Welcome to the Psychoeducational Clinic!

We look forward to working with you and your child and hope that you will find your visit with us rewarding. We have prepared this information packet to help you prepare for your visit. If you have additional questions, feel free to call us at 919-515-1713.

Included in this information packet you will find:

- **Background on the Psychoeducational Clinic**  p. 2
- **Information about appointments**  p. 3
  - An overview of the process
  - How to prepare
- **Scheduling an appointment: What you need to do**  p. 4
- **Directions and Parking Information**  p. 5
- **Contact information**  p. 7

**Attachments**
- Background Questionnaire  p. 8
- General Policies and Service Agreement  p. 16
- Notice of Privacy Practices  p. 22
- Consent for Services  p. 25
The Psychoeducational Clinic is affiliated with the School Psychology Program, which is housed within the Department of Psychology at NCSU. The Clinic is a practicum and internship site for master’s and doctoral level school psychology graduate students. The field of school psychology applies psychological and learning principles to increase the effectiveness of school systems, schools, teachers, and students. The Clinic has been in existence for over fifty years and serves children, adolescents, and young adults. Our Clinic services include educational and behavioral consultation, diagnostic evaluations and assessment of social, emotional, behavioral, and learning needs. The Psychoeducational Clinic also provides intervention services to adolescents and young adults designed to address social/emotional difficulties (e.g., anxiety, emotional dysregulation, and impulsivity), as well as programs to help students improve organizational and study skills.

Clinic staff includes one Ph.D. School Psychologist, one master’s level Clinical Psychologist, and a School Psychology postdoctoral fellow. Dr. Natalie Murr is the Clinic Director. She is also a Licensed Psychologist and holds a doctoral degree in school psychology from North Carolina State University. Interests include learning differences, developmental and intellectual disabilities, educational policy and advocacy, and improving educational and learning outcomes for all students. Ms. Sasha Fradin, Licensed Psychological Associate, holds a master's degree in clinical psychology from East Carolina University and has worked at the Duke University Center for Child and Family Policy and at All Kinds of Minds in Chapel Hill. Interests include learning differences, memory in children and adolescents, and emotional and behavioral difficulties. Dr. Whitney Griffin is a postdoctoral fellow with the Clinic. She earned a doctoral degree in School Psychology from North Carolina State University and also holds a master’s degree in Special Education from East Carolina University. Interests include autism spectrum disorder, intellectual and developmental disabilities, and the social emotional development of children, adolescents, and young adults. Whitney is also a postdoctoral fellow and education specialist at the Carolina Institute for Developmental Disabilities. Prior to becoming a psychologist, she worked as special education teacher and autism specialist in the public schools for over a decade. In addition to our full-time psychologists, Clinic staff also include two part-time psychologists: Dr. Sara Maybouer and Dr. Kate Norwalk. Dr. Maybouer is a Licensed Psychologist and Nationally Certified School Psychologist with over 20 years of experience working with children/adolescents and families in public school and private settings. Clinical interests include the assessment of autism spectrum disorders, attention deficit disorders, and learning differences. Dr. Norwalk holds a doctoral degree in school psychology from Penn State University. She currently works at NC State as an Assistant Professor, with special interests in supporting youth through the middle school transition, children and adolescents’ social development, peer relationships, foster care and other out-of-home placements, and the effects of trauma on children’s development.

Doctoral students in the School Psychology program work as assistants in the clinic and are responsible for scheduling and responding to general questions. Bev Porter, our office manager, holds a master's degree in Business Administration from Butler University and is responsible for handling the day-to-day operations of the clinic. You may have spoken with one of them already by phone.
Either one of the clinicians listed above or a team consisting of psychologists and graduate students will work with your family. Whether a team or a single psychologist serves your family, the goal of the evaluation is always to answer your referral concerns and develop intervention strategies with as much clarity and expertise as possible, based on the latest research. The Clinic is committed to excellence in care for the child as well as the school and home systems upon which the child relies.

**Appointments**

*Overview*

The first appointment is typically an *intake meeting* with the psychologist/clinician, parents, and child (if possible). This meeting is a time for you to share with us your reasons for seeking assistance for your child, as well as a time for us to better understand relevant issues and answer any questions you might have. In addition, we will use this time to discuss your goals for your child and determine the ideal length of service needed to meet those goals. You should set aside one to one-and-a-half hours for this initial session.

