

UNIVERSITY OF LOUISIANA
MONROE

ULM Marriage & Family Therapy

Clinic Policies & Procedures Handbook



School of Allied Health

College of Health Sciences

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College of Health Sciences
School of Allied Health
Marriage & Family Therapy Clinic
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Mission Statement

Master of Arts

The ULM Marriage and Family Therapy Master of Arts program is committed to a systemic orientation that fosters relational and contextual educational approaches in the fields of marriage and family therapy. Our mission is to prepare clinicians whose competencies in systemic practice, clinical scholarship, and ethics will professionally serve a diverse society. With a commitment to the classic foundations of family therapy and advancing the profession we turn learning into relevant action for tomorrow's practitioners.

Doctor of Philosophy

The ULM Marriage and Family Therapy Doctor of Philosophy program is committed to a systemic orientation that fosters relational and contextual educational approaches in the field of marriage and family therapy. Serving a diverse society, our mission is to promote competencies in systemic clinical practice, supervision, and scholarship. With a commitment to the classic foundations of family therapy and advancing the profession, we turn learning into relevant and ethical action for tomorrow's innovators in systemic clinical scholarship.

Diversity & Non-Discrimination

Commitment to Diversity

In concert with the University of Louisiana at Monroe, the Marriage and Family Therapy Program values and nurtures diversity. Our valuing of diversity extends to and beyond ethnic, race, cultural, socioeconomic, religious, age, sexual orientation, and gender differences among individuals. We foster an educational atmosphere that encourages respect and sensitivity for a diversity of cultures, traditions, and practices.

University Community

The University of Louisiana at Monroe recognizes that members of the University Community (students, faculty, and staff) represent different groups according to age, culture, ethnicity, gender, physical or mental ability, nationality, race, religion, and sexual orientation. The University further recognizes that, in a pluralistic society such as ours, these differences and similarities must be recognized and respected by all who intend to be a part of the University Community. Faculty, staff, and students should be aware that any form of harassment and any form of discrimination against any group or individual is inconsistent with the policies of the University.

Clinical Community

The University of Louisiana at Monroe Marriage and Family Therapy (ULM MFT) Clinic serves a diverse population rich in various cultural, contextual, socioeconomic, ethnic, sexual, gender, religious orientations, backgrounds, belief systems, and family systems. All clients will be treated with the utmost respect, compassion, and professionalism and will not be discriminated against for any reason.

About This Handbook

The purpose of this handbook is to provide an overview of the policies and procedures of The ULM Marriage & Family Therapy Clinic. All policies and procedures related to externship sites, practicums, and internships, appear in the relevant MFT Program Handbook. Please be referred to the MA Program Handbook or the PhD Handbook, respectively.

The handbook is organized to provide readily accessible information regarding most operational aspects of the ULM Marriage & Family Therapy Clinic. Answers to most questions are organized by chapter headings in the table of contents. Occasionally, unique situations may arise pertaining to Clinic operations which are not clearly addressed in this handbook. In such situations, the ULM Marriage & Family Therapy Clinic Director remains available to answer any questions concerning Clinic operations.

This handbook, which remains the property of the ULM Marriage & Family Therapy Clinic, is written for the exclusive use of interns, faculty and staff of the Marriage and Family Therapy Program. A copy of this handbook is made available to each intern, for their exclusive use, while working at the ULM Marriage & Family Therapy Clinic. No part of this handbook may be reproduced or provided to a third party without permission of the Clinic Director.

The ULM Marriage and Family Therapy Program Faculty, as a committee, reserves the right to change any provision or requirement of the MFT Program at any time with or without notice. ULM adheres to the principle of equal educational and employment opportunity without regard to race, color, creed or religion, national origin, sex, marital or parental status, age, disability, veteran status, or political belief. This policy extends to all programs and activities supported by and at the university.

Administrative Policies

Clinical Eligibility

All students must complete the following before seeing any clients in the ULM Marriage & Family Therapy Clinic:

- ☒ Clinic Handbook Agreement
- ☒ Background Check/Drug Screen
- ☒ File Professional Liability Insurance with Clinic Staff and is kept up-to-date
- ☒ Attend an orientation to the ULM Marriage & Family Therapy Clinic led by the Clinic Director or Clinic Staff

Students in the MA Program must also complete the following before seeing any clients in the ULM MFT Clinic:

- ☒ Have MAFT 5015 Pre-Internship Evaluation Form Completed by instructor/professor
- ☒ Submit MAFT 5015 Pre-Internship Evaluation Form to Clinic Director (MA)
- ☒ Submit Application for Internship to Clinic Director prior to enrolling in MAFT 6070: Internship
- ☒ Be enrolled in either MAFT 5015 or MAFT 6070

Students in the PhD program must also complete the following before seeing any clients in the ULM MFT Clinic:

- ☒ Submit Application for Internship to Clinic Director prior to enrolling in MAFT 7051: Internship (if entering with non-COAMFTE accredited MA)
- ☒ Submit a copy of the last Client Contact Hours Sheet earned in MA program to Clinic Director (if entering with non-COAMFTE Accredited MA)
- ☒ Be enrolled in MAFT 7051

The ULM MFT Clinic is transitioning to providing teletherapy services. At this time, the clinic is not able to provide these services to our clients, but will be in the near future. There are a number of policies in the handbook specifically related to the clinic operation regarding teletherapy, which will be enforced once the clinic begins providing those services.

However, students that meet specific criteria are eligible to provide teletherapy at their externship site, and to count the hours for graduation purposes before the ULM MFT clinic begins providing teletherapy.

Students in both programs must complete the following before seeing clients

- ☒ Provide evidence of completing a ULM MFT Program approved training on telehealth services, of no less than 3 hours in duration to the Clinic Director.
- ☒ Submit a copy of Teletherapy Provision Agreement Form to the Clinic Director.

In addition to the above requirements, while the clinic is initiating providing teletherapy services, interns must demonstrate that they have received appropriate training in teletherapy before they begin providing services. This eligibility is established through having attended a ULM provided training on teletherapy (MA students and PH.D. students), or providing documentation for the therapists eligibility to provide telehealth services for the state(s) they are planning on providing services. During this time of transition, therapists that meet these requirements are permitted to provide teletherapy services

The ULM Marriage and Family Therapy Program Clinical Supervisors and Clinic Director reserve the right to deny any student from seeing clients connected to the ULM Marriage & Family Therapy Clinic for any of the following reasons: requirements listed above are not met, policies and procedures of the ULM MFT Clinic Handbook are not followed, the AAMFT Code of Ethics are breached, concern about the well-being of the clients. This could result in the student having to transfer cases and/or keep them from meeting the Clinical requirements to graduate.

