



UCF RESTORES

National Provider Identifier: 1386176097
4111 Pictor Lane, Suite 203
Orlando, FL 32816-1391
Phone: 407-823-3910

Consent for Assessment and Treatment

Services at our clinic are provided by licensed psychologists, licensed clinical social workers, licensed mental health counselors, postdoctoral fellows, registered interns, UCF College of Medicine students, and graduate students in clinical psychology and clinical social work who are supervised by Deborah C. Beidel, Ph.D., ABPP, Sandra M. Neer, Ph.D., Amie R. Newins, Ph.D., and David C. Rozek, Ph.D. All sessions are digitally recorded (video and audio) for the purposes of therapist supervision. As a result, your therapist, Drs. Beidel, Neer, Newins and Rozek, and other members of UCF RESTORES may view your recordings. UCF RESTORES adheres to all ethical standards of the American Psychological Association and all legal standards of the state of Florida. As prescribed by these standards, all patient information, including your Protected Health Information, is kept strictly confidential and released only with your written permission, with the following exceptions:

- If it is clear that there is immediate danger of physical harm to you or others.
- If there is reason to believe or suspect that a child, an elderly person, or a disabled person is being abused, abandoned, or neglected.
- If we are ordered by the court to release your records.
- If payment sources request information (e.g., dates of treatment, treatment length, type of treatment, treatment plan, diagnosis, evaluations) for reimbursement of services.
- Law enforcement or campus security may access cameras in UCF RESTORES if such access is reasonably believed to be necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual in UCF RESTORES or on the UCF campus.

UCF RESTORES is NOT able to provide 24-hour emergency or crisis management services to its clients. If you have an emergency or are in a crisis, call 911 or visit the nearest emergency room. Additionally, mental health crisis intervention is available at Aspire Health Partners; call 407-875-3700 in Orange County or 407-323-2036 in Seminole County.

Your therapist will explain the treatment expectations for your particular treatment plan. It is important to keep your appointments. If you must cancel an appointment, we request that you give us at least 24 hours notice. We understand that situations such as illness, car trouble, and other emergencies are part of life. However, behavior therapy requires that sessions occur within a specific time period in order for the therapy to be effective. Therefore:

- if you are unable to keep your appointments on a regular basis,
- if you fail to keep more than two appointments without notifying the clinic in advance, or
- if your schedule changes and you are not able to keep appointments during the times our clinic is open,

we may have to refer you to a different service provider. We will assist you to make sure that the transition process is a smooth one. To re-schedule an appointment, please call 407-823-3910. If you have any concerns about the clinic, you can contact the clinic director, Dr. Deborah Beidel, at 407-823-3910.

Behavior therapy involves the application of scientific principles to the treatment of psychological disorders. An important part of behavior therapy is assessing your condition before and after treatment and assessing your progress as you proceed through treatment. In order to assess your progress, we will ask you to fill out surveys and participate in various types of behavioral assessment as long as you are a patient in our clinic. We may use your de-identified information for research activities and reserve the right to examine your data in order to inform ourselves about the clinical effectiveness of our programs, to refine our interventions, and to assist us in the development of new programs.

_____ **De-identified audio recordings accompanied by your age, sex, and total Clinician Administered**
Initial **PTSD Scale 5 (CAPS-5) score may be shared with outside entities for research related purposes.**

As a clinical research center, we often conduct treatment research that is funded by federal agencies or private

foundations. Furthermore, the graduate students associated with the clinic often conduct research in the clinic that is part of their training to become clinical psychologists. We may contact you in order to describe available research programs that may be of interest to you, but you will never be enrolled in a research program without your permission. Furthermore, you will not be required to enroll in a research program.

I acknowledge that I have read and understand this Consent for Treatment and have had the opportunity to ask any questions. I consent to assessment and treatment at this clinic. I understand that maintaining my appointments is important for my progress, and I agree to take an active role. I am aware that I can withdraw from therapy at any time without penalty. I understand that I must call to cancel or reschedule appointments at least 24 hours in advance and that failure to do so may result in the termination of service. I recognize that this clinic is a training and research facility, and I give my permission for the clinic to make digital video and audio recordings of my sessions. I understand that my therapist, Deborah C. Beidel, Ph.D., ABPP, Sandra M. Neer, Ph.D., Amie R. Newins, Ph.D., David C. Rozek, Ph.D., and other members of UCF RESTORES may review these recordings and all aspects of my treatment. I am aware UCF is an equal opportunity provider and employer.

My signature below indicates that I understand and agree to the above conditions and statements.