Each individual ACES session is held once per week and lasts approximately 45 minutes. Although the majority of each session will be spent between your child and his/her clinician, there may be times when we ask you to join the session as well (e.g., to ‘debrief,’ inform you of patient homework tasks, etc). Please note that it is up to the individual clinician to determine whether parent involvement in ACES sessions is appropriate. Parents are asked to stay in the Clinic for the duration of the minor child’s ACES appointment.

*How to Prepare Your Child*

About two days before your child's appointment, carefully explain your reasons for scheduling the intake session. Children typically respond well to an explanation that focuses on identifying ways to help the child feel better in certain situations.

Help your child understand that Clinic personnel enjoy working with children and adolescents and will make every effort to make the experience as pleasant as possible. We follow the lead of the child in terms of need for breaks. Give your child a good night's rest and breakfast! If you believe your child will need a snack, you may bring a (non-messy) snack to your appointments.
Scheduling an Appointment: What You Need To Do

_____ Print off and complete the Background Questionnaire (which starts on page 8)

_____ Read our “General Policies and Service Agreement” forms (starts on page 16)

_____ Print off and sign the “Consent for Services” indicating that you have read our General Policies document and that you consent for ACES for your minor child (which starts on page 25).

_____ Collect and copy reports of any previous individual evaluations completed on your child (psychological, speech/language, occupational therapy, etc.) that may help the clinician better understand your child’s needs.

_____ Copy of most recent report cards

_____ Locate a small picture of your child (preferably no bigger than a 3 x 5)

_____ Prepare your deposit by either: 1) Making out a check for $100 payable to NCSU (refundable in the event of timely cancellation) with your child’s full name written at the bottom; OR 2) Submitting a credit card deposit through our online system. More information about our credit card system can be found on page 17 (*please note there are additional fees associated with this option).

_____ Return
  • Background Questionnaire
  • Consent for Services
  • Copies of previous testing (if any)
  • Deposit check (unless a credit card deposit was made)
  • Picture

To: The Psychoeducational Clinic, Scheduling Officer
Department of Psychology, Box 7650
NCSU
Raleigh, NC 27695-7650

Once your information is received in the Clinic, Clinic personnel will call or email to schedule parent and child appointment times.
Parking Directions and Information

The Psychoeducational Clinic is located on NCSU’s Main Campus, in Suite 612 on the 6th floor of Poe Hall. All clients visiting the Clinic will need to park in the Coliseum Deck. The Coliseum Deck is located less than half a mile from Poe Hall.

The Coliseum Deck has multiple floors and multiple entrances. All clients should enter the Coliseum Deck using the Cates Avenue entrance on the bottom floor of the Coliseum Deck, which is set up as an hourly parking lot and is intended for visitor use. All other entrances are for NCSU valid permit holders only; please do not park on these levels as you may be ticketed or towed!

The cost for parking in the Coliseum Deck is $3 for the first hour and $2 for every 30 minutes (or part thereof) after that. Payment is by credit card only.

Driving Directions to Coliseum Deck Pay Lot

1. Take Western Blvd. heading east, towards downtown Raleigh.
2. Turn left onto Pullen Road.
3. Turn left onto Dunn Avenue. The Coliseum Parking Deck will be on your left.
4. Turn left onto Jeter Drive.
5. Turn left onto Cates Avenue, and stay in the left lane.
6. Take the second entrance to the Coliseum Deck
Walking Directions to Poe Hall from the Coliseum Deck:

1. Exit the Coliseum Deck and cross Dunn Avenue at the intersection of Dunn Avenue and Jensen Drive
2. Go through the tunnel. You will enter a parking lot. Keep going straight.
3. The SAS building will be on your left. Pass this building and walk up the steps at the end of the parking lot.
4. Poe Hall is the seven-story pebble facade building immediately across the street.
5. Enter the front of the building (facing the main road), go up the stairs, and straight down the hallway.
6. You will reach the double elevators on your left (please note that there is also a single elevator on the opposite side of the building). Take the elevator to the 6th floor, exit by turning right, turn left at the end of the hallway. Continue down the hallway to the corner and turn left again. The Psychoeducational Clinic is located in room 612.