Confidentiality and HIPAA Compliance

Client confidences are strictly protected in accordance with the AAMFT Code of Ethics, Louisiana State Law, and the Health Insurance Portability and Accountability Act (HIPAA) (see HIPAA Policies & Procedures). Clients are informed of the ULM Marriage & Family Therapy Clinic's policies on confidentiality and HIPAA compliance prior to entering treatment (see Notice of Privacy Practices, Privacy Practices Statement, Consent to Use and Disclose Mental Health Information, Permission to Contact, and Statement of Practice).

All therapist student interns, supervisors, faculty, and ULM Marriage & Family Therapy Clinic staff must protect client information in accordance with these standards and are required to hold all client information in the strictest of confidence, only to be disclosed in the following circumstances:

- ☑ During clinical supervision (supervision, may consist of consultation with supervisory faculty, a team, and/or a consultant). **Video recordings may be used during supervision and for student presentations to approved ULM faculty, but are erased at the completion of supervision. No videotape is kept as part of the permanent client record.** *Should the ULM Marriage & Family Therapy Clinic Staff or faculty desire to use information that might identify clients, such as videotapes, for purposes of research, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.*
- ☑ If there is a waiver (Authorization for Use or Disclosure of Protected Health Information or Authorization for the Release of Medical Information) that has been previously obtained in writing and signed by all adults involved in the therapy sessions, in which case the information will only be divulged in accordance with the waiver. *Verbal authorization will not be sufficient except in emergency situations.*
- ☑ If mandated or permitted by law. Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client's consent, in which case client confidences will only be disclosed in the course of that action.
- ☑ When there is any suspected or known child abuse/neglect.
- ☑ When there is any suspected or known elder abuse/neglect.
- ☑ When there is any suspected or known abuse/neglect of a dependent or disabled adult.
- ☑ When there is a clear and immediate danger to a person or to a person's life, in which case client confidences may be disclosed in an effort to prevent any such clear and immediate danger. *This may include the notification of next of kin, another person who may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.*

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help*

bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.

Other than, in the conditions listed above, all information, including any type of identifying information or topics discussed in therapy, about clients should be considered confidential. Information regarding clients should only be discussed on an as needed basis as pertaining to clinical services between Clinic Staff and the therapist intern of record and/or between therapist intern/Clinic Staff and the supervisor/supervision team in private.

All client information and case records should be stored in a locked cabinet and secured at all times. Any phone calls, recordings, supervision, confidential conversations, messages, and records must remain within the confidential areas of the ULM Marriage & Family Therapy Clinic. In order for any information to be obtained or released from another party, all clients on record must sign an “Authorization for Use or Disclosure of Protected Health Information” in order to request information from a third party, or the “Authorization for the Release of Medical Information” to share information with a third party.

To ensure the protection of client confidentiality, follow these guidelines:

- ☑ Adhere to the 2015 AAMFT Code of Ethics
- ☑ Information pertaining to clients should not be discussed outside of the ULM Marriage & Family Therapy Clinic. Do not give out your personal phone number, email, Facebook, or other personal means of communication to clients.
- ☑ If therapists desire to make contact with their clients through text, they must utilize their assigned MFT Clinic email and email-to-text. This should only be used for scheduling purposes, and not to discuss any other topics.
- ☑ If you know or recognize a client while participating in supervision that you know from some other context or area of life, you must inform the supervisor and remove yourself from the supervisory team during the time in which that client is being observed or discussed.
- ☑ The ULM Marriage & Family Therapy Clinic administrative offices, therapist break room, and therapy rooms are confidential areas and no one other than ULM Marriage & Family Therapy Staff, Supervisors/Faculty and Interns are allowed in these areas.
- ☑ Families, friends, spouses, children, and others are not allowed into those areas without prior approval and permission from the Clinic Director.
- ☑ All clinical work (e.g., case notes, recordings) must stay in the Clinic and cannot be uploaded to a personal computer, jump-drive, USB device, or other personal storage. No paper files are to leave the Clinic without permission from the Clinic Director.

Confidentiality is a priority in the ULM Marriage & Family Therapy Clinic. In order to protect confidentiality, err on the side of caution and be vigilant to take extra measures to protect client confidences. If you are in doubt or have questions regarding this policy, ask your supervisor or speak with the Clinic Director.

Student Background Check and Drug Screen Policy

The ULM MFT program has rules and regulations requiring background checks and drug screening. Please refer to the appropriate student handbook (Masters or PhD) for program specific information.

I. PURPOSE

To provide the faculty, staff, and students with the policies and procedures for managing student background checks and drug screens.

II. POLICY

Background checks and drug screening tests are required of Marriage & Family Therapy (MFT) students in order to participate in clinical work [defined as MAFT 5015, MAFT 6070, MAFT 7051, and MAFT 7053 both at internal ULM clinics and at internship sites] in the MFT Program. This policy was established to comply with emerging accreditation standards, to comply with the policies of the College of Health Sciences (CHS), the School of Allied Health (SOAH), and the MFT Program specifically to promote the highest level of integrity in the program. This policy includes initial background checks and drug screenings as well as drug screening for suspicious behavior.

III. PROCEDURE

All MFT students must complete a background check and drug screening from CastleBranch.com prior to beginning any clinical work. Each Students can be re-tested at any time during their course of study, especially if the student displays suspicious behavior during a clinical rotation. Students should report any changes in their status to the Program Director.

All MFT students will be informed of the College of Health Sciences Background Check (BC) and Drug Screening (DS) policies both in writing (in the program handbooks) and in spoken form (during the applicant interviews and again at the program orientation). Students will sign an acknowledgement form as outlined on the CHS Initial Background Checks and Drug Screening Policy.

Students must request a background check and drug screen from [CastleBranch.com](https://www.castlebranch.com) where they will register and pay for the services. The following steps outlined below should be followed by the student:

- Following the instructions provided by the Program Director or their designee, the student should complete the on-line form at CastleBranch.com.
- Upon completing the forms, the student should be prepared to pay the fee for the background check and drug screen to be processed. This fee includes a national criminal background search.

