



## Texas Child Study Center Policies and Procedures

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This form describes the policies of the Texas Child Study Center. Please read it carefully and note any questions or concerns you have so we may discuss them. Your signature at the end of this form indicates that you agree to our policies for services.

**Nature of Services:** At the Texas Child Study Center, we provide individual, group, and family psychotherapy, psychological testing, and psychiatric services for toddlers, preschoolers, children and adolescents referred for behavioral, emotional, and social concerns. The approach, goals, and duration of therapy will be discussed with each patient/family on an individual basis. Developmental, psychological and neuropsychological evaluations are provided for youth referred because of concerns about possible autism spectrum disorder, anxiety disorders, mood disorders, emotional challenges, learning disabilities, attention problems or broader neuropsychological problems related to certain medical conditions or brain injury. These assessments aid in educational and intervention planning, such as developing special school goals and recommending strategies for teaching new skills. Follow-up consultation to the child's school may be provided to assist in implementing recommendations in school, home, or other settings. We do not provide forensic assessments or assessments for custody trials.

Texas Child Study Center is also operated as a training facility for students in doctoral psychology programs and the social work training programs at the University of Texas, as well as psychology, social work interns, and resident physicians. Trainees' work is directly supervised by licensed psychologists and psychiatrists. Trainees will identify themselves as trainees and identify who on the faculty is his or her supervisor(s).

**Confidentiality:** In general, the law protects the privacy of all communications between a patient and providers of mental health services. In most situations, we can only release information about your treatment or testing to others if you sign a written authorization to release information. There are exceptions and limits to confidentiality. If a patient is a danger to him or herself or others, if child abuse is suspected or reported, we are obligated to divulge information and/or take protective actions. In the case of receiving a legal subpoena for records or testimony, we will notify the parent/guardian prior to fulfilling the obligation to give information so as to allow for suppression of the subpoena if desired.

At the Center, we consult with one another on treatment plans and progress, and some of our therapists and evaluators are in training. Consultation and/or supervision may include discussion of your child's treatment. Anyone providing consultation and supervision on your child's treatment is legally bound to keep information about patients confidential.

If your child is under eighteen years of age, you have the right to examine your child's treatment records. Generally, it is desired for best treatment that confidentiality between the clinician and child patient is respected. Parents/Guardians will be kept informed about the progress and issues in the treatment of their child. We strive to do this while still preserving the confidentiality between the clinician and child that is essential for the best outcome.

**HIPAA Privacy Policy:** Please read the HIPAA Privacy Policy and note that you have read it at the bottom of this form.

**Fees:** You will be informed of the fee range for services provided at the Center at the time the appointment is set. Self-pay services provided by trainees will reflect fees based on the trainee's level of training. Fees for services are required to be paid at the time of the service. If there are questions regarding fee payments they should first be discussed with the treating/evaluating clinician. Prior notification will be given for fees that are subject to be changed.

**Cancellation Policy:** Therapy/Medication: *Cancellations* require 24 hour notice. Late cancellations or missed appointments will be charged at our full rate. Please note that insurance companies will not pay for missed sessions and payment for these sessions are the responsibility of the parents or guardians of the patient. If you do not show up for two appointments in a row without notifying the Center, it will be assumed that you have terminated your services. To re-establish treatment after it has been terminated, you must initiate a new call to the Center to re-establish a financial and therapeutic relationship.

It is important to note that is especially important to give notice if you are unable to keep a testing appointment. If you are unable to keep a psychological and neuropsychological testing appointment, please call to cancel as soon as possible. Given the lengthy time taken for an assessment a full day's time is saved for you. A fee of \$400 will be charged for appointments that are not cancelled at least 24 hours in advance.

**Medication Monitoring:** A patient followed for medication must be seen by a psychiatrist a minimum of every three months for medication management and much more frequently as medications are started or changed. Sometimes the psychiatrist may feel that psychotherapy is essential for optimal treatment in addition to medications. If therapy is refused under this recommendation, the psychiatrist may refuse to continue to prescribe the medication and refer the patient to another provider with a 60 day time notification.

**Potential Negative Effects:** Mental health services can have many positive benefits; however receiving psychotherapy, testing, or medication may involve some risks or discomforts.

Therapy often involves discussing problems that may lead to unpleasant feelings. You or your child may experience some discomfort when talking about these problems or experiences. Also, although each treatment is designed to help youth with emotional and behavior problems, there is no guarantee your child will improve. In any of these events, you and your child have the right to withdraw from services at any time without penalty.

Neuropsychological, Psychiatric, and Psychological assessment is not psychotherapy. Completion of an assessment does not imply an on-going clinical relationship with the evaluator without an agreement on a treatment plan. At times, patients and families find the results of evaluations or testing disappointing, discouraging, or unhelpful. Finally, Neuropsychological and Psychological testing results may prove invalid due to a variety of factors, including changes in disease status, some types of on-going medication or medical treatment, lack of motivation, or attempts to manipulate the testing results on the part of the patient.

**Refill Policy:** Due to our physicians having obligations at other sites beside the Center, we require 2 business days to refill medications.

**Complaints:** Please do not hesitate to discuss any concerns with the individual providing your mental health services. Often frustrations in the treatment context yield opportunities for benefit when discussed freely with you clinical provider. If you feel that supervisory issues or operational issues are unresolved you may contact the Center's director: Kevin Stark, Ph.D., Chief of Psychology. If you have a complaint about the Center or a particular provider that you cannot resolve with us, you have the right to call the

Texas State Board of Medical Examiners at (800) 201 – 9353.

**Alternative Services:** There are many types of mental health services available within the Center as well as within Austin. You have the right to withdraw from our services at any time and we will assist you with finding an appropriate referral.

**Emergencies:** For medical emergencies or danger to self or other issues you should call 911. After hours psychiatric coverage by a Child and Adolescent Psychiatrist can be accessed by calling the operator at Medlink at 323-5465 and asking the operator to page the psychiatrist on call. Routine medication refills will only be handled during the Center's normal operating hours.

***Your signature indicates that you have read, understand, and agree to the policies and procedures of the Texas Child Study Center.***

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Parent printed name

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Parent signature

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Date

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Provider printed name

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Provider signature

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Date