays. Please be aware that the Center is not staffed to respond to immediate emergencies. However, if you have a crisis or urgent need for help during these operating hours, please call the Center, and we will attempt to notify your therapist or the Center Director. If you need to contact your therapist between sessions, please leave a message on the Center's answering machine (650) 961-9300 and your call will be returned when the Center reopens. Your therapist checks messages regularly but cannot guarantee availability for immediate, urgent, or crisis situations. **Your therapist may not be able to handle immediate emergencies that may arise during the course of treatment.**

**IMMEDIATE OR LIFE-THREATENING EMERGENCIES:** For any immediate emergency situation that is life threatening, please call 911. If you have a crisis after regular business hours, you may call the **San Mateo County Crisis Line at 650-368-6655**, the **Santa Clara County Crisis Line at 408-279-3312**, or the **North County Suicide and Crisis Hotline 650-494-8420**. You may also walk into any hospital's emergency room (for example **Sequoia Hospital**, Whipple Avenue and Alameda de las Pulgas, Redwood City, **Stanford Hospital**, 300 Pasteur Drive, Palo Alto or **El Camino Hospital**, 2500 Grant Road, Mountain View), and talk to an emergency room psychiatric professional. Please be aware that you will be responsible for any charges and fees that may apply for hospital-based services in these situations.

**FEES AND PAYMENT:** Fees at The Gronowski Center are based on our published **Sliding Scale Fee Schedule**. Please review and sign the attached **Fee Agreement**. **Your fee will be based upon this fee schedule.** We may periodically re-evaluate changes in your income to determine your fee for treatment. Please notify your therapist if any problem arises during the course of therapy regarding your ability to make timely payments. **We ask that you pay your full fee at the time of each session.** If you are unable to attend a scheduled appointment, please call the Center at **650-961-9300** at least 48 hours in advance. You may leave a message for us on our answering machine at any time. **If you miss or cancel the appointment with less than 48 hours notice, you will be charged for the full amount of your session or a minimum fee of \$25, whichever is greater.**

**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf, will call on your therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. Considering all of the above exclusions, if it is still appropriate, upon your request, your therapist will release information to any agency/person you specify unless your therapist concludes that releasing such information might be harmful in any way.

**MEDIATION AND ARBITRATION:** All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement between the Palo Alto University and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to, and settled by, binding arbitration in Santa Clara County in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid), and there is no agreement on a payment plan, your therapist can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

**INITIAL EVALUATION, REFERRAL AND TERMINATION:** **Acceptance for an initial evaluation at the Center does not necessarily mean that you will be accepted for treatment. Your initial assessment sessions are designed to help evaluate whether our Center is the best option for your ongoing treatment. After you complete your initial assessment, your case is reviewed by the Clinic Directors to determine if our student training Center is appropriate for your treatment.** After your initial assessment sessions, the Gronowski Center will make referrals to other services for clients when other services are more appropriate. If at any point during psychotherapy, your therapist assesses that s/he is not effective in helping you reach the therapeutic goals, s/he is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, your therapist would give you a number of referrals that may be of help to you. If at any time you want another professional's opinion or wish to consult with another therapist, your therapist will assist you in finding someone qualified, and, if s/he has your written consent, s/he will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, your therapist will offer to provide you with names of other qualified professionals whose services you might prefer.

**WHAT TO EXPECT IN THERAPY:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behaviors. Your therapist will periodically ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and invites you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. Experiencing anxiety, depression, insomnia, etc. may challenge some of your assumptions, perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. During the course of therapy, your therapist is likely to draw on various evidence-based psychological approaches based, in part, to the problem that is being treated and his / her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, systems/family, developmental (adult, child, family), or other psycho-educational interventions. There is no guarantee that psychotherapy will yield positive or intended results.

**DISCUSSION OF YOUR TREATMENT PLAN:** Within the first two or three sessions, your therapist will discuss with you his/her working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks and benefits, your therapist's expertise in employing them, or about the treatment plan, please feel free to ask additional questions. Your therapist will make every effort to respond to your concerns fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that your therapist does not provide, s/he has an ethical obligation to assist you in obtaining those treatments.

**RESEARCH:** The Gronowski Center is also a site where clinical research is conducted by doctoral students and faculty. In keeping with PAU's support of research activities, I understand that my assessment data and counseling information (i.e., demographics, symptoms, diagnosis, attendance) may be used for research purposes but that no personal identifying information will be revealed without my written consent. I also understand that no research procedure will be performed that represents a risk to myself or adversely affects the services provided without advance written agreement to participate.

I have read the above statements, have had an opportunity to ask questions, and give my consent to use my data for research purposes.

\_\_\_\_\_ **Client Initials (adult clients only)**

I have read and agree to the above Office Policy and Consent for Psychological Services.

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<b>Client name (print)</b>	<b>Date</b>	<b>Signature</b>
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<b>Therapist</b>	<b>Date</b>	<b>Signature</b>
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