- The student will receive a password and will be able to access the results when available.
- A receipt for the payment of the background check and drug screen must be presented to the Program Director to serve as proof of registration.
- All results will be sent to the MFT Program Director by Castle Branch. The Program Director will review the results and will inform the Clinic Director if the student is cleared for clinical work or if information of concern exists.
- If information of concern exists on the background check, the student must meet with the MFT Program Director and/or designees. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
- **If the results of any drug screening indicate a positive finding, the student will not be eligible to begin clinical work and will be dismissed from the program as the MFT Program has a zero-tolerance policy for a failed drug test.**
- If the drug screen indicates a “Dilute” result, the student must retest within 2 working days at his/her own expense.
- Failure to follow the background check and drug screening policies will result in the student being unable to begin clinical work.
- Upon request, the results of the background check and drug screen will be made available to all internship site administrative supervisors participating in the student’s clinical training. The student is responsible for providing these results to the internship site.
- If there is information of concern on the background check and the student is allowed to continue on to clinical work, the internship site has the right to deny the student’s placement at the site. Each practice site will determine whether the student may participate at that site and the decision will be independent from any determination by the MFT Program. However, if the MFT faculty makes the determination that a student cannot participate in clinical work, that decision applies to work at all university and external affiliates.
- The policy outlined in the document entitled *Plan of Action for Background and Drug Screening Concerns* (also found on page 18 of this document) will be followed.
- Students have full access to the results of the background check and drug screen through CastleBranch.com. Records will be archived by Castle Branch.

IV. SUSPICIOUS BEHAVIOR

Once a student is accepted into the MFT Program drug and/or alcohol screening may be required in cases of suspicious behavior observed by an employee of the university or the applicable site supervisor. Suspicious behavior is defined by any or all (but not limited to) the following being observed:

Lack of attendance, frequent absences or tardiness from class, clinical, lab or other program related activity.

- Sudden and/or unexplained disappearance from class, clinical, lab or other program related activity.
- Isolation.
- Withdrawal.
- Errors.
- Increased poor judgement.
- Haphazard and/or illogical case notes, charting, or other written work.
- Unusual accidents/incidents.
- Unusual behavior, moods, or appearance (such as personality changes, mood swings, aggression, illogical thought patterns, slurred speech, pupil size and/or appearance).
- Changes in motor functioning (such as gait disturbances, impaired dexterity, drowsiness, sleepiness).
- Changes and/or deterioration in personal hygiene.
- Detectable odor of alcohol or drugs.

Two university officials will complete and sign off on the suspicious behavior checklist and inform the student if a drug screen is required. If so, the student will be required to sign the suspicious behavior checklist agreeing or refusing to be tested. In the case of agreement, the program director or designee will inform the closest designated laboratory of the requirement and the student must report to that closest designated laboratory within the required timeframe (immediately to up to 2 hours, depending upon program policy).

However, the student may not drive to the screening facility but is responsible for arranging his/her own transportation and transportation costs. In the event a drug screen is required based upon suspicious behavior of a student, the program director or designee must inform the Dean through the Dean's representative of the Committee on Ethical and Professional Conduct.

The student may not attend class, practicum, clinical rotation, internship, externship, or any other program related activity until approval is granted by the Program Director. Such approval can only be granted after reviewing the drug screen results and verifying that they are negative and/or otherwise cleared. A positive drug screen will result in the enforcement of appropriate actions and penalties, as per this policy.

Failure to agree to, or show up for, such testing is considered admission of student's drug use and failure to comply with this policy and will be sufficient cause for implementation of any and/or all sanctions/consequences allowed as per this policy. If the student refuses to test, he/she is required to sign a statement to that affect. If he/she refuses to do so, the form will be signed by two university officials with note of student's refusal to sign. Failure to test

when required, or refusal to sign the refusal to test statement, is grounds for immediate dismissal from the program and referral to the Dean of Students.

Plan of Action: Background Check and Drug Screening Concerns Marriage & Family Therapy Program, School of Allied Health, College of Health Sciences, University of Louisiana at Monroe (ULM)

Students must follow the policy and procedures for background and drug screening as dictated by the College of Health Sciences Background Check and Drug Screen Policy.

If concerns are noted in the background screening, the following plan of action will be taken:

1. Students will be contacted by the MFT Program Director if information of concern arises.

If the information of concern revealed through the background screening is a ***felony*** offense the following actions will occur:

1. The student will meet with the Program Director and/or designee. Information from the **MFT Student Background Check and Drug Screen Policy** and **Plan of Action: Background and Drug Screening Concerns** will be reviewed. During initial orientation to the program, the student was provided with these policies, policies were reviewed, and the student signed forms indicating that they had read and understood the policies.
2. The AAMFT Code of Ethics will be reviewed with the student.
3. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.
4. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
5. If clinical work is approved, the practice site will determine whether the student may participate in that setting. This decision will be independent from any determination by the University of Louisiana Monroe's MFT Program or College of Health Sciences.
6. If the practice site refuses to allow the student to participate in training, it is the responsibility of the student to find an alternative placement, approved by the MFT program administration.
7. If no alternative placement can be secured due to the results of the background check, the student will be unable to complete the requirements of the program.

If the information of concern revealed through the background screening is a ***misdemeanor*** offense the following actions will occur:

1. The student will meet with the MFT Program Director and/or designees. The AAMFT Code of Ethics will be reviewed with the student.
2. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.

Note: All 50 states require licensure in order to practice as a Licensed Marriage & Family Therapist. A felony conviction may affect a graduate's ability to attain state licensure. Therefore, if an applicant/student is concerned about an issue, the status of this must be addressed with the particular state's licensing board prior to the clinical portion of the program.

