

AUTHORIZATION FOR CLINICAL SERVICES  
COMPREHENSIVE CLINIC  
BRIGHAM YOUNG UNIVERSITY

Who We Are

The Brigham Young University Comprehensive Clinic houses several preprofessional programs designed to offer a wide variety of physical and mental health services. We are here to serve individuals and their families associated with BYU as well as the community at large. Services are provided by graduate students in Marriage and Family Therapy, Clinical Psychology, Social Work, and BYU Law School Legal Services. Services are provided by undergraduate and graduate students in Audiology and Speech-Language Pathology. In addition to those specialties the Clinic is the home of the local branch of LDS Social Services. All professionals-in-training are under the direct supervision of members of the University faculty.

Training and Research

Since one of our primary functions is training students in their chosen specialties, we require permission to audio and/or video record interviews, testing, and treatment. It may be necessary for practicum members and/or supervisors on occasion to observe videotapes of your sessions. The use of observation, taping, and supervision is crucial to your treatment and allows for instruction and/or supervisory input ensuring you the highest quality services possible. If you have any questions about these practices, please discuss it with your intake officer.

Another primary function of the Clinic is conducting meaningful research on human problems and the treatments that address these problems. This aspect of the Clinic's functioning allows us to upgrade and improve the services you receive while also having long-term benefit for future Clinic clients. Because of this, you may be asked to complete a few questionnaires or surveys during your treatment.

Confidentiality and Privileged Communication

It is important that you understand that all identifying information about your assessment or treatment is kept confidential. Even within the Clinic, information regarding your case is only shared with those professionals (e.g., supervisors and practicum students also being supervised) who will confer with your service provider and thereby enhance the services you receive.

In some instances of potential and imminent danger to self or others and in cases of child abuse, the clinician has the right, and sometimes the obligation, to inform certain individuals or appropriate agencies if it is judged to be in the best interests of society. Because the Comprehensive Clinic is a university training center, the student therapists are not licensed, and there may be occasions when court action could require us to release information that would normally be considered confidential and privileged. If you have any questions regarding this policy, please discuss them with your intake officer or therapist.

In order to protect client confidentiality, we adhere to the following procedures:

- a. Written, telephone, or personal inquiries about clients will not be acknowledged. You must sign a release of information before any information about you is given to anyone outside the clinic. Even then we may advise you to withhold information if we feel it is in your best interest.
- b. All records, tapes, or other identifying materials are kept confidential.
- c. Records are destroyed on a regular basis, except for a brief treatment summary.

Service Policy

Because the Clinic is a training facility, we have a limit on the number of people that can receive services simultaneously. Therefore, we cannot guarantee immediate treatment. At the time of your initial interview, we will be able to provide you with more specific information about assignment status. If immediate assignment becomes a problem, we will inform you of alternate agencies in the valley that provide similar services so that you are not unduly inconvenienced. We strive to provide highest quality services at the Clinic and encourage feedback to either the program faculty or Clinic Director, if you so desire.

In signing\* this form, I understand and agree to:

- a. I agree that the services provided at this Clinic will be supervised by core faculty and program supervisors, which will include case consultation by audio/videotape recording or direct observation and review of treatment notes.
- b. I understand the confidentiality policies of the Comprehensive Clinic and I agree to them.
- c. I agree to participate in the systematic data collection procedures of the Clinic that may be used in future clinic-sponsored research.
- d. I agree to be approached to participate in future Clinic-approved treatment-related research. (Note: This is optional). (Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No)
- e. I agree to allow portions of the audio- and/or videotapes of my testing and/or treatment sessions to be shown in the classroom for training purposes. I understand that during such usage, confidentiality policies will be in force. (Note: This is optional). (Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

\* Every person 10 years of age and older receiving services at the Clinic must sign this form.