Upon entering the 612 Suite in Poe Hall, you will see a call board on the wall opposite you. Page your psychologist by flipping the switch next to the name of the psychologist to whom you have been assigned. The psychologist will then meet you in the lobby.
**Contact Information**

**Mailing Address:**  
Psychoeducational Clinic  
Department of Psychology, Box 7650  
North Carolina State University  
Raleigh, NC  27695-7650

**Street Address:**  
2310 Stinson Drive, Poe Hall, Suite 612

**Telephone:**  
919-515-1713

**Fax:**  
919-515-1716

**Web Site:**  
http://go.ncsu.edu/psychedclinic
# BACKGROUND QUESTIONNAIRE

Date: ___________________  Person Completing Form ________________________________

## Student Information

Name: ___________________  Preferred Name: ___________________

Address: ___________________  Gender: ___________________

County: ___________________  Home Phone: ___________________

Date of Birth: ___________________  Age: ___________________

School: ___________________  Grade: ___________________

## Family Information

### Parent/Caregiver

Name: ___________________  Occupation: ___________________

Address: ___________________  Employer: ___________________

(if different): ___________________  Email: ___________________

Work Phone: ___________________  Education: ___________________

Cell Phone: ___________________

### Parent/Caregiver

Name: ___________________  Occupation: ___________________

Address: ___________________  Employer: ___________________

(if different): ___________________  Email: ___________________

Work Phone: ___________________  Education: ___________________

Cell Phone: ___________________

Parent Marital Status: ___ Married  ___ Separated  ___ Divorced  ___ Widowed  ___ Never Married

If divorced, describe custody arrangements: __________________________________________________________

Is there another caregiver in the home?  ___ Yes  ___ No

Name and relationship to student: __________________________________________________________

Are all legal guardians aware of this service?  ___ Yes  ___ No

## Siblings

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Living at home?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referral Question
Who referred you to the clinic? ______________________________________________

What motivates you to register your child for our ACES program at this time?

When were problems first noticed? When did they become a significant concern?

What interventions have been attempted at home and at school to help solve the problem(s)? How helpful have they been?

Has your child ever participated in therapy or consulted with a mental health professional before? 
Yes ______ No _____

If yes, when and by whom?

Does your child have a medical or psychological/mental health diagnosis that may be affecting his/her schoolwork?
**Specific Areas of Concern**

Please provide further information about your concerns. In the spaces below, please list the most troubling problems exhibited by your child for which you are seeking help. Be as specific as you can. For each area of difficulty, please indicate the number which best describes the amount of concern or distress you and your child feel about that problem.

**Problem 1:**

<table>
<thead>
<tr>
<th>In general, how much does this problem bother your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In general, how problematic do you think this problem is for your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

**Problem 2:**

<table>
<thead>
<tr>
<th>In general, how much does this problem bother your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In general, how problematic do you think this problem is for your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

**Problem 3:**

<table>
<thead>
<tr>
<th>In general, how much does this problem bother your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In general, how problematic do you think this problem is for your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>
**Medical and Mental Health Information**

Place a check next to any illness or condition that your child has had. When you check an item, also note the approximate date (or age) of illness.

<table>
<thead>
<tr>
<th>Check</th>
<th>Illness</th>
<th>Date/age</th>
<th>Check</th>
<th>Illness</th>
<th>Date/age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Allergy</td>
<td></td>
<td></td>
<td>Extreme tiredness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td></td>
<td></td>
<td>or weakness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head injury</td>
<td></td>
<td></td>
<td>Anemia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Broken bones</td>
<td></td>
<td></td>
<td>Fainting Spells</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hearing Problems</td>
<td></td>
<td></td>
<td>Severe Headaches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear Infections</td>
<td></td>
<td></td>
<td>Stomachaches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vision Problems</td>
<td></td>
<td></td>
<td>Eating Disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Convulsions</td>
<td></td>
<td></td>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td></td>
<td></td>
<td>Epilepsy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Encephalitis</td>
<td></td>
<td></td>
<td>Eczema/hives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospitalizations</td>
<td>(explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>(explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Explanations for any other of the above:*

Check any of the following behaviors your child/adolescent exhibits. If your child exhibits none of these behaviors, skip this section. For items checked, please explain in the space provided the extent of the behavior and under what conditions it occurs.

