This form is about Cancer Psychology Services. It has information to help you learn about the laws and rules of psychological treatment and services. If you have questions and concerns after you read this, please talk with your psychologist. Please sign the last page if you agree to receive these services.

**Assessment or Pre-Transplant Evaluation**
Your psychologist may do a clinical interview and psychological testing, if needed. Psychological assessment provides a picture of your psychological state. It can also reveal factors that may affect how well you are able to make lifestyle changes, recover from treatment, or cope with emotional adjustments related to treatment. This information can be used to tailor treatment plans to your needs and make your care the best it can be. If any psychological tests are done, you have the right to ask questions about the tests and have your questions answered. You also have the right to a summary of the test results and recommendations. You need to know that going through the assessment process and talking about your life may bring up uncomfortable feelings. Please talk with your psychologist if this happens.

**Psychotherapy**
Psychotherapy has been shown to help treat problems that affect good mental and physical health. It has also been shown to lead to better relationships and good outcomes for some problems. You and your psychologist will talk about your goals for treatment. You will also talk about how psychotherapy may be used to reach your goals. You will work together to make a treatment plan. There may be times during your treatment when you feel uncomfortable. Please talk with your psychologist when you feel this way. Generally, your emotional and/or physical health should improve as a result of this treatment.

**Confidentiality**
In general, the law ensures that all communication between you and your treatment provider is kept private. Your written consent is required for this information to be shared with others. However, there are some exceptions:

- If there are concerns that you may harm yourself or someone else, the psychologist is required to take protective action which might include seeking hospitalization or notifying the appropriate authorities or contacts.
- If the psychologist believes that a child, an elderly person, or a person with a disability has been abused or neglected, the psychologist must file a report with the appropriate state agency.
- In some court cases, a therapy record may be read or a judge may require a psychologist to testify.
- Your treatment provider may need to talk with UW Health providers or share information with other members of your treatment team to make your treatment better. If you are being evaluated for a transplant, information from your assessment may be used to make a team decision about whether you are an appropriate candidate for transplant.
- Treatment providers must keep records. Your treatment records are part of your UWHC Medical record. In the case of a minor or incompetent adult, the legal guardian has the right to all treatment records. If treatment involves more than one client (e.g., family therapy), all of the involved people have access to the records about that treatment.
- By law, psychology trainees must be supervised by a licensed psychologist. If your treatment provider is a trainee, he or she will discuss your case with a supervisor.

If any of these occur, your treatment provider will try to talk with you about it before taking any action.
Fees
You will receive a bill from University of Wisconsin Medical Foundation (UWMF) for provider fees. UWMF files all of these fees within the University of Wisconsin Hospital and Clinics (UWHC) system. The fees are based on the type and length of your visit and the type of provider you see. You may ask for a fee list by calling 608-829-5217. You are responsible for paying these service fees. If you have insurance that pays for all or part of these services, your insurance will be billed by UWMF. Preauthorization for services is often needed to make sure that your insurance will pay for all or part of the services. It is your responsibility to get preauthorization to see a UW Cancer Psychologist.

When you contact your insurance for prior authorization to see a UW Cancer Center Psychologist, please ask:
1. “For how many visits or what total dollar amount is the patient being given authorization to see a psychologist?”
2. “Does paperwork need to be done for the service to be approved? If yes, who must get the paperwork to you and when?”
3. “Does the insurance pay for Health and Behavior Codes? These codes are sometimes called CPT codes.”

Note: Most insurance companies require updates about the nature and progress of your treatment. By signing this document, you agree to share treatment information with your insurance company. When payment for services is provided by Worker’s Compensation, the insurance carrier is given access to all related records.

Meetings
Treatment sessions are about 45 minutes long. First visits and testing may take longer. They are scheduled at times that work for you and your provider.

Within the first five treatment sessions, you and your psychologist will talk about whether our Cancer Psychology Services are meeting your needs. If your psychologist feels that another program or provider would meet your needs better, you will be given referral options to make sure you get the care you need.

Contacting Your Treatment Provider
Office hours vary by provider. Please ask your psychologist. If you have an emergency and you can not talk with your treatment provider, you may:
- Call 608-262-2122 and ask for the psychiatrist on call.
- Dial 911.
- Go to your local emergency room.

Cancellations
If you cannot keep an appointment, please let us know as early as possible. We ask that you cancel at least 24 hours before your visit, when you can. We know that this is not always possible. It is up to you to make a new appointment. If your psychologist notes a pattern of missed appointments, he or she will talk with you about this. If the pattern continues, your treatment may end. If you psychologist needs to cancel or move a time, we will let you know as soon as possible.
Your signature below means that you have read and understand the information in this form. It also means that you agree to follow the rules noted in this form. Please talk with your psychologist about any questions or concerns you may have.

I have read and understand this Agreement for Cancer Psychology Services. I have been able to talk with my treatment provider about my concerns and questions. I agree to the rules written here. I have been given a copy of this form to keep.

AUTHORIZING SIGNATURES:

Signature of Patient or Person Authorized to Sign ________________________________

Print Name ________________________________

Relationship to Patient ________________________________

Date ___________________________ Time ________ AM       Date ___________________________ Time ________ AM

Witness Signature* ________________________________

Print Witness Name ________________________________

Date ___________________________ Time ________ AM       Date ___________________________ Time ________ AM

* Only required if patient signature not obtained by physician or when telephone consent obtained