

Thank you for your interest in the **Study Skills Camps at NC State!**

The following information is intended to provide a general overview of the summer Study Skills program. For more information, please check out our Study Skills FAQ page (also included in this packet) or contact the Psychoeducational Clinic and we will be happy to assist you further.

General Information

Study Skills is sponsored by the Psychoeducational Clinic at NCSU. The Clinic is affiliated with the APA approved School Psychology Training Program, housed within the Department of Psychology at NCSU. The Clinic serves both as a resource for the community by offering quality assessment and intervention services for learners of all ages and as a training facility for doctoral students in the School Psychology program.

During each Camp, Study Skills teachers will focus on multiple areas, including organization, reading comprehension, test-taking skills, and note-taking. Topics covered within the Organizational component include organization of notebooks and school materials (notes, hand-outs, tests, parent-teacher correspondence, etc.), and time management (breaking long-term assignments into smaller parts, scheduling time properly to study for tests, etc.). Topics covered within the Learning Strategies component include identifying evidence-based reading comprehension techniques; in addition, students will also learn how to identify key information from lectures and/or texts and translate that information into written notes. Topics covered within the Test-Taking component include how to prepare for tests, how to take tests, the disadvantages of procrastination, and a relaxation technique. The strategies taught are all considered "best practice" in the field.

The Clinic currently runs Study Skills camps for two age groups: Middle School students (rising 6th, 7th, and 8th grade students) and High School students (rising 9th and 10th grade only). Students are grouped in classes by grade to the extent possible. The topics and skills covered in each group are very similar, but the curriculum has been adapted to be more developmentally appropriate for each age group. As an example, students in each group may cover similar concepts (e.g., how to take notes effectively), but the emphasis placed on that particular topic- and the types of activities included in the curriculum to teach and practice it- may be different. Students who once completed the middle school curriculum are welcome to come back for the high school class; however, parents/guardians should be aware of similarities between the two curricula.

Study Skills teachers are advanced School Psychology doctoral students who are supervised by faculty members in the School Psychology training program at NCSU. This year, each class will be limited to 7 students and 1 teacher to allow for social distancing and other COVID-related precautions.

All classes are taught using hands-on and experiential techniques. Every effort is made to engage each student in activities so that strategies are practiced repeatedly. All techniques and strategies taught in the class are reinforced multiple times throughout the week. In addition, very brief "homework" tasks are assigned each day to reinforce the day's learning. Finally, parent information nights will be held periodically throughout the summer (dates below). During these sessions, parents will have the opportunity to ask questions about the specific strategies being taught during Study Skills. In addition, parents will also be provided with additional information about how to support and further develop their child's organizational skills during the school year.

Study Skills Camp Dates

This year's **middle school (rising 6th, 7th, and 8th grade) and high school (rising 9th and 10th grade)** Study Skills classes will be offered on the following dates:

- July 12-16 (9:30am-11:30am OR 1:00pm-3:00pm)
- July 19-23 (9:30am-11:30am OR 1:00pm-3:00pm)
- July 26-30 (9:30am-11:30am OR 1:00pm-3:00pm)
- Aug 2-6 (9:30am-11:30am OR 1:00pm-3:00pm)

Parent Information Nights will be held *virtually* at the following dates and times:

- Monday, July 12th from 5:30pm-6:30pm
- Monday, July 26th from 5:30pm-6:30pm

Location and Fees

The total cost of the camp is \$200 per student, which includes all supplies. Payments are split between a \$50 deposit (due with your registration form) and the remaining \$150 balance (due on or by the first day of camp). Unfortunately, we cannot offer sibling or NCSU employee discounts for our in-person camps at this time. All Study Skills camps are held on the main NCSU campus. More specific details regarding location, directions and parking will be provided the week before camp begins.

COVID Testing Requirement

Please be advised that NCSU is requiring all students to show evidence of a negative PCR test for COVID-19 *on the first day of camp*. Testing should occur no more than 72-hours prior to the first day of camp and documentation will be requested. Furthermore, NCSU is also requesting that *a second COVID test be completed on the 4th day of camp (Thursday)*. These guidelines are in place for all participants regardless of an individual's vaccination status.