Note: If the results of any drug screening indicate a positive finding, the student will not be allowed to commence their clinical work and will be immediately dismissed from the program as the MFT Program has a zero-tolerance policy for a failed drug test

Professional Dress Code

While recognizing the differences in style and diversity among individuals, therapist interns are expected to maintain a professional demeanor in appearance and attitude when operating in a professional role. It is required that all therapist interns and clinic staff dress in a business casual fashion at all times while in the ULM Marriage & Family Therapy Clinic or representing the ULM Marriage & Family Therapy Clinic in the community, such as at Externship Sites. This also pertains to therapist interns that are present in the clinic and neither working in the office or seeing clients. In other words, if an intern is present in the clinic and is completing case notes or writing reports only, they must still be dressed in a business casual fashion. ULM Marriage & Family Therapy Clinic Therapist Interns should project an image of professionalism. Business casual dress is designed to be more professional than casual dress, but not as formal as professional dress.

Examples of business casual dress is defined as:

Appearance be neat and clean, and business appropriate. Clothes should also be clean, neat, fit well (i.e., not sloppy or too tight) and without rips or holes. No revealing or sheer clothing. No workout or gym clothing. No evening attire or formal wear. Shoulders must be covered. No clothing with slogans or images that distract or were designed to shock or offend.

Tops:

- Blouses
- Collared shirts
- Button down shirts
- Polo shirts
- Sport coats
- Blazers
- Sweaters

Bottoms:

- Pencil skirts

- Slacks
- Khakis
- Trousers
- Dresses can also be worn (Dresses and skirts must be conservative in style and length, so that bare legs do not touch the seat when seated).

Feet:

- Flats
- Lifestyle sneakers (with leather or canvas)
- Oxfords
- Loafers
- Mules
- Boots
- Heels

Casual shoes such as slippers, sandals, tennis shoes, flip-flops, sneakers, or work boots should not be worn.

Accessories:

- Jackets
- Ties
- Simple jewelry
- Belts.

No hats or caps.

The following dress and grooming guidelines should also be considered:

- Neatly groomed facial hair
- No extreme hairstyles, hair color, or make-up
- No excessively long nails
- No excessively high heels

If an intern is not dressed in keeping with these standards (e.g., as one would expect to see in an office or business environment), supervisors/administrative staff are at liberty to require that an intern leave the clinic and not see clients until the intern returns dressed appropriately.

Professional Conduct

Students in the MFT Program are expected to operate from a primary moral position based on the “best interest of the client.” This requires an understanding of appropriate therapeutic roles, therapist's skills, and limitations pertaining to each case. Interns should be familiar with, and abide by, the codes of ethics of the American Association for Marriage and Family Therapy and the laws of the State of Louisiana relating to professional conduct. ULM MFT MA Student Interns are expected to be professional in all settings/activities related to the ULM MFT Program such as the ULM Marriage & Family Therapy Clinic, Externship Sites, on-campus activities, and within the community.

As a facility that offers therapy services for the community, general public, and university community, ULM Marriage & Family Therapy Clinic Staff and therapist interns are expected to portray an image of professionalism and conduct themselves in a professional manner, including dress, attitude and behavior toward clients, and attention to detail with regard to the policies and procedures of the operations of the ULM Marriage & Family Therapy Clinic.

Professional Conduct within the Clinic

Conduct While in the Student Break Room

The waiting room for clients and the break room for therapist interns are in very close proximity to each other. It is therefore required that all conversation in the break room be kept at a low noise level, so as to respect the clients in the waiting room, ensure confidentiality, and to create the most professional setting possible. This is of the utmost importance if interns and/or supervisors are discussing client cases in the break room. Please be extremely cognizant of loud noises/conversation and laughing while in the break room.

Therapist interns are expected to keep the student break room neat and tidy. This means that all files should be filed properly, mailboxes should be kept in order, any paper, personal items, etc. should be filed properly or taken with the intern, and any trash, food or drinks must be disposed of properly and promptly. DO NOT expect Clinic Staff to clean up after you. **Your** items are your responsibility.

Conduct While in the Clinic Administrative Office

Interns should be mindful of the purpose of the administrative office, which is to facilitate the experience of clients. Interns should remain aware of clients being checked in at the window between the office and the waiting room. It is required that interns present themselves professionally at all times while in the clinic. This is oftentimes forgotten while chatting in the office or break room. Interns should NOT use the microwave oven or coffee machine in the administrative office or carry food & drinks through the Clinic lobby during peak clinic hours of 4:00pm – 8:00pm. Clinic office staff have the authority to ask interns to leave the administrative office if needed.

Conduct While in the Therapy Rooms and Clinic Lobby

Therapist interns should be cognizant of their influence on the professional atmosphere of the ULM Marriage & Family Therapy Clinic and its appearance to clients and the community. Please keep therapy rooms neat and tidy and if you rearrange any furniture or items in the room, please return them to the proper place at the end of your session.

The use of electronic devices, talking, laughing, and coughing in the observation room can often be heard by clients in the therapy room. Please be aware of how these things may impact the clients, therapist intern, and therapy session. Therapist interns are expected to be respectful of other

therapist interns and clients, avoiding any comments that could be condescending, rude, or disrespectful. Cell phones and electronic devices should be Turned Off or Silenced while in the therapy rooms and observation areas.

Visitors

Visitors of therapist interns (e.g. partners, family, children, friends, etc.), are not permitted in the ULM Marriage & Family Therapy Clinic, other than in the lobby. The number of visitors should be kept to a minimum.

Visitors that are mental health professionals, ULM employees, or potential students are permitted in areas other than the lobby, but they must be accompanied at all times by MFT Faculty, a supervisor, or a clinic staff member. In addition, all such visitors are required to sign a Confidentiality: Visitor Sign In Sheet, including their name, the time they came into the clinic, and the time that they left.

The only meetings that should be held in the clinic are ones specifically associated with the clinic itself, meaning supervision, therapy, and clinic meetings. Program and student meetings should be held in other locations.

Attendance Policy

Student therapists are expected to be present for all scheduled appointments with clients, supervision sessions, and their assigned practicum nights. If the student therapist is unable to attend a therapy session, they need to contact the client preferably 24 hours in advance. If the student therapist has a conflict with supervision times, it is the student therapist's responsibility to check policy both in the syllabus and with the program supervisor.

Attending appointments, including therapy, supervision, and practicum nights are connected to course credit for 5015, 6070, and 7051. Refer to the associated course syllabus and your assigned program supervisor for further information and policies.

Therapist Client Relationships

The relationship between the therapist and client is unique among human relationships. To this end, the purpose and nature of the therapeutic relationship, goals, and objectives should be clearly discussed and agreed upon during the initial stages of therapy.

Because of the potential for undue influence or exploitation, "dual role" relationships should be avoided between the therapist intern and client. When such dual role relationships become unavoidable (such as when clients and therapist interns attend the same church) the intern should work closely with their supervisor to minimize the potential for adverse effects on the therapeutic relationship and on the client(s).

Please refer to the [2015 AAMFT Code of Ethics](#), sections 1.3-1.5, 1.7, 1.9, 3.7-3.9.

Supervisor-Supervisee/Student Relationships

All ULM MFT Supervisors and Supervisor Candidates will adhere to the AAMFT requirements with regard to their relationships with students and supervisees.

Please refer to the [2015 AAMFT Code of Ethics](#) Sections 3.7-3.8, 4.1-4.6.

Grievance Procedure

All faculty, staff, and students of the MFT Program shall follow these policies and shall perform their duties and studies according to the policies of The University of Louisiana at Monroe. This includes supervisors, staff in the clinic, and the clinic director. All policies regarding submitting grievance reports about individuals associated with the clinic will follow the grievance procedures out lined in the program handbooks. Refer to your appropriate program handbook for guidelines.

Clinic Procedures

Clinic Hours of Operation

The ULM Marriage & Family Therapy Clinic ordinary operating hours are 7:30 A.M.-8 PM, Monday through Thursday, and 8-11:30 AM on Fridays. Students and faculty will be notified of any temporary changes to Clinic hours of operation and closures prior to each semester. A schedule of these hours will also be posted in a visible area for clientele and will be announced on the Clinic phone voicemail.

The ULM Marriage & Family Therapy Clinic is also open for limited hours during University semester breaks and closed on university-sanctioned closings and breaks. Closures will be announced in advance unless closure is necessitated based on inclement weather or other emergency/hazardous conditions.

During times between semesters where the students are not enrolled in classes, the Clinic Director or other 12-month faculty will act as the supervisor for all the interns until the start of the next semester.

Students may complete case notes or other clinically related activities during the posted hours of operation. Students may not enter the ULM Marriage & Family Therapy Clinic when it is closed without prior approval from the Clinic Director.

A supervisor may not be always on-site at the ULM Marriage & Family Therapy Clinic. If there is a supervisory question or emergency/crisis situation, please call your assigned Program Clinical Supervisor immediately. If they cannot be reached, call the Clinic Director. If the Clinic Director cannot be reached call another Program Clinical Supervisor.

Interns may not see clients when the University is closed for greater than a two week period. An intern must be able to see a Program Clinical Supervisor at least every two weeks while an Intern is seeing clients at an externship site. ULM Program Clinical supervisors are not available when the University is closed.

Professional Liability Insurance

All Therapist Interns are required to maintain professional liability insurance. Professional liability insurance is available to students through the American Association for Marriage and Family Therapy (AAMFT). Enrollment information can be obtained from either organization or from the Clinic Director.

A student **MAY NOT** begin MAFT 6070/7051 without a **current copy** of professional liability insurance. A copy of the current policy should be provided to the Clinic Director. This copy will be put in the student's file at the ULM Marriage & Family Therapy Clinic prior to the initiation of MAFT 6070/7051 internship.

All Professional Liability Insurance must be kept up-to-date and is the responsibility of the therapist intern to ensure that the ULM Marriage & Family Therapy Clinic has a current copy. If a current copy is not in the clinic, a student will be removed from clinical practice until a current copy is furnished.

Clinic Access

A key to the lobby and the staff room is located in the large Groupe Therapy Room (Room #2) behind a keypad locked door. This Door should remain locked at all times except when

Therapist Intern Message Boxes

All MFT interns will have a message box located in the ULM Marriage & Family Therapy Clinic. The box is used for messages and new case assignments. The therapist should check his or her box regularly, at least 3 times a week. Therapist message boxes must be kept organized and tidy and should not be used to store/file notes, digital recordings or other portions of the case/record. No identifiable information should ever be visible when looking at the message boxes. Once a message has been received and is no longer needed, please either file or shred the message.

Therapist Intern Clinic Email Accounts

All intern therapists are assigned a clinic email, and an associated video conference account. The clinic email may be used to send and receive emails and direct-to-text emails, from clients, but only for scheduling purposes. No other messages other than scheduling should use the email system. The

clinic email is accessed the same way that the student's Warhawk email is accessed. Students sign into their Zoom email using the same password as their Warhawk account password.

Follow the steps below to sign into the clinic email.

- Open a web browser (not the app), sign into Microsoft 365.
- In the top right corner, open the account manager (will most likely look like the initials or the uploaded image of the account holder)
- Select to "Open Another Mailbox"
- Type in the assigned email address.
- Type in the ULM password used to open ULM email account.

Email to Text

Microsoft Outlook 365 allows users to send emails as text messages, also known as SMS or MMS messages. This feature can be useful for quick communication with colleagues and clients. Therapist Interns are only allowed to use this feature with their assigned Center email accounts. To send an email as a text message:

- Open Microsoft Outlook
- Create a new email
- Type the message in the body of the email
- Find the recipient's phone number and their wireless carrier
- Enter the recipient's phone number in the "To" field
- Enter the correct gateway domain (e.g. 1234567890@txt.att.net)
- Click Send

Provided is the list of gateway domains

- AT&T: number@txt.att.net (SMS), number@mms.att.net (MMS)
- T-Mobile: number@tmomail.net (SMS & MMS)
- Verizon: number@vtext.com (SMS), number@vzwpx.com (MMS)
- Sprint: number@messaging.sprintpcs.com (SMS), number@pm.sprint.com (MMS)
- XFINITY Mobile: number@vtext.com (SMS), number@mypixmessages.com (MMS)
- Virgin Mobile: number@vmobl.com (SMS), number@vmpix.com (MMS)
- Tracfone: number@mmst5.tracfone.com (MMS)
- Metro PCS: number@mymetropcs.com (SMS & MMS)
- Boost Mobile: number@sms.myboostmobile.com (SMS), number@myboostmobile.com (MMS)
- Cricket: number@sms.cricketwireless.net (SMS), number@mms.cricketwireless.net (MMS)
- Republic Wireless: number@text.republicwireless.com (SMS)
- Google Fi (Project Fi): number@msg.fi.google.com (SMS & MMS)
- U.S. Cellular: number@email.uscc.net (SMS), number@mms.uscc.net (MMS)
- Ting: number@message.ting.com

- Consumer Cellular: number@mailmymobile.net
- C-Spire: number@cspire1.com
- Page Plus: number@vtext.com

Therapist Intern Teleconference Accounts

Therapist Interns are assigned a ULM teleconference account at the time they enter 6070/7051. Therapist interns are only allowed to perform teletherapy using the teleconference account associated with their assigned clinic email address. Approved teleconference accounts should not be shared with other therapist interns. There are a limited number of available ULM teleconference accounts, and they are transferred from graduating student interns to the new student interns each Fall semester.

The student may go into the personal account settings for an assigned teleconference account to change the profile name and information. Account information associated with the teleconference account must be professional at all times, including user names selected and displayed.

Scheduling

All therapy sessions at the ULM Marriage & Family Therapy Clinic are by prior appointment. Appointments may be scheduled during authorized Clinic operational hours only for face-to-face clients. Telehealth clients may be scheduled as long as the clinic is operating in at least a reduced capacity. It is the therapist intern's responsibility to ensure that a supervisor is available to open the doors to the telehealth rooms when scheduling outside the times of normal clinic operation. Interns should keep up with their availability at all times and document such times on the "Master Schedule" at least weekly.

Scheduling Intake Appointments

Interns should indicate times they are available to meet with new clients on the "Master Schedule" which is maintained at the front desk of the ULM Marriage & Family Therapy Clinic. A "Placeholder" in Titanium on the "Master Schedule" signifies that the associated time slot is available for clinic staff to schedule a new client, or intake. After clinic staff has scheduled a new client, the client number will be marked on the "Master Schedule" in Dark red.

Clients are assigned to interns on a rotational basis as inquiries are received. An "Intern-Client Assignment List" is maintained at the front desk. As an intern is placed at the top of the assignment list, the next client requesting services at The Marriage & Family Therapy Clinic will be scheduled to meet with that intern based on the client and intern's availability. The assigned intern will then be placed at the bottom of the assignment list with the sequence repeating. The desk receptionist will assign a client to the next available therapist at the time of the initial telephone contact.

Clients who call the Clinic requesting a specific intern will be assigned to that intern independent of the intern's placement on the rotational assignment list. This will not affect the assignment sequence of new clients.

In order to receive clients, interns must be sure to keep the “Master Schedule” up-to-date for at least two weeks in advance. It is additionally helpful for the therapist intern to be available as often as possible to be more likely to receive clients when others may not be available. During practicum/supervision hours, therapist interns who have practicum/supervision at that time are given preference for intakes needing an appointment during that time. A therapist-intern may see clients during: 1) their scheduled practicum/supervision time, 2) any hours that the Clinic is operational which is not another scheduled practicum/supervision time.

When a client is assigned to a therapist intern, that intern is notified 1) by written message. Clinic Staff will then create the Intake File. (Please see Intake File Forms). It is the intern’s responsibility to contact and actually schedule with the assigned client.

Inform clients to plan for 80 minutes for their initial intake session. The first 30 minutes include going over paperwork and gathering demographic information. It is the responsibility of therapist interns to complete this intake paperwork with the client. If a clinic staff person is available, the therapist intern may coordinate with the staff to complete the paperwork, but it is ultimately the responsibility of the therapist intern to ensure completion.

Scheduling Telehealth Intake Appointments

Telehealth intake appointments are scheduled in the same fashion as face-to-face clients, with some additions. All intake paperwork must be completed and returned before the initial appointment is scheduled. In addition to the normal intake paperwork, the clients must also fill out the “Client Requirements for Telehealth/Virtual Therapy Appointment” form. It is the individual therapist intern’s responsibility to ensure that all forms are completed and that they are entered into Titanium. The therapist intern is allowed to coordinate with clinic staff in the completion of this task. Since the intake paperwork will already have been completed before the intake session, the first appointment is only 50 minutes long. To schedule a telehealth client through Titanium, the therapist intern must also reserve one of the four telehealth rooms, which is completed at the time of setting the appointment in Titanium.

Scheduling Established Client Appointments

Interns are directly responsible for scheduling their own clients and for updating the Master Schedule themselves.

To schedule an established client, interns will directly schedule or reschedule appointments using the clinic's system and update the “Master Schedule” with the client’s appointment details. To update the Master Schedule, an intern will right-click on the day and time of the client’s appointment. Then they will hover over “Add” and select either an “Individual Appointment” (if the appointment is

nonrecurring) or “Recurring Individual Appointment Definition” (if the appointment is recurring). The intern will then search for the client using the assigned client number. Next, the intern will input the proper “Code” (e.g. MFT Intake-Individual, MFT Couple etc.) and “Mode” (e.g. In Person, Video) for the appointment. If the appointment is recurring, the intern shall edit the range and frequency at which the appointment will occur. After completing these steps, the intern will click “Save” and the master schedule will be updated.

When a client requests an appointment or reschedule, the intern will confirm directly with the client. The intern is responsible for inquiring if there are enough available rooms before scheduling a client on a night that is not their assigned practicum night. In case of sickness or other emergency where the intern would need to cancel an appointment but is unable to come to the clinic to call, the clinic staff will contact the client on the intern’s behalf and offer the client the following week at the same time. If this does not work for the client the clinic staff will inform the client that the intern will reach out to reschedule when they are available.

Schedule telehealth clients in the same fashion as face-to-face clients. The only difference is that scheduling telehealth appointments requires reserving one of the four

Therapy sessions are 50 minutes in length by default. Please ensure that you end your therapy in a timely manner so as to not keep other clients waiting. For clients scheduling and ending before 5:00 pm, therapy can be scheduled to start exactly on the hour (e.g. 2:00), or at the half hour (e.g. 2:30). For every appointment starting between 4 and 8 pm, all clients must start and end on the hour.

Scheduling Established Telehealth Client Appointments

Teletherapy clients are scheduled in the same fashion as face to face clients, except that it must be indicated on Titanium that the client is a Teletherapy client, and the teletherapy room must be scheduled on Titanium at the time of scheduling. Teletherapy associated with the ULM Behavioral Health Center is only permissible in one of the four approved teletherapy rooms (Strauss 361-364), and using the desktop computer located in those rooms. All devices other than the ones in the four assigned teletherapy rooms are prohibited.

Emergency Sessions

Should an emergency situation requiring immediate response arise, the intern should consult with their assigned supervisor. (If the intern is unable to reach their assigned supervisor, the intern should contact the supervisor on duty, the Clinic Director, or the Program Director in that order). The client may be seen at the Clinic with the above person’s permission or should be referred to an appropriate community resource.

Out-of-Office Client Contacts

As a general rule, all face-to-face contacts between the therapist and client are restricted to scheduled times in the ULM Marriage & Family Therapy Clinic or designated externship site. Exceptions to

this rule (such as informal out-of-office meetings, at home visits, hospital visits, etc.) require prior supervisory permission. Any out-of-office contact with clients must be documented in the case record housed at the ULM Marriage & Family Therapy Clinic as soon as possible.

Clinic Voicemail

Therapists are responsible to check the clinic voicemail in order to determine if their clients have left them any messages. This is completed by calling the clinic phone number, (318) 342-5678, or the campus voicemail system, (318) 342-5991, and then when the call goes to voicemail, pressing the “*” button on your own phone. This will lead to the voicemail prompting to enter the passcode, which is 59900, followed by pressing “#”. After checking calls, please follow up with any messages meant for you. Only delete calls meant for you. Clinic staff will delete calls for new intakes.

Scheduling Appointments at Times other than Regular Supervision/Practicum

If therapist interns would like to see clients in the clinic on an evening that is not their assigned MAFT 6070/7051 evening, they must seek permission of the supervisor assigned to that night, and check the master schedule to ensure that a sufficient number of rooms are available to see clients before scheduling clients on that particular evening. It is not necessary to follow this policy during non-semester opening hours, as MAFT 6070/7051 will not be in session. Interns can schedule clients during any Clinic operational hours that are not a Supervision/Practicum time, as long as room availability permits.

Therapist Intern Cancellations

Therapist interns are discouraged from canceling standing appointments with their clients. Cancellation/rescheduling of an appointment by the therapist intern should only occur if it is an emergency. Therapist interns needing to cancel/reschedule an appointment should contact the client as soon as the intern knows they will not be able to keep the appointment and should make their best effort to reschedule the client for their first available appointment. Therapist interns should provide a referral for the client in case of an emergency or should they need services prior to the rescheduled appointment. If the therapist intern is unable to go to the ULM Marriage & Family Therapy Clinic to call their client, they should contact Clinic Staff immediately.

Any therapist intern not providing sufficient time for cancellation/rescheduling, not showing for clients, or repeatedly canceling/rescheduling sessions will be reported by Clinic Staff to the Clinic Director, who will then report the incidents to the therapist intern’s supervisor and the ULM MFT Program Director.

Treatment of Minors

The treatment of minors necessitates some special procedures and precautions. All treatment of minors must be consented to by their custodial parent and/or guardian.. This permission is given by

having the custodial parent or guardian sign the “**Statement of Practice**” form (see Statement of Practice) at the bottom indicating permission for the therapist intern to provide therapy to the minor. If this permission is not granted during the intake session and a minor enters treatment after that time, the permission must be signed before the minor child begins treatment (see Consent for the Treatment of Minors). Use the “**Consent for the Treatment of Minors**” to give permission for treatment of a minor child.

If the minor’s parents are married and share joint custody of the child, either parent may bring the child to therapy and consent to treatment. However, if the minor’s parents are not married/are divorced, but share joint custody, both parents must sign the consent for treatment forms. If parents of the minor do not share joint custody, the custodial parent must sign consent for treatment. In any situation in which there are custody arrangements, a copy of the custody agreement must be placed in the client’s file.

Clinic Staff should speak with clients about this prior to the first session during the initial phone intake and request a copy of custody agreements to be brought with the client to the first session. However, it is ultimately the responsibility of the therapist to ensure that that this information is gathered, and the intern may need to obtain the copy of the agreement to be in compliance with this policy. Student Interns should always follow-up with clients on this topic when scheduling the intake session.

In addition, the record for treatment cannot be placed in the minor’s name, unless the minor is eligible to consent for themselves. Therefore, the file must be under the consenting adult’s name and must have his/her contact information on file.

Minors at least 16 years old are an exception to this rule. According to Louisiana's Children's Code (Ch. 11, Art. 1464. Voluntary admission of minors), "Any minor sixteen years of age or older may apply for voluntary admission to a [mental health] treatment facility", may be admitted formally or informally, and "shall have the same rights as an adult patient". Effective Jan. 1, 1992. Based on this ruling, 16 year old and up minors are considered eligible to consent for treatment.

Payment & Fees

The clinic operates on a ‘Pay What You Can’ model. There is a suggested fee for all services provided at the ULM Marriage & Family Therapy Clinic. However, it is the policy of The Marriage & Family Therapy Clinic to provide services regardless of how much the client is able to pay.

The suggested standard fee for sessions is \$25. All fees are payable when the client is able to pay, and are documented by the Clinic Staff in Titanium. Fees are not required at any point, but all clients are given the opportunity to make payments when they can, based on their capacity. Clients should be informed at the time of the initial telephone contact that the clinic operates on a pay what you can model, as well as what the suggested standard fee is.

The standard fee for depositions and/or court appearances, or any associated hearing, is \$400 per hour (\$300 per hour for the supervisor, and \$100 per hour for the intern). These fees will be made payable to the ULM Marriage & Family Therapy Clinic. As this is a training facility, **no intern is permitted to appear in court or at any associated hearing without the case supervisor also**

being present. Such appearances will only take place in response to a subpoena. A retainer fee, of at least \$400, must be paid in advance of any deposition, court appearance, or associated hearing.

Telehealth Fees

The suggested fee is the same for telehealth clients. The only difference is that payments should be made through mailing the ULM Behavioral Health Center instead of happening in person. Telehealth clients are also on the Pay What You Can model, so they may mail a check or money order to:

Marriage & Family Therapy Program
700 University Ave.
Monroe, LA 71209

Checks and Money Orders should be made payable to the University of Louisiana Monroe or ULM.

Fee Exemptions

The ULM Marriage & Family Therapy Clinic does not, as a general rule, provide “Free Therapy.” Such arrangements tend to undervalue the therapeutic process. This can have an adverse effect on the commitment and motivation of some clients toward the therapeutic process, thus prolonging therapy unnecessarily. As such, payment of an appropriate fee for professional services is an important consideration.

However, the suggested fee is no charge for **students, staff, and faculty** of both **the University of Louisiana - Monroe and Louisiana Delta Community College, Louisiana Tech University, and USA Veterans & active military** .

Billing & Health Insurance Reimbursement

The ULM Marriage & Family Therapy Clinic does not bill for services.

Insurance policies vary widely regarding reimbursement for mental health services. Any question of coverage is a matter between the policyholder and insurance company. Clients may wish to contact their insurance company to inquire about the extent of policy coverage for services provided at The Marriage & Family Therapy Clinic. Upon execution of a signed release of information, the ULM Marriage & Family Therapy Clinic can provide a standard receipt, which is generally acceptable for submission for insurance reimbursement. The Marriage & Family Therapy Clinic is not equipped for third party reimbursement.

Case Record Management

Therapist interns are responsible for maintaining up-to-date clinical records and demographic information on each client in their care. Appropriate ULM Marriage & Family Therapy Clinic forms should be completed promptly and stored in Titanium. Electronic and paper files must be maintained on this client until they leave the clinic (terminated). It is the responsibility of the intern to safe guard active case files and to insure the confidentiality of all client records until a case is closed.

After completion of all case notes and other pertinent documentation client files should be immediately returned to the appropriate locked filing cabinet. The file room is also to be kept locked at all times, in order to provide an extra level of protection to client confidentiality.

Client records (originals and copies) must remain in The Marriage & Family Therapy Clinic at all times, with the following exceptions:

- ☑ As specifically authorized by a signed release from the client which requires the signatures of all individuals 18 years or older who attended sessions. This should be reviewed and co-signed by the supervisor prior to release (see Authorization for Use or Disclosure of Protected Health Information or Authorization for the Release of Medical Information).
- ☑ As authorized by the Clinic Director. For logistical purposes, a supervisor's office is considered a physical part of The Marriage & Family Therapy Clinic.
- ☑ When mandated by a judge through a subpoena. Check with the assigned supervisor and clinic director before complying with the subpoena.
- ☑ At approved Externship sites in secured facilities.
- ☑ Records should be immediately re-filed after each review. Records include case files, correspondence, supervision notes, and any other information pertaining to a case, electronic or otherwise. Notes written during therapy are process notes, and are part of the case files. Supervisors maintain full access to a supervisee's clinical records at all times.

It is important that therapist interns keep accurate and timely records. If an error is made in a paper record, therapist interns should put one line through the error, initial, and date it. At **NO** time should “white-out” or other means be used to cover or erase errors.

Therapists at an internship location that does not provide all the required files for therapeutic work must use therapeutic files from the clinic, and maintain client records through Titanium as if the client were coming to therapy at the ULM MFT Clinic.

Intake File Forms

The following forms should be a part of the intake file when the therapist intern receives a new client. Forms must be scanned into Titanium except forms given to clients. The therapist is in charge of ensuring that all forms are completed before therapy begins, though they are allowed to coordinate with the clinic staff to complete all the forms. For Teletherapy clients, all the appropriate forms must be completed on-line through Titanium before they can be scheduled.

- ☑ Demographic Form (front and back)
- ☑ General Service Information
- ☑ Notice of Privacy Practices
- ☑ Privacy Practices Statement
- ☑ Consent to Use and Disclose Mental Health Information
- ☑ Permission to Contact
- ☑ Statement of Practice
- ☑ Client Requirements for Telehealth/Virtual Therapy (Telehealth Clients only)

Case Record Forms

The following forms may be utilized throughout the course of treatment. Those denoted with a * are a required part of every case record and the others will be used on a case-by-case basis. These forms are also found in Titanium., or they must be scanned into Titanium.

- ☑ Session Case Notes*
- ☑ Case Activity Record*
- ☑ Authorization for Use or Disclosure of Protected Health Information
- ☑ Authorization for the Release of Medical Information
- ☑ Documentation of Communication with Referrals and Others
- ☑ Documentation of Report to Authorities
- ☑ Referral Form
- ☑ Consent for the Treatment of Minors
- ☑ Safety Plan
- ☑ No Harm Agreement
- ☑ No Violence Contract
- ☑ Suggestions for Developing a Personal Safety Plan
- ☑ Transfer of Intern
- ☑ Termination of Client that Never Showed After Transfer
- ☑ Termination of Client that Never Showed
- ☑ Termination Summary*
- ☑ Client File Re-Opened
- ☑ Probation and Parole Referral Form

Transportation of Files

There are certain circumstances in which interns may be required to transport client files from externship sites to the clinic. This may include instances where an externship locations do not maintain client records and so records are kept at the ULM MFT Clinic. When transporting files from externship sites or between offices, due diligence must be taken to insure their safety and confidentiality with no file ever being left unattended. However, it is preferential for case files to be reviewed by clinical supervisors at the externship site rather than the file being transported to the ULM Marriage & Family Therapy Clinic and/or the office of the clinical supervisor. Similarly, it is preferential for ULM Marriage & Family Therapy Clinic files to be reviewed by clinical supervisors at the ULM Marriage & Family Therapy Clinic.

If it is necessary to transport files to the office of the clinical supervisor, files must:

- ☒ Be taken to the clinical supervisor's office immediately after leaving the externship site/ULM Marriage & Family Therapy Clinic.
- ☒ Be returned to the externship site/ULM Marriage & Family Therapy Clinic immediately after the close of supervision.
- ☒ NOT be left in the intern's vehicle.
- ☒ NOT be taken to the intern's home, or other location.
- ☒ It is suggested that client files, while being transported, be kept in a locked brief case.

Maintenance of Video Recording, Digital, or Electronic Session Information

Recordings of sessions, of any type, are utilized for supervision purposes and educational purposes of the intern only and are erased at the completion of supervision. No recording is kept as part of the permanent client record. It is the responsibility of the intern to completely erase or delete any copy of recorded sessions at the close of supervision on that particular case.

Before erasing or deleting, all video recordings or devices used for the storage of digital or electronic versions of sessions, should be stored in the storage units in the locked Clinic Break Room. As with the "Transportation of Files" listed above, no recording should