



SUCCEEDS ADHD Program
Students Understanding College Choices:
Encouraging and Executing Decisions for Success

Department of Psychology
University of Maryland
College Park, Maryland 20742

Treatment Consent

Welcome to the SUCCEEDS ADHD Program at the University of Maryland, College Park (UMCP).

This document contains important information about:

- **The services we provide**
- **Confidentiality**
- **How treatment in a training clinic affects your care**
- **Our program's business practices**

Please read this carefully. You can ask questions about this document any time, but it is best to ask questions at the time you enter the SUCCEEDS ADHD Program; that is, today, or before our next meeting.

We will give you a copy to take home. When you sign this document, it will be an agreement between us. You can change your mind about this agreement in writing at any time. That revocation will be legally binding unless:

- The SUCCEEDS ADHD Program has already taken action based on the agreement; and/or
- There are legal obligations the SUCCEEDS ADHD Program has imposed by a court of jurisdiction; and or
- You continue to owe money for services rendered.

Parent Initials

Client Initials

Purpose and Mission of the SUCCEEDS ADHD Program

The SUCCEEDS ADHD Program is associated with the University of Maryland, College Park (UMCP) Department of Psychology. The group sessions in the SUCCEEDS ADHD Program are led or closely supervised by a Ph.D. who is a licensed clinical psychologist. SUCCEEDS Coaches who meet with college students individually are graduate students working on a Master's or doctoral degree in clinical psychology. They are supervised by licensed clinical psychologists who are UMCP faculty. Your Coach will tell you the name of his or her supervisor and where the supervisor works.

You must agree that your evaluation and therapy sessions may be observed and/or recorded

(audio/video) for training purposes. Your coach will review the recordings and discuss your case with his or her supervisor and a small training team. Recordings will be deleted once they are no longer needed for the purposed or supervisor or treatment.

Parent Initials

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Authorization to Record for Academic Purposes

I understand that I may participate in the SUCCEEDS Clinic with or without this authorization. Please select one:

I hereby authorize study personnel to use photographs and/or video/audio clips of me in academic settings for educational purposes.

I **do not** authorize the use of photographs, video, or audio clips of me for educational purposes.

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Psychological Services

Participation in the SUCCEEDS ADHD Program includes the potential for risks as well as benefits. Participation in SUCCEEDS involves talking about upsetting events, which can be uncomfortable. It could also entail discussing your difficulties in a group setting with other students and the SUCCEEDS staff. The SUCCEEDS staff will also encourage all students to: (1) keep what is discussed in the group meetings confidential (private)/not share content of discussions with individuals outside of the SUCCEEDS ADHD Program and (2) not disclose that other members are participating in the SUCCEEDS ADHD Program as their enrollment should also be kept confidential (private).

The SUCCEEDS ADHD Program is designed to help you improve academic performance, reduce distress, solve problems, improve relationships, and live more in line with your goals and values. We cannot guarantee what your experience will be like, but the SUCCEEDS ADHD Program attempts to minimize risks by providing well-supervised and trained clinicians and by evaluating your progress often.

Clinic hours are limited and the SUCCEEDS ADHD Program does not provide full-time phone coverage. You might not be able to reach your clinician or clinic staff at all times during business hours. Our voicemail is confidential and available 24 hours per day (301-405-4808). If you leave a message, we will return your call as soon as we can. The SUCCEEDS ADHD Program does not provide emergency services (see Emergency Care and Crisis Situations). The SUCCEEDS ADHD Program does not use email to communicate with clients regarding treatment issues. If you agree, email can be used for administrative reasons such as scheduling or payment.

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Confidentiality

Maryland and Federal laws protect the privacy of communications between a client and a psychologist. Every effort is made to keep your information confidential. The SUCCEEDS ADHD Program will only release information about your treatment to others if you sign a special

authorization form except for in the situations described below.

In these situations, no authorization is required:

- a) For educational reasons. Your clinical information may be shared within the SUCCEEDS ADHD Program by students engaged in clinic practica and by faculty for educational and therapeutic purposes. If SUCCEEDS staff presents case information outside of the SUCCEEDS ADHD Program (for example, at a professional conference), the information will be disguised such that it is impossible to link the information to you or your family.
- b) For consultation reasons. The SUCCEEDS ADHD Program may find it helpful to consult with another health professional. During such a consultation, every effort is made to avoid revealing the identity of the client. The other professional is legally bound to keep the information confidential.

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Limits of Confidentiality

There are situations in which the SUCCEEDS ADHD Program may be required or permitted to disclose information without authorization. These include:

- a) If the SUCCEEDS ADHD Program has knowledge, evidence, or reasonable concern regarding the abuse or neglect of a child, elderly person, or disabled person, it is required by Maryland State of law to file a report with the appropriate agency. This may be true even if the abuse or neglect happened many years ago. 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 to a clearly identifiable victim or victims, and has the apparent intent and ability to carry out such a threat, the SUCCEEDS ADHD Program may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.
- 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 (see Care during Crisis Situations).
- d) If we are concerned about your safety or well-being, we reserve the right to contact your emergency contact.
- c) Although courts have recognized a clinician-client privilege, there may be circumstances in which a court would order the SUCCEEDS ADHD Program to disclose personal health or treatment information. We also may be required to provide information about court-ordered evaluation or treatments. If you are involved in or considering litigation, you should consult with an attorney to find out whether a court would be likely to order the SUCCEEDS ADHD Program to disclose information.
- d) If a government agency is requesting information for health oversight activities or to prevent terrorism (Patriot Act), the SUCCEEDS ADHD Program may be required to provide

it.