How to Register

To register for a 2021 camp, complete and print the registration forms (included at the end of this packet). ***Please make sure to complete and return all four documents: the Registration Form, the Emergency Contact form, the Insurance and Medical Form, and the Liability Waiver.*** Mail all four completed documents along with a non-refundable deposit check of \$50 (payable to NCSU) to: Psychoeducational Clinic / Study Skills; Dept. of Psychology, Box 7650; NC State University, Raleigh, NC 27695-7650. Once these materials are received, you will be sent a confirmation email of enrollment or notification of waiting list status. Additional information and directions will be sent via email one week before camp begins. If you are put on the waiting list and never enrolled in the camp, your deposit will be refunded to you (please refer to the FAQ section for further information about our refund policy).

Should you have any further questions, please review our FAQ page (included in this packet), e-mail us at theclinic@ncsu.edu or call the Psychoeducational Clinic at 919-515-1713. If no one is available to take your call, please leave your name and number so that we can contact you.

We look forward to working with your child!

Study Skills Camp FAQs

Who to Contact

- **If I have any concerns or issues (e.g. my child is sick, I cannot find the directions, etc.), what is the best contact information for me to use?**

Please call the clinic office: 919-515-1713, or email us at the main clinic email: theclinic@ncsu.edu. If we are unable to answer your call immediately, please leave us a voicemail or email. We check our voicemail and email regularly throughout the day and will get back to you as soon as we can.

Scheduling and Attendance

- **Can I attend a combination of morning and afternoon sessions?**

In order to keep our teacher-student ratio low, we cannot usually allow students to attend two different time slots. We do occasionally make exceptions, but this is on a first-come, first-served basis and is individual to each case.

- **Can my child miss the first day of Study Skills camp?**

The skills and strategies taught during Study Skills are taught in a sequential manner; thus, if a student misses a day, it can be difficult for the student to pick up those skills taught in subsequent days. This is particularly true of the first day of Study Skills, when students are taught foundational strategies that they will be required to refer back to repeatedly throughout the week. Thus, we highly discourage campers from missing the first day of camp. We do understand that absences the first day are sometimes unavoidable, so we will not restrict a camper from attending if he or she misses the first day. However, please note that we will be unable to cover all of the missed information individually in detail.

- **What happens if my child misses the first day of camp?**

If your child needs to miss the first day of camp, please notify us in advance or, in case of emergencies, as soon as possible that day. If we have not heard from you by the end of your child's scheduled session on the first day of camp (i.e., 11:30am for morning session, 3pm for afternoon session), you will forfeit your child's slot for camp that week and your child's spot will be opened to campers on the waitlist.

- **How many days of camp can my child miss?**

Missing camp is not ideal for any camper, as they will miss the important information we teach and review that day. However, if there are extenuating circumstances, your child may miss up to two days of camp. Please note that our teachers will do their best to provide a quick overview of missed material with campers if time permits (either during the break or just after class); however, no one-on-one instruction is available for study skills camp content.

- **I have already registered for one session, but I need to make a change. What do I do?**

Contact our office by phone (919-515-1713) or email (theclinic@ncsu.edu) to let us know of any changes. If the session you would like is available, we can simply transfer your child to the requested session. If the session is full, your child will be added to the waitlist. Please note that if you have already been confirmed for a session, your \$50 deposit is transferable to another session, but it is *not* refundable if no slots are available.

- **I am already registered for Study Skills, but my child will no longer be able to attend. What should I do?**

If your child will not be able to attend, please let us know as soon as possible, so we can open up that slot to another camper. We typically have a waiting list of families who would like their child to attend, so please be considerate of others who would like to take advantage of this opportunity.

- **I would like to register my 11th or 12th grader in the High School camp, but your advertisement says it is for 9th and 10th graders only. Can my older adolescent attend anyway?**

The information taught in the High School sessions is specifically geared towards early high school students who may still be trying to navigate the additional organizational demands and requirements of high school. These classes usually fill quickly with 9th/10th graders; thus, we generally do not allow upper-classman to enroll. However, if you are interested in having an older adolescent enroll in the High School class, please complete a registration form and send it- along with the \$50 deposit- to the Clinic. We will not be able to confirm a place in the camp right away; instead, we will put your child on the waitlist for the class of your choice. If there are places available in that session one week prior to the start of camp, we will contact you to let you know that your child will be able to attend. We will also contact you if no spaces are available and refund your deposit.