**PHYSICAL**

- Sometimes
- Often
- Explanations

- complains of headaches
- complains of stomachaches
- thumbsucking
- nailbiting
- other

**BEHAVIORAL**

- under/overeating
- stealing
- stuttering
- crying
- daydreaming
- temper tantrums/meltdowns
- bossing others
- bedwetting
- aggressiveness
- lying
- disobedient/defiant
- runs away
- engages in self-injurious behavior
- disruptive
- inattention/distractibility
<table>
<thead>
<tr>
<th>Touches others inappropriately</th>
<th>_____</th>
<th>_____</th>
<th>__________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty sleeping</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Destructive</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Unusually active</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Diff. getting along with peers</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Diff. getting along with adults</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Alcohol/substance use</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Acts without thinking</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Diff. finishing work on time</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Forgetful</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Interrupts or trouble waiting turn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loses things</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
<tr>
<td>Other</td>
<td>_____</td>
<td>_____</td>
<td>__________________</td>
</tr>
</tbody>
</table>

**EMOTIONAL**

<table>
<thead>
<tr>
<th>Sometimes</th>
<th>Often</th>
<th>Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous/anxious</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Depressed/sad</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Moody</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Complains of unfairness</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Says no one understands him/her</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Has nightmares</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Poor self-image</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Suicidal</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Other</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

**Medications taken or taking other than for routine illnesses:**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
<th>Dose</th>
<th>Date Started</th>
<th>Date Stopped</th>
</tr>
</thead>
</table>


**Family Medical History**

Place a check next to any illness or condition that any member of the family has had. When you check an item, please note the member's relationship to the child.

<table>
<thead>
<tr>
<th>Check</th>
<th>Condition</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alcoholism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anxiety Disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obsessive-Compulsive Disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suicide attempt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bipolar Disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Autism</td>
<td></td>
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<tr>
<td></td>
<td>Asperger’s Disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intellectual disabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attention difficulties:</td>
<td>Suspected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td>Reading Disability:</td>
<td>Suspected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td>Math Disability:</td>
<td>Suspected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Please note any issues which you as a parent might have coped with as a child, or currently be coping with as an adult, which might also affect your child.

**Educational History**

List schools your child has attended, grades, and dates (including preschools):

<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
<th>Dates</th>
</tr>
</thead>
</table>

Is your child in (or been in) a special education or academically gifted class? Yes ____ No ____

If yes, what type of class? ____________________________ When? __________

Has your child been held back in a grade? Yes ____ No ____

If yes, what grade and why? ____________________________

Has your child ever received tutoring or therapy in or outside of the school setting? Yes ____ No ____

If yes, please describe:
Rate your child’s performance in the following areas by placing a check in the appropriate column:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Clear Problem Area</th>
<th>Sometimes a Problem</th>
<th>About Average</th>
<th>Somewhat of A Strength</th>
<th>Clear Area of Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading decoding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading comprehension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math mechanics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math conceptual skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwriting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Studies</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Foreign Languages</td>
<td></td>
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<td></td>
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<tr>
<td>Test Taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Skills</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Strongest subject(s): __________________________________________________________

Weakest subject(s): __________________________________________________________

What grades is your child making? _____________________________________________

What accommodations does your child receive, if any?

Other Background Information
Has your child ever had a psychological or psychoeducational evaluation? Yes_______ No________

If yes, when and by whom? _____________________________________________________

Did the evaluation result in a diagnosis? If so, what was it? ______________________

Place a check next to any of the diagnoses that apply:

- Reading Disability
- Writing Disability
- Math Disability
- Language Disorder
- Depression
- Attention Disorder (inattentive)
- Attention Disorder (hyperactivity/impulsivity)
- Attention Disorder (combined)
- Anxiety
- Other: ___________________________
What does your child like to do?

What are your child's strengths?

Is there any other information that you think may help us in working with your child?

Please return the following with this form:

- Copies of reports previously conducted by psychologists, speech/language professionals, audiologists, etc. Also include any individual testing conducted by school personnel.
- Copies of recent report cards;
- Consent for Services (signed)
- A recent picture of your child
- Deposit- Please indicate the following: □ my deposit check of $100 is included, OR □ I have paid my $100 deposit via credit card
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 your clinician or the Director, Dr. Natalie Murr. Your signature at the bottom 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.

Our Clinic does not provide forensic or custody evaluations, nor do our clinicians recommend custody or visitation arrangements. In addition, our clinicians do not participate in court proceedings unless required to do so pursuant to a lawfully-issued subpoena. If a clinician is subpoenaed to testify, parents/guardians may be billed at a rate specified by the psychologist.

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**

The cost of the initial *intake appointment* is $100. Each *ACES appointment* is $75 per session (with each session lasting approximately 45 minutes). Fees are payable by check, cash, or credit card. Checks should be made out to NCSU, with your child’s name written at the bottom.

Your deposit of $100 will be applied to the cost of the intake session. Payment for subsequent ACES appointments is due at the start of each appointment.