- e) If a client files a worker's compensation case, the SUCCEEDS ADHD Program may be required, upon appropriate request, to provide all clinical information relevant to or bearing upon the injury for which the claim was filed.
- f) If a client files a complaint or lawsuit against the SUCCEEDS ADHD Program or professional staff, the SUCCEEDS ADHD Program may disclose relevant information regarding the client in order to defend itself.

If any of these situations occur, the SUCCEEDS ADHD Program would try to talk with you before taking action. We would limit disclosure to what is necessary. This summary of exceptions to confidentiality should be helpful in informing you about possible problems. Please discuss any questions you have with us now or in the future. The laws governing confidentiality are complex. In situations where specific advice is required, formal legal advice may be needed. A training clinic is not a good fit for someone involved in a legal case. If you are currently involved in a legal case, we can discuss other medical healthcare providers who may be a better fit for your current needs.

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Application of the Family Educational Rights and Privacy Act ("FERPA")

As a student, your records, including health and mental health records, are protected by the federal Family and Educational Privacy Act ("FERPA") rather than the Health Insurance Portability and Accountability Act ("HIPAA"). FERPA and HIPAA have different exceptions that allow for the disclosure of information without consent.

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Emergency Care and Crisis Situations

The SUCCEEDS ADHD Program is not able to provide emergency services or psychiatric medications. A training clinic is not a good fit for the individuals who may need intensive case management, frequent medication adjustments, management of frequent suicidal behavior/self-harm and/or emergency clinician access. Such clients may be seen at the SUCCEEDS ADHD Program when their situation is stable.

A crisis occurs when:

- A person is confronted with a difficult situation.
- The person's coping resources aren't enough to manage the situation.
- The person appears to be at risk of harming him/herself or someone else.

If you are in crisis, talk with your Clinician or Coach as soon as possible so that a crisis plan can be developed. The SUCCEEDS ADHD Program's policy is to provide conservative treatment in a crisis. This means that your therapist would work with you to establish a plan to restore normal functioning as soon as possible.

A crisis plan may include the following:

- Improving your coping skills

- Environmental changes (hospitalization or staying with a trusted person)
- Consultation with your physician, a family member, a significant other, or a friend

The SUCCEEDS ADHD Program may divulge your client status and the minimal treatment information necessary to protect you during a crisis period. The need for this will be discussed with you beforehand if at all possible. This exception to normal confidentiality would remain in effect until the crisis is over or your care has been successfully transferred to another medical health provider or treatment clinic.

This crisis policy requires you trust our professional judgment to balance risks with your rights to confidentiality. The crisis policy is consistent with a training clinic that supervises graduate trainees. If you cannot reach us and are having an emergency, contact your physician or other community resources directly, such as the Prince George’s County 24-hour crisis hotline (301-927-4500).

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Professional Records and Client Rights

The laws and standards of the psychology profession require that the SUCCEEDS ADHD Program keep Protected Health Information (PHI) about you in your clinical record. The SUCCEEDS ADHD Program will only disclose records if you have signed an Authorization to Release Health Records/Information or as permitted by law without authorization. Generally, you may review and/or receive a copy of your clinical record if you request it in writing. There a few exceptions to this access:

- Some of the unusual circumstances described above (see Limits to Confidentiality section).
- When the record refers to another person (other than a health care provider) and we believe that access is reasonably likely to cause substantial harm to that other person.
- When information has been supplied confidentially by others.

In accordance with Maryland law, the clinic does not release copyrighted test information or raw data. Reading results without a professional to answer questions about them can lead to misinterpretations. The SUCCEEDS ADHD Program recommends that you review test results with your clinician. You can also have your results forwarded to another mental health professional so you can discuss the contents. The Clinic keeps no additional notes (sometimes called psychotherapy or process notes) beyond the clinical records.

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Research

The Clinic provides a site for clinical research conducted by graduate students and faculty in UMCP’s psychology department. Aggregate, de-identified information might be used in a research study without your knowledge or prior permission. In addition, clients may be given opportunities to participate in clinical research studies conducted by faculty and/or their graduate students within the SUCCEEDS ADHD Program. All studies will be approved by the researchers’ Institutional Review Board. Before a Clinic client may participate in research, **a separate informed consent** fully explaining the study must be provided, and the client can choose to participate or not. Clients who decide not participate in a study will not be penalized. This means that SUCCEEDS services to which

you are ordinarily entitled will not be withheld if you choose not to participate in any research study.

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Client Responsibilities

As a client of the Training Clinic you agree to:

1. Keep regular appointments and actively participate in your treatment.
2. Attempt any therapeutic assignments you agree to perform.
3. Disclose to therapist whenever you feel that you are in crisis and/or suicidal, to work with the therapist to come up with a crisis plan, and to give the SUCCEEDS ADHD Program discretion regarding needed disclosures in a crisis situation.
4. Not attend the SUCCEEDS ADHD Program under the influence of alcohol or other drugs. If you appear intoxicated, and at your therapist's request, you agree to refrain from driving yourself.
5. Never bring a weapon of any sort to the SUCCEEDS ADHD Program or on campus.
6. Ask your therapist or Coach questions right away if you are uncertain about evaluation, therapeutic process, or any SUCCEEDS ADHD Program policy. You may also request to see the supervising therapist or the Program Director if there are some questions that cannot be answered satisfactorily by your therapist.

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Informed Consent

Your signature below indicates that you have read this agreement and agree to its terms. You have had the opportunity to ask questions about this consent and these questions have been answered to your satisfaction. These matters have been explained to you fully and you freely give consent to receive evaluation and/or treatment services from the SUCCEEDS ADHD Program.

Name of Client (Please Print)

Client Signature

Date

Name of Parent (Please Print)

Parent Signature

Date

Name of Supervisor (Please Print)

Supervisor Signature

Date