Study Skills Content, Support, and Materials

- **If my child cannot attend camp, can someone meet with my child for one-on-one study skills camp?**

No one-on-one instruction is available for study skills camp content at this time; however, the Clinic is in the process of developing new intervention programs and may be able to offer Study Skills booster sessions during the coming school year. Please let us know if this is something you are interested in, and we will add you to our mailing list.

Alternatively, we currently have an alternative but similar program that is offered through the clinic in which we offer 1:1 coaching for students to assist in supporting their time management, study strategies, learning strategies, and/or organizational skills. This is our ACES Program (Academic Coaching for Educational Success). For more information about ACES, or to be added to our mailing list for future services, please contact our office by phone (919-515-1713) or email (theclinic@ncsu.edu).

- If my child is unable to attend camp, is there another way for me to obtain support for my child regarding organization and study skills?**

We have an alternative program that is offered through the clinic in which we offer 1:1 coaching on a weekly basis for students to assist in supporting their time management, study strategies, learning strategies, and/or organizational skills. This is our ACES Program (Academic Coaching for Educational Success). For more information about ACES, please contact our office by phone (919-515-1713) or email (theclinic@ncsu.edu).
- Can I obtain copies of materials from study skills camp?**

Materials are only available to students who attend study skills camp.
- My child has attended a Study Skills camp before. Can s/he attend a second time?**

Yes, students are welcome to register as often as they would like! We understand that additional repetition and practice with this material can sometimes be helpful. However, please know that the majority of the curriculum stays the same (with minor updates and revisions) from year to year; thus, your child will likely have covered these same activities in years prior.
- What are the differences between the Middle School and the High School curricula? Should my high school student be enrolled in Study Skills if s/he has already completed a Middle School class?**

Students who once attended a camp as a middle-school student are welcome to come back to attend the high school classes. However, please be aware that most of the course content across classes is the same. We do emphasize some material more in the high school classes (e.g., note-taking), and a few of the assignments have been altered to match the age/developmental level of older adolescents; however, the overall course is very similar to that taught to younger students.

Parent Night

- Who should attend the parent night session?**

The parent night session is designed to provide an overview of the content that will be taught over the course of the week in study skills camp. Our goal is to prepare parents to be able to support their child in reviewing or practicing any newly learned skills and applying those skills and strategies over the course of the school year. All parents, guardians, or other family members who may be involved in supporting the camper throughout the school year are welcome to attend. *Please note that all Parent Night Information Sessions will be held virtually this year. A Zoom invite will be sent to all parents.*
- Am I required to attend a parent night session?**

You are not required to attend, but we do highly encourage parents to attend a session in order to be equipped to reinforce the strategies and skills the camper is learning.

Registration, Payment, and Refund Policy

- **How do I register my child for the Study Skills camp?**
 Please complete the four registration forms (including the camp selection page, the Emergency Contact form, the Insurance/Medical Information form, and the Waiver) included in this packet and mail them – along with a nonrefundable \$50 deposit check (made payable to “NCSU”) - back to the Clinic at:

Psychoeducational Clinic/Study Skills
 Psychology Department, Box 7650
 NC State University
 Raleigh, NC 27695-7650
- **What payment methods are accepted by NCSU?**
 All Study Skills deposits must be paid by check (made out to NCSU). Once it is time for you to pay your remaining payment of \$150, you may do so by check or credit card. Additional information on how to submit electronic payments will be emailed to parents closer to the start of camp. If parents would like to submit the full \$200 payment at the same time (i.e., at registration), please do so by check.
- **When is the rest of my payment due?**
 Once your registration materials and \$50 deposit have been submitted, you will be registered for the camp of your choice and a confirmation email will be sent to you. Your remaining payment of \$150 is due on or prior to the first day of camp.
- **I have sent in my registration forms but have not heard anything. What should I do?**
 We confirm receipt of registration materials with an email from our clinic. It is possible that emails from the clinic have gone into your SPAM folder, so please check there. Otherwise, contact our office by phone (919-515-1713) or email (theclinic@ncsu.edu) to inquire about the status of your registration. Please note that information about parking and directions are sent out one week prior to camp.
- **I am confirmed for the week of camp but have not heard any details about camp. What should I do?**
 You will receive an email from our clinic with several attachments related to study skills camp about one week prior to the start date of the camp for which you have registered. It is possible that emails from the clinic have gone into your SPAM folder, so please check there. Otherwise, contact our office by phone (919-515-1713) or email (theclinic@ncsu.edu) to let us know you have not received an email with additional information.
- **Is the \$50 deposit refundable?**
 Your deposit of \$50 is refundable only if we are unable to provide you with a space in a camp and/or if you choose to be placed on a waitlist but are never offered a spot. Once your space in camp is confirmed, the deposit is no longer refundable; however, any

additional portion of the fee that has been submitted will be refunded. For example: if a family registers their student for camp and decides to pay the full fee (\$200) upfront but later cancels, \$50 of the \$200 is not refunded, but the additional \$150 will be.

