Patient Name
DOB:
MR #:

Date: _____________________________

This document contains important information about Health Psychology Services to help you understand psychological treatment/services. After you have reviewed this document, discuss any concerns with your psychologist. If you consent to receiving psychology services, please sign the last page.

**Testing/Assessment:**
If your meeting involves testing, your psychologist may conduct a clinical interview along with any other psychological testing (s)he deems necessary. The purpose of psychological assessment is for your psychologist to learn about your knowledge, attitudes, capabilities, and/or motivation. Psychological testing provides a picture of your general psychological state and can help your psychologist identify whether there are significant psychological factors that might impact your ability to make permanent lifestyle changes, recover from medical and surgical treatments and cope with the emotional adjustments following medical and surgical treatments. The testing also provides your psychologist with information about your strengths, weaknesses, coping styles, self-care and ways of relating. This information can be used to tailor treatment plans and recommendations to your specific needs and to optimize the care you receive.

Throughout the assessment process, you have the right to inquire about the nature and purpose of the tests administered and to have your questions about the tests answered. You also have the right to a summary of the test results and recommendations. It is important that you know that the evaluation process and the discussion of life experiences may bring up uncomfortable feelings. Psychological responses to the evaluation process may include, but are not limited to: anxiety, depression, frustration, anger, distress or disappointment. Please discuss these with your psychologist if they occur.

If you are seeing a psychologist for pre-surgical assessment, more sessions may be needed in order to determine whether you are an appropriate candidate for surgery and/or to address certain issues prior to being approved for surgery. You will be responsible for the additional expenses if the psychologist feels that another session is necessary. If additional sessions are necessary and you have insurance, please be sure to get authorization for further sessions from your insurance company.

**Treatment:**
Psychotherapy and health and behavior intervention has been shown to be effective in treating a variety of problems that interfere with good psychological and physical health. In addressing a number of problems, it has also been shown to lead to better relationships and good outcomes for specific problems. These effects do not necessarily occur in all cases. You and your treatment provider will identify and discuss your goals for treatment and the potential for psychotherapy or health and behavior intervention to adequately achieve these goals. You will work together with your treatment provider to establish a treatment plan. Although treatment has many benefits, there may be times during your treatment that you experience uncomfortable feelings. Please discuss these with your treatment provider as they occur.

**Confidentiality:**
The information obtained in psychological services and evaluations is confidential. There are exceptions for situations in which we are required to release information without your permission. Examples are:
1) if there is evidence of physical, emotional, and/or sexual abuse of children or abuse of the elderly.
2) if we judge that you are in danger of harming yourself or others; and
3) if a court orders the release of the information.
If treatment involves more than one client (as in family or marital therapy), all involved parties have access to the records pertaining to that treatment. In addition, in the case of a minor or an adult deemed incompetent, usually the parent or legal guardian has the right to all treatment records.

Psychology trainees (practicum students, psychology interns, postdoctoral fellows) are required by law to be supervised by a licensed psychologist. If a psychology trainee is involved in your services, your case will be discussed with his/her psychologist supervisor.

Since psychology services are provided as a part of the multidisciplinary care at UWHC, it is important to know that your assessment will become a part of the UWHC medical record and will be available to others involved in your care.

**Meetings:**
Treatment sessions are generally 50 minutes long and are scheduled at a mutually agreed upon time and frequency. Your practitioner will notify you if it is expected that your session will run longer than this.

**Appointment Check-In:**
For your first appointment with a health psychologist, please present 20 minutes early. For all subsequent psychologist appointments, you can arrive at the time of your scheduled appointment. Please allow enough time to find parking and check-in.

Please check in with the check-in desk and/or receptionist at the start of each of your visits to see your health psychologist. After checking in, if you are waiting for more than ten minutes after your scheduled appointment time, please notify the receptionist. Please note that you should not bring children with you to your appointments unless (a) it is planned that they will participate in the session or (b) you bring another adult to supervise them during the session. You may not leave children unattended in the waiting area. Reception staff cannot supervise children in the waiting area.

**Fees:**
Fees for services vary and are determined by the University of Wisconsin Hospital and Clinics (UWHC). You may receive information about fees by calling 265-7090. You are responsible for payment of all fees for service. If you have insurance or another payer which pays for all or part of these services, your insurance company or payer will be billed by the UWHC billing center. Preauthorization for services may be required by your insurance company or payer. You are responsible for obtaining preauthorization for Health Psychology services with your insurance company or payer. We will be happy to assist you in this process as appropriate.

Note that most insurance companies and other payers require ongoing information regarding the nature and progress of your treatment. By signing this document, you agree to allow disclosure of treatment information to your insurance company or other payer.

**Contacting your Treatment Provider:**
Office hours are Monday-Friday, 8:30-5:00. If your treatment provider is not immediately available by telephone, please leave a message. We will seek to return your call on the same day, providing it is during normal business hours. If your call is urgent and your treatment provider is not available, you may call 262-2122 and ask for the psychiatrist on call or call your primary care physician, your local hospital emergency room (if you live outside Dane County) or your local Crisis Intervention Center. If you have an emergency, outside of normal business hours, please dial 911 or go to your local emergency room.
Cancellations:
If you are unable to keep an appointment, you should notify us of your cancellation as early as possible. Please cancel at least 24 hours in advance. Giving less than one day’s notice, without an excuse, will be a “Late Cancel.” Late Cancellations may be taken into consideration for discharge from the clinic.

If you miss an appointment without cancellation, this is considered a “no show.” It is your responsibility to reschedule these appointments. Three or more no shows may result in you being discharged from the clinic. This includes clinic appointments with medical providers, nurses, individual health psychology appointments, and group health psychology appointments. The clinic will notify you and your primary care provider if you are discharged. If you need a referral to a new psychologist or counselor, contact us and we can provide a list of providers.

Professional Records:
Treatment providers must keep treatment records. Your treatment records are a component of your UW Medical record. You may request a copy of your records from the Medical Record Department. We recommend that your treatment provider be present when you are reviewing your record in order to respond to any concerns or questions that you may have.

If you have any questions about the above information, please discuss them with your provider.

Your signature below indicates that you have read the above information, your questions have been answered and you agree to abide by its terms.

Signature of Patient/Representative _______________________________ Date: ____________ Time: ________AM
If signed by person other than the patient, print name and state relationship and authority to do so.
Print Name: ________________________________________ Relationship: ________________________________________
Patient is: □ Minor □ Incompetent / Incapacitated
Legal Authority: □ Legal Guardian □ Parent of Minor
□ Health Care Agent □ Other ___________________________

Provider Signature: _______________________________________ Print Provider Name: _______________________________________
Date: __________________________________ Time: ________________PM Pager# _______________________________________

Interpreter or Reader Signature (if applicable) Witness Signature*
Print Interpreter or Reader Name Print Witness Name
Date _________________ AM _________________ AM
Time _______________ PM _______________ PM

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