



Welcome to the Mary Rackham Institute (MARI)

OUTPATIENT SERVICES AGREEMENT

The purpose of this document is to explain important aspects of professional services and policies at MARI and to ensure that patients have a clear understanding of the goals and structure of our work together. Please read it carefully and ask MARI staff any questions that you might have about our policies or services. Once you have signed this document, it becomes a binding agreement between you and MARI. You will also be provided a copy of this agreement for your personal records.

PSYCHOTHERAPY SERVICES

Psychotherapy has benefits and risks and requires a willingness to be candid, and tolerate difficult emotions or unpleasant aspects of one's life. In the course of this work, there is the possibility of experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. On the other hand, therapy often leads to significant reduction in feelings of distress, better relationships and resolutions of specific problems. Although many people find therapy to be helpful to them, there are no guarantees about what you (your child) will experience.

Psychotherapy varies depending on the particular problems you are experiencing, the circumstances surrounding those problems, the therapist's and your and your therapist's mutual understanding of relevant issues, the approach of the therapist, your developmental stage, and the working relationship formed between you and your therapist. The first few sessions will involve an evaluation of your (your child's) strengths and needs in order to provide you (your child) with the best treatment possible. By the end of the evaluation, we will be able to offer you some initial impressions of what our work would include and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own assessment about whether you (your child) feel comfortable working with your assigned clinician. It is possible that we will recommend working with another therapist at MARI, or we may reach the conclusion that a therapist outside MARI or another agency would offer more appropriate treatment than what MARI can provide. Because of these possibilities, this agreement does not constitute or imply any commitment to offer treatment beyond our evaluation period. In any case, therapy involves a significant commitment -- including time, money, and energy -- so you are encouraged to thoughtfully reflect on your (your child's) goals for treatment and whether or not your therapist is a good match for your (your child's) current needs.

If you have questions about our approach or methods, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you to secure an appropriate consultation with another clinician at the Clinic or to refer you to another mental health professional in the community.

EVALUATION SERVICES

Psychological Testing is a service provided for the purposes of diagnostic clarification and development of treatment planning. It is often a useful tool in the course of psychological intervention and/or educational planning. In addition to an interview where you (or you and your child) will be asked questions about your background and current concerns, and strengths, you will also be administered standardized tests, including but not limited to asking questions about your knowledge of certain topics, reading, drawing figures and shapes, viewing printed material, and manipulating objects.

Each psychological assessment tool is specifically chosen to answer the referral question(s). The selection of assessment tools attempts to maximize the validity of the results, while minimizing time and cost. Tests must be properly administered, scored, interpreted, and then a comprehensive psychological or neuropsychological report is written. It can take about 3 to 4 weeks from the time the last test data is received for a written report to be completed. Individuals understandably enter the testing process with many different expectations; however, no diagnosis or outcome is ever guaranteed.

Testing is often performed by a psychologist or psychology trainee under the supervision of a licensed psychologist. However, sometimes we use a psychometrist, who is trained to administer psychological and neuropsychological tests, but this is done under the direct supervision of the psychologist, and all final evaluation results are solely the professional renderings of the psychologist.

In following test protocols, typically no one other than the examinee and examiner will be in the room during testing. We realize that younger children or those with developmental disabilities may be unaccustomed to a setting in which a caregiver is not present. In these scenarios, we will work with caregivers to determine the best plan. For instance, caregivers may be present at the start of the appointment and exit once the child has developed rapport with the examiner and one-on-one testing can begin. The one exception is ASD testing with toddlers, in which caregiver presence in the room is required for the assessment.

Types of Psychological Testing

1. **Psychoeducational Evaluation:** The purpose of a psychoeducational evaluation is to assess an individual's pattern of cognitive and academic strengths and weaknesses as well as possible underlying attention, learning, or emotional/behavioral concerns that may be impacting their functioning at home, school, and/or work.
2. **Autism Spectrum Disorder(ASD) Evaluation:** The purpose of an ASD evaluation is to determine whether or not an individual's pattern of behavior is consistent with Autism Spectrum Disorder. This evaluation includes assessment of adaptive and cognitive functioning as well as the "gold standard" ASD assessment tools, involving clinical interview and direct observation of an individual's language, social skills, and behavioral tendencies.
3. **Neuropsychological Evaluation:** The purpose of a neuropsychological evaluation is to determine patterns of strengths and weakness in an individual's cognitive functioning as well as factors (e.g., medical history, neurologic illness, psychiatric concerns) impacting their thinking skills.