Please note that this refund policy applies to ALL cancellations, both expected and unexpected (including illness, etc).

- **What happens if I decide to pull my child out of Study Skills after camp has started? Can my money be refunded?**

We hope that you and your child enjoy Study Skills and are able to attend for the whole week! If you have any concerns about the camp, please be sure to reach out to the Clinic Director, Dr. Natalie Murr, with your concerns. Unfortunately, we are not able to provide a refund on any portion of the camp fee after camp has started.

Directions, Parking, and Accessibility

- **How do I get directions to the camp location?**

You will receive an email from our clinic with attachments that provide detailed information about directions and parking for study skills one week prior to camp. It is possible that emails from the clinic have gone into your SPAM folder, so please check there. We include several important attachments, so please make sure to read them all carefully. Sometimes the specific details about directions and parking have changed, so the email and attachments are the best source for the most up-to-date details. Otherwise, contact our office by phone (919-515-1713) or email (theclinic@ncsu.edu) to request that we send/resend that information.

- **I and/or my child has special needs regarding mobility (e.g., uses a wheelchair, crutches, etc.). How will this affect drop-off and pick up for study skills?**

With advance notice, we can make arrangements with parking and transportation staff so that your child can be dropped off at the accessible entrance to the building. Please indicate this on your registration form or contact us well in advance (preferably at least two weeks prior to camp) so that we can make these preparations prior to the first day.

Other Questions

- Please contact our office by phone (919-515-1713) or email (theclinic@ncsu.edu) with any other questions you may have.

NC State Psychoeducational Clinic
General Policies and Service Agreement
Study Skills Camps

Welcome to the NC State Psychoeducational Clinic! This form will provide information about our services, and about your rights and responsibilities as a client. Please be sure to discuss any questions with office staff or the Director, Dr. Natalie Murr. Your signature on the *Study Skills* registration form indicates that you understand the information and freely consent to the services described herein.

Description of Services

The Psychoeducational Clinic (“the Clinic”) is a not-for-profit training facility for the School Psychology program in the Department of Psychology at North Carolina State University. The services in the Clinic are provided by professional psychologists and graduate students who are completing advanced training under the supervision of the School Psychology faculty. The two main functions of the Clinic are: (a) to provide psychological services to the Triangle area and surrounding region; and (b) to provide professional training to School Psychology graduate students.

The Clinic’s office hours are 9:00AM-5:00PM Monday-Friday. The Clinic operates year round, although some services may be more limited during summer months depending on clinician availability.

The Clinic Director, Dr. Natalie Murr, oversees the management of the Clinic in close consultation with the School Psychology Program Director and Department of Psychology faculty. Questions or comments about Clinic services should be directed to the client’s psychologist. Should further information be required, clients are welcome to contact the Clinic Director directly.

Fees & Refund Policy

The total cost for the Study Skills camp is \$200 per student, which includes all supplies and materials. The \$50 deposit is non-refundable once a student has been confirmed in a requested camp session. The remaining \$150 is due on the first day of camp and is not refundable after that time.

Privacy and Confidentiality

State laws and the code of ethics for psychologists protect a client’s rights of privacy, privileged communication, and confidentiality regarding psychological services. Clinic personnel will not release any record of a client’s contact with the Clinic without her/his written permission, except under the rare conditions outlined below. Client information and/or files are not shared with schools, service providers, or other health care professionals without the client’s written permission and a signed Release of Information.

Per state laws and the code of ethics for psychologists, your child’s contacts with the Clinic will remain confidential. Necessary information is shared with those inside the Clinic only to provide professional services (such as for case supervision, consultation, training, and teaching). Clinic

administrative personnel also have access to client records for program evaluation and planning, billing/financial purposes, and for case management.