**Refund Policy**

You can cancel any time up to 24 hours before either the intake or an ACES appointment without incurring any additional fees. However, appointments cancelled with less than 24-hour notice will be charged at the full amount. Flexibility is naturally warranted in the event of sudden sickness or family emergency. Please note that additional fees are involved for credit card refunds.
Insurance
We do not file insurance but will provide you with the information you need to do so yourself (if appropriate). Please note that many insurance companies may not cover an educational or organizational/study skills session like ACES; thus, we strongly encourage you to call your insurance company if you are depending on insurance for payment. We are out of network providers for any insurance company.

Credit Card Payment & Policies
Credit card payments can be made at the following website: go.ncsu.edu/paymyclinicbill

Please note: If you wish to pay via credit card, you must complete the transaction on your own device. We are not permitted by the University to take credit card payments at the time of your appointment(s) or over the phone. Additionally, please do NOT send any credit card information to the Psychoeducational Clinic in the mail or via email. Not only are we unable to process this transaction for you, we cannot ensure confidentiality of your information.

There is a 2.0% convenience fee for all credit card transactions. This applies to both charges and credits. If you require a refund after paying via credit card, the system will also apply a 2.0% fee for the refund.

If you wish to pay using multiple methods, you may do so (for example, partially by check and partially by credit card). You may put as much or as little on your credit card as you choose.

Miscellaneous:

1) The system accepts Discover, American Express, Visa, or MasterCard.

2) You can pay the $100 deposit by credit card, but we still need to receive your/your student’s registration forms before we can schedule clinic appointments. Please wait until after your initial meeting to make further payments, as discussed with your clinician.

3) Any of our services can be paid for by credit card, including Study Skills. However, the rule provided in point #2 regarding receipt of registration forms is applicable to all services.

4) The credit card system will allow you to complete your payment as a guest or create a user ID. A user ID will allow you to come back at a later date and make additional payments without re-entering your information.

If you have any questions or concerns, please contact our Office Manager, Bev Porter at bjpporter@ncsu.edu or (919) 515-1713.

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.
For NCSU students who are seen in the Clinic as patients, clinic files are NOT part of academic records, and no one has access to them except for Clinic staff. Complete records are kept for seven years or three years past the age of majority, whichever is longer.

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).

Confidentiality of Minors
Our primary aim is to work collaboratively with parents to improve the well-being of a minor who is receiving psychological testing or therapy at the Clinic. A confidential relationship between a minor and his/her clinician is an essential part of effective treatment. Therefore, we ask parents to allow their child or adolescent privacy in his/her treatment. The specific context of testing and/or therapy settings will remain confidential, between a minor client and his/her clinician, except if the clinician learns that the child is engaging in a lethal activity or is at risk of harming him/herself or others.

Records Request
Laws and standards of the psychology profession require that the Psychoeducational Clinic keep treatment records for seven years, or three years past the age of majority (whichever is longer). Because the records contain information that can be misunderstood by someone who is not a mental health professional, it is our policy that patients may not review them. However, we are happy to provide an additional copy of client reports should you need it.

Supervision
Many of the services provided through the Clinic are conducted under the direct supervision of the Clinic psychologists and/or School Psychology faculty. Each graduate student is assigned to a specific supervisor, who meets regularly with the student to discuss his/her client caseload. 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.

**Email Policy**
Given that email is never fully confidential, Clinic staff will share only necessary information with clients via email (e.g., appointment times, dates, parking information). As a general rule, sensitive or confidential information cannot be shared via email with clients or other service providers. Similarly, clients should not email confidential materials – including registration materials- to the Clinic. Please print these and send through the regular mail or deliver them to the Clinic in person. To discuss sensitive information about a minor child, please call the Clinic office (919-515-1713) and ask to arrange a time to speak with your clinician directly.

Frequently, clients ask for electronic copies of evaluation reports via email. As noted previously, email is not secure; thus, we strongly prefer for reports to not be transmitted in this way. However, evaluation reports can be emailed to clients provided we have received consent on the Client Consent for Services form on file. In these instances, reports will be protected using a randomly generated password that is only shared with the client (or client’s legal guardian). We cannot email reports to any other family members, service providers, or health care professionals.

All email messages to or from you about your treatment, other than scheduling an appointment, will be made part of your child’s clinical record. We may forward email to other members of our staff and agents when necessary, such as to the clinical assistants or office manager. We will not, however, forward email to independent third parties without your written permission, except as authorized or required by law.

Although we will try to read and respond promptly to email from you, we cannot guarantee that any particular email will be read and responded to within any particular period of time. This means that email should not be used for emergencies or other time-sensitive matters. If you are experiencing an emergency and need immediate assistance,
please call 911 or local emergency services. If you have not received a response from us within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.