_____	_____	_____	_____
Patient Signature	Date	Parent or Legal Guardian Signature	Date
_____	_____		
Witness Signature	Date		

Notice of Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how psychological and medical information about you may be used and disclosed and how you can gain access to this information. It contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your protected health information (PHI) used for the purpose of treatment, payment, and health care operations. Please review it carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

UCF RESTORES (hereafter referred to as ‘the Clinic’) may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you such as your name, date of birth, phone number, or address.
- “Treatment, Payment and Health Care Operations”
 - *Treatment* is when we provide, coordinate or manage your therapy or assessment and other related services. In addition to direct services, this might include such things as consultation with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare, either directly from you or from a third party.
 - *Health Care Operations* are activities that relate to the performance and operation of the Clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and care coordination.
- “Use” applies only to activities within the Clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the Clinic, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

The Clinic may use or disclose PHI for purposes outside of treatment, payment, and health care operations as provided below or when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the

general consent that permits only specific disclosures. In those instances when the Clinic is asked for information for purposes outside of treatment, payment, and health care operations, an authorization from you will be obtained before releasing this information.

You may cancel all such authorizations at any time, provided each cancellation is in writing. Cancellation of an authorization does not apply to the information that has already been released.

III. Uses and Disclosures with Neither Consent nor Authorization

PHI may be disclosed without your consent or authorization in the following circumstances:

- *Child Abuse:* If there is cause to believe that a child has been, or may be, abused, neglected, sexually abused, or exploited we are legally mandated to make a report of such to the Abuse Hotline operated by the Florida Department of Children and Families.
- *Abuse of a Vulnerable Adult:* If there is cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we are legally mandated to make a report of such to the Abuse Hotline operated by the Florida department of Children and Families.
- *Health Oversight:* If a complaint is filed against the Clinic or any of its clinicians or supervisors with the State Department of Health or Board of Psychology, the Board has the authority to subpoena confidential mental health information relevant to that complaint and the Clinic is required to respond to the subpoena.
- *Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged (protected) under state law and will not be released without written authorization from you or your personal or legally appointed representative or a court order. The privilege (protection) does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety:* If it is determined that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, relevant confidential mental health information may be released to medical or law enforcement personnel. Law enforcement or campus security may access cameras in UCF RESTORES if such access is reasonably believed to be necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual in UCF RESTORES or on the UCF campus.
- *Worker's Compensation:* If you file a worker's compensation claim, records relating to your diagnosis and treatment may be disclosed to your employer, employer's insurance carrier, and/or their attorneys.

IV. Patient's Rights and Provider's Duties

Listed below are your rights regarding your health information. Each of these rights are subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to UCF RESTORES. At your request, UCF RESTORES will supply you with the appropriate form to complete. Please be aware that uses and disclosures of psychotherapy notes require an authorization. Additionally, certain information (e.g., psychological tests) may not be disclosed except to qualified professionals.

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the Clinic is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at the Clinic. Upon your request, any communications may be to another address.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There may be a small charge for copying a record. Your access to PHI may be denied under certain circumstances, but in some cases you may have this decision reviewed. On your request, our staff will discuss with you the details of the request and review process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied, but this is also subject to review. On your request, our staff will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, our staff will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice.

Provider's Duties:

- The Clinic is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event your PHI is breached.
- The Clinic reserves the right to change the privacy policies and practices described in this notice. However, unless you are provided with the updated notice, we are required to abide by the notice currently in effect.

V. Complaints

If you are concerned that anyone at the Clinic has violated your privacy rights, or you disagree with a decision regarding access to your records, you may contact the Clinic Director (Dr. Deborah Beidel, 407-823-3910 Deborah.Beidel@ucf.edu) or the Florida Department of Health Division of Medical Quality Assurance (850-245-4339 or http://www.floridahealth.gov/licensing-and-regulation/enforcement/_documents/frm-psyucf.pdf.)

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person or agency listed above can provide you with the appropriate address upon request. You will not be retaliated against for filing a complaint.

VI. Civil Rights Notice

In accordance with federal law and U.S. Department of Justice policy, this organization is prohibited from discriminating on the basis of race, color, national origin, religion, sex, age, or disability. To file a complaint of discrimination, write the Florida Department of Legal Affairs, Federal Discrimination Complaint Coordinator, PL-01 The Capitol, Tallahassee, Florida, 32399-1050, or call 850-414-3300, or write Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531 or call 202-307-0690 (Voice) or 202-307-2027 (TDD/TYY). Individuals who are hearing impaired or have speech disabilities may also contact OCR through the Federal Relay Service at 800-877-8339 (TTY), 877-877-8982 (Speech), or 800-845-6136 (Spanish).

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on July 20, 2020.

UCF RESTORES reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. You will be provided with a revised notice in person or by mail (or email if appropriate) prior to the revisions taking effect.

I have received a copy of the UCF RESTORES **Notice of Policies and Practices to Protect the Privacy of Your Health Information** and have been given the opportunity to ask questions and all of my questions have been satisfactorily answered.

Signature

Date

Relationship to Patient

Can we leave phone messages regarding appointment scheduling? YES NO

If yes, at what phone number(s) can we leave messages? _____