Despite our strict respect for clients' confidentiality rights, the following are situations that may impose limits on a client's right to confidentiality based on state laws and ethical principles for mental health professionals: 1) a completed Release of Information is authorized by the client or guardian in writing; 2) a valid court order mandates the release of records; 3) the client is a danger to self or others; 4) reason to believe that there has been abuse or neglect of a child, or of an elderly, vulnerable, or disabled person; 5) the client privilege for privacy in court has been waived; 6) the client initiates a complaint or legal proceedings against the Clinic; 7) other disclosures required by law. Only the minimum amount of information necessary to meet the purpose of a request will be disclosed. A client may revoke a Release of Information at any time, but we will not be able to retract any disclosures that have already been made.

For additional information regarding confidentiality, please see the Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information (included in this packet).

Supervision

Many of the services provided through the Clinic are conducted under the direct supervision of the Clinic psychologists and/or School Psychology faculty. Discussion of clients may occur between the student and psychologist alone or in small groups of students for whom the supervisor also has responsibility. Supervisors are licensed by the North Carolina Psychology Board.

Video Recording and Observation

With the client's approval, supervisors may use direct observations, audiotaping, and/or videotaping to provide appropriate supervision of graduate students' activities. Supervisors must have access to session content so that they can advise graduate students on the most effective ways to conduct valid assessments. Similarly, other graduate students in training must have access to the work of their peers, so that they can learn by observing and thereby develop their own clinical skills. These recordings will be used for internal educational and training purposes only, and only those directly involved in the training of the graduate student will have access to any identifying information about a minor child. Note that these recordings are not considered part of the clinical record. Typically, recordings are deleted within 30 business days of the client feedback session but occasionally, some may be saved for future training purposes. If that is done, the video file is saved on our secure video server by the clinical supervisor in a secure password-protected location that can only be accessed by authorized trainees.

We realize that this requirement may cause some concerns, but it is essential in our ability to provide quality care. If you have any concerns with this policy, or do not wish to authorize us to record your/your child's work at the Clinic, please speak with your clinician/psychologist as soon as possible.

Social Media Policy

Clinic staff do not communicate with, or contact, any of our clients through social media platforms like Twitter or Facebook. In addition, if staff discover that they have accidentally

established an online relationship with you, they are required to dissolve that relationship immediately.

The Psychoeducational Clinic has a website that you are encouraged to access (go.ncsu.edu/psychedclinic). If you have any questions about any information on this website, please discuss them with a member of the Psychoeducational Clinic staff.

Client Rights

A) Appropriate Treatment

Clinic staff will review intake paperwork to determine the kind of services needed and whether we can provide those at this agency. If we determine that your treatment needs require resources or competencies beyond the scope of our services, we will assist with a referral to an appropriate community agency or mental health provider. Clients will be responsible for any fees that may be charged by referral resources.

B) Receive Respectful Care and Treatment

You will be treated with appropriate dignity and consideration by all staff members.

C) Know Your Providers

All professionals in the NC State Psychoeducational Clinic are professionally trained and licensed in their field by the State of North Carolina. Graduate students working in the Clinic are supervised at all times by licensed professionals. Specific information about our staff's training, credentials, and experiences is also available to you.

Client Responsibilities

A) Complete Paperwork

All clients who come to the Clinic are asked to complete paperwork before scheduling an appointment for an initial consultation. Timely completion and submission of paperwork will ensure that our staff have all the information necessary to provide you with the best care possible.

B) Regular Attendance

Clients are expected to attend and be on time for all scheduled appointments. If you are unable to attend a session due to illness or an emergency, please cancel your appointment in advance in order to avoid losing your deposit.

C) Communication

Staying in contact with your psychologist is a vital part of the evaluation/intervention/consultation process. Please keep in mind that email is not a secure medium, therefore confidentiality cannot be guaranteed. Email should not be used as a primary method of communication with Clinic staff. To discuss any personal concerns, please call the Clinic during working hours at 919-515-1713. Please be aware that staff does not maintain 24-hour access to email accounts and therefore cannot guarantee that emails will be responded to immediately; however, we do strive to answer all emails and voicemails within 48 hours.

D) Voice Your Concerns

The Psychoeducational Clinic will be better prepared to improve upon service delivery if they are informed of concerns about the care you receive or interactions with staff. Please share any questions or concerns you may have with your clinician. Alternatively, you may also ask to speak to the Clinic Director. Your comments and ideas can be submitted in person, through email or in writing, and are both welcomed and appreciated. Our Director welcomes conversations with patients and parents and can be contacted at 919-515-1713 during business hours.