Psychoeducational Clinic staff and therapists do not communicate by email with clients under the age of 18. If you are a parent/legal guardian, please sign as the client’s responsible party and provide your email address.

**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 or therapists 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 your clinician during your appointments.

Clinic staff will not use web searches to gather information about you without your permission. If you encounter information about your therapist through web searches, or in any other fashion, please inform your clinician so that any potential impact on your treatment may be discussed.

**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.
NC State Psychoeducational Clinic
CLIENT CONSENT FOR SERVICES

I have read and understand the General Policies and Service Agreement. I have been given a copy of this document, as well as a copy of the Notice of Privacy Practices, and have been given an opportunity to ask questions about my contact with the Clinic.

Please initial by each statement.

[ ] 1. I give my permission for (check one or both and write full name)

[ ] me, ____________________________________________,

[ ] my child, ____________________________________________,
as his/her parent or legal guardian,
to receive services through the NC State Psychoeducational Clinic. I understand that psychological services involve a joint effort between psychologist and client, the results of which cannot be guaranteed. For example, performance on assessments and progress in therapy depends on many factors including motivation, effort, and other life circumstances.

[ ] 2. I understand that I will be working directly with a psychologist, or with a graduate student/psychologist team. I understand that contact between me and my clinician may be observed or audio/videotaped, with my knowledge, and observed by the faculty supervisor, students in training, or other parties approved by me and the faculty supervisor. I have been given the opportunity to discuss the use of written or audio-visual information regarding me by Clinic personnel. I am aware that (a) this is a training clinic for students enrolled in NCSU School Psychology programs, and (b) clinic sessions are routinely audio/video-taped, and may be observed by other students and supervisors. This is done for the purpose of providing therapists with feedback to enhance the services we provide. I understand that all tapes are erased at the end of my involvement with the Clinic, unless I have specifically agree to the contrary in writing.

[ ] 3. For therapy and ACES only- I understand that, due to the nature of this facility as a training clinic, my case may be transferred to another therapist. Typically, this would occur when a therapist completes training at the Clinic. Such a transfer will be discussed with me in advance.

[ ] 4. I understand my rights of confidentiality and the legal and ethical limits of confidentiality as described in the General Policies and Service Agreement. Specifically, I understand that Clinic staff are required to disclose confidential information without my consent in certain circumstances that include, but are not limited to, the following:

(a) if I/my child is evaluated to be a danger to myself/him/herself or others;

(b) if I am a minor, elderly, or disabled person and he/she believes I am the victim of abuse or if I divulge information about such abuse;

(c) if I file suit for breach of duty; and

(d) if a court order, other legal proceedings, or statute requires disclosure.
5. I understand the Clinic policies regarding fees, billing, and missed appointments and agree to the terms of payment. I also understand that any deposits for services made to the Clinic are non-refundable if I fail to cancel a scheduled appointment in advance (at least 5 working days for assessment appointments, and 24-hours for therapy appointments).

6. I understand that contraband and weapons are prohibited at the Clinic.

7. I understand that I may be asked to participate in research activities conducted in the Clinic, but will not be included in a specific research project without my written consent. Archival studies and ongoing continuous quality improvement studies involving Clinic records may be conducted in a manner that protects my anonymity and confidentiality of my records. All research projects conducted in the Clinic must be approved by University and Departmental authorities and are conducted in a manner that protects the privacy and safety of participants. Participation in research activities is voluntary and is not a condition of receiving services in the Clinic.

____________________________     _______________________________          ______
Signature of Parent/Legal Guardian      Name (Print) of Parent/Legal Guardian    Date

___________________________     ________________________________              _______
Signature of Student Clinician       Name (Print) of Student Clinician    Date

___________________________      ________________________________            ________
Signature of Supervisor       Name (Print) of Supervisor    Date

Acknowledgement of Email Policy:
Email is not a secure method of communicating private and confidential client information. As a result, Clinic staff must receive your consent in order to send information to you electronically. This includes evaluation reports and results. By signing below, you acknowledge that you understand the limits of email confidentiality and security and provide consent for us to communicate and transmit information to you electronically. If, at any time, you decide to withdraw your consent, you may do so by calling us at 919-515-1713.

I consent to receive private information related to my minor child electronically.

_____________________________     _______________________________         ______
Signature of Parent/Legal Guardian      Name (Print) of Parent/Legal Guardian    Date