SUPERVISION AND TRAINING

MARI is a training institution in which professional services may be provided by a graduate student clinician working towards their degree in Psychology or Social Work. These clinicians provide services under the supervision of a member of MARI's supervisory staff, who are licensed health professionals in the state of Michigan. If your clinician is a trainee, they should provide you with the name of their supervisor at your first session. You (your child's) treatment will be discussed with the supervisor, and may also be discussed with other members of our professional team for the purpose of consultation and improving the services we are providing to you (your child). Participation in therapy services in a training clinic may mean that my care will be transferred to another therapist, or that I may be referred to a new clinic, depending on the availability and capability of MARI to provide care for my concerns. You (your child) will be notified in advance of transfer or therapy termination.

CONFIDENTIALITY and PROFESSIONAL RECORDS

State and Federal laws as well as professional ethics and standards require that MARI keep a record of your treatment. MARI uses a secure, electronic recordkeeping system and you are entitled to review the information contained in the records. Because these are professional records we may agree that it would be more appropriate for me to prepare a summary. The confidentiality of all communications between a patient and a mental health professional is protected by law, and information about you (your child's) care can only be released to others with your written permission. However, there are a number of exceptions that you should know about.

In most judicial proceedings, you have the right to prevent MARI from disclosing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require testimony if he/she determines that resolution of the issues before him/her demands it.

There are some situations in which health professionals are legally required to take action to protect others from harm, even if that requires revealing some information about a patient's care. For example, if a child, an elderly person, or a disabled person is being abused, health professionals are legally required to file a report with the appropriate state agency in order to maintain safety for our patients and other members of our community.

1. If a patient is threatening serious bodily harm to another, health professionals are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
2. If a patient threatens to harm him/herself, a clinician may be required to seek hospitalization for the patient, or to contact family members or others who can help provide protection. Should such a situation occur, your clinician will make every effort to fully discuss it with you before taking any action.
3. MARI is a training institution, information about your case is likely to be shared with supervisors and members of our clinical team, who are all required to follow the same confidentiality procedures as your clinician.
4. When MARI is reviewed by accrediting agencies, the agencies may examine random files for completeness and adherence to professional standards.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you (your child) discuss any questions or concerns which you may have at our next meeting and whenever they might arise.

SOCIAL MEDIA POLICY

Some patients wish to invite current clinicians or former clinicians to be friends on Instagram, Twitter, Facebook, etc. Unfortunately, MARI clinicians are unable to accept requests of this kind. We feel your privacy and confidentiality are better protected if clinicians are not part of your online social network. In addition, this creates appropriate boundaries in the therapeutic relationship in which you are able to communicate important aspects of your life to your clinician, rather than the clinician reading about your life online. It also keeps clinicians' lives private and separate from clinical care, so that the focus

remains on you (your child) and the reason(s) you are seeking services. Please feel free to discuss any questions/concerns about this policy with your clinician.

EMERGENCY CARE AND CRISIS SITUATIONS

MARI does not have the resources to provide emergency mental health services. You may be able to reach your clinician in urgent situations by calling MARI, but it is important to have an alternative plan in place, particularly in times of crisis. It is important to inform your clinician if you are aware of a crisis, upcoming significant stressors, suicidal thoughts, etc. so that you can work together to develop a crisis plan and find services that are available to you at all hours of the day. If you are having an emergency, please call 911, head to your nearest emergency room, or contact one of the crisis hotlines 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255). Local emergency resources in Ann Arbor, MI include Psychiatric Emergency Services (PES), located near the Emergency Room at the UofM Hospital. PES provides emergency/urgent walk-in mental health evaluations and crisis phone services (734-936-5900) 24 hours a day, 7 days a week.

CLIENT'S CONSENT for Services

Your signature indicates that you have read each of the Sections A-F above and entered your initials agreeing to these terms during our professional relationship.

FORM DATE: April 13, 2020