E) Safety

In order to provide a safe environment for our clients and clinicians, we ask that all persons refrain from any violent or aggressive behaviors to self, others, or property while at the Clinic. Firearms and other weapons are prohibited on campus.

Emergency Procedures

The Clinic cannot provide 24-hour emergency or crisis management services to the community or to its clients. When the Clinic is not open, persons in crisis are advised to seek emergency services through one or more of the following service agencies.

- *Emergency Services (911)*
- *National Suicide Prevention Lifeline (1-800-273-8255)*
- *Crisis Stabilization Center (984-974-4800)*
- *Crisis Intervention Hotline (919-545-0224)*
- *Interact Rape Crisis Hotline : (919-828-3005)*
- *Alliance Behavioral Healthcare Access Center (1-800-510-9132)*
- *Mobile Crisis Team provided by Therapeutic Alternatives (1-877-626-1772)*

**Notice of Psychologists' 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 GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

Psychoeducational Clinic personnel may *use or disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. PHI may also be used for purposes of research but in no case will the PHI be identifiable by name. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations "
 - *Treatment* is when Clinic personnel provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when Clinic personnel consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Clinic personnel obtain reimbursement for your healthcare. Examples of payment are when Clinic personnel disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Currently Clinic personnel do not file directly with health insurers but provide information to you so that you may do so.
 - *Health Care Operations* are activities that relate to the performance and operation of Clinic practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management 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

Clinic personnel may use or disclose PHI for purposes outside of treatment, payment, and health care operations 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 Clinic personnel are asked for information for purposes outside of treatment, payment and health care operations, Clinic personnel will obtain an authorization from you before releasing this information.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Clinic personnel have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining

insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Clinic personnel may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If you give Clinic personnel information which leads us to suspect child abuse, neglect, or death due to maltreatment, we must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, Clinic personnel must do so.
- **Adult and Domestic Abuse:** If information you give us gives us reasonable cause to believe that a disabled adult is in need of protective services, Clinic personnel must report this to the Director of Social Services.
- **Health Oversight:** The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should Clinic personnel be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that Clinic personnel have provided you and/or the records thereof, such information is privileged under state law, and Clinic personnel must not release this information without your written authorization, or a court order. This privilege 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:** Clinic personnel may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a workers' compensation claim, Clinic personnel are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

IV. Patient's Rights and Psychologist's Duties

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, Clinic personnel are 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 seeing us. Upon your request, Clinic personnel will send your bills 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. Clinic personnel may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, Clinic personnel will discuss with you the details of the request and denial 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. Clinic personnel may deny your request. On your request, Clinic personnel 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, Clinic personnel 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 the notice from us upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

Clinic personnel are 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.

V. Complaints

If you are concerned that Clinic personnel have violated your privacy rights, or you disagree with a decision Clinic personnel made about access to your records, you may contact us at (919) 515-1713.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Clinic personnel will provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

- This notice will go into effect on April 14, 2003
- Clinic personnel reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Unless Clinic personnel notify you of such changes, however, we are required to abide by the terms currently in effect. Clinic personnel will provide you with a revised notice in person or by U.S. Mail.

NCSU STUDY SKILLS CAMP 2021
Registration for Middle and High School Sessions

Please enroll my child in one of the Study Skills sessions that I have selected below. Enclosed is my non-refundable deposit check in the amount of \$50, made payable to NCSU. I understand that the remaining \$150 balance is due on or by the first day of class.

Child's Name: _____ Preferred Name: _____ Male Female

Address: _____ City/State/Zip: _____

Parent/Guardian Names: _____ Phone Numbers: _____

Parent/Guardian Emails: _____

Emergency Names & Phone #s of individuals who can be reached during camp:

Please indicate your preference of sessions with a 1, 2, or 3.

Middle School Session Requested:

High School Session Requested:

___ July 12-July 16 (9:30-11:30 am)

___ July 12-July 16 (9:30-11:30 am)

___ July 12-July 16 (1:00- 3:00pm)

___ July 12-July 16 (1:00- 3:00pm)

___ July 19-July 23 (9:30-11:30 am)

___ July 19-July 23 (9:30-11:30 am)

___ July 19-July 23 (1:00- 3:00pm)

___ July 19-July 23 (1:00- 3:00pm)

___ July 26-July 30 (9:30-11:30 am)

___ July 26-July 30 (9:30-11:30 am)

___ July 26-July 30 (1:00- 3:00pm)

___ July 26-July 30 (1:00- 3:00pm)

___ August 2-August 6 (9:30-11:30 am)

___ August 2-August 6 (9:30-11:30 am)

___ August 2- August 6 (1:00-3:00pm)

___ August 2- August 6 (1:00-3:00pm)

Grade for upcoming school year (2021-2022): ___6th ___7th ___8th ___9th ___10th

School child will be attending: _____

**Please provide any other information about your child that you think would be useful for us to know (e.g., medical, psychological, or learning diagnoses) on the back of this form.

How did you hear about the Study Skills camps?

Please use the information provided above to register my child for a Study Skills camp. By signing below, I acknowledge that I have read the General Policies and Service Agreement, the Notice of Psychologists Policies and Practices, and I consent for my child to participate in this. I also understand that my registration fee is subject to the Clinic's payment and refund policy, as outlined in the Service Agreement and in the Study Skills FAQ.

Signature: _____ Date: _____

Make \$50 non-refundable deposit check payable to NCSU. Then return all registration forms and payment to: Psychoeducational Clinic / Study Skills; Dept. of Psychology, Box 7650; NC State University, Raleigh, NC 27695-7650

Emergency Contact Information

The information required below is needed in the event of an emergency. Please print legibly. Please note that your child may be released to individuals other than his/her parent/guardian *only* if that individual is listed below.

Participant Full Name:

Emergency Contact 1:

Full Name: _____
 Relationship to participant: _____
 Home Address: _____
 Email Address: _____
 Home/Cell Phone #: _____ Work Phone #: _____
 Place of Employment: _____ Title: _____
 Can the participant be released to this individual? Yes or No (circle one)

Emergency Contact 2:

Full Name: _____
 Relationship to participant: _____
 Home Address: _____
 Email Address: _____
 Home/Cell Phone #: _____ Work Phone #: _____
 Place of Employment: _____ Title: _____
 Can the participant be released to this individual? Yes or No (circle one)

Emergency Contact 3:

Full Name: _____
 Relationship to participant: _____
 Home Address: _____
 Email Address: _____
 Home/Cell Phone #: _____ Work Phone #: _____
 Place of Employment: _____ Title: _____
 Can the participant be released to this individual? Yes or No (circle one)

To be completed by parent or guardian:

I, _____ (print name) authorize the contacts above to pick up the participant listed above if indicated by circling "yes."

Signature _____ Date _____

Insurance and Medical Information Form

Please list medications or medical conditions below including any and all allergies. NC State staff cannot administer medication. Medication is not allowed to be shared. If your student is prone to indigestion, headaches, or menstrual cramps, please send appropriate medication and list it here. The medication will be stored with a staff member who will allow the participant to take it as indicated on the original label. Medicines must be in the original packaging.

Participant Name: _____ **Birth date:** _____

Medications (include name, doses, and frequency): _____

Allergies: _____

Medical Conditions or Concerns: _____

Dietary Restrictions: _____

Insurance Information

I am covered by hospital insurance: Yes or No (circle one)

Name of Insurance Company: _____

Policy or Certificate Number: _____

Name of Parent/Guardian: _____

Name of Doctor: _____ Phone Number: _____

This is to certify that I, the undersigned parent/guardian, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician and including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), and/or clinics to release necessary medical information to our local doctors and for use in claims for insurance coverage.

AUTHORIZING SIGNATURES

Parent/Guardian Signature: _____ Date: _____

**LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE, AND
INDEMNIFICATION AGREEMENT**

In consideration for NC State allowing my minor child to participate in the _____, (hereinafter "Program"), I, for myself and on behalf of the minor child below listed ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for his/her own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program, and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize his/her participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

I represent that I am the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for the Minor any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for the Minor. I further understand that treatment for any medical problems the Minor may suffer is my responsibility and will be paid by me and/or covered by my insurance. A photocopy of this permission is to be considered valid as the original.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC State University and its trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor, or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while s/he is participating in the Program.

I agree to allow NC State or its agents to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC State, its agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings. **[If you do NOT agree to allow NC State or its agents to photograph or record the Minor during the Program, please cross out this paragraph.]**

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Name of Minor: _____

Name of Program the Minor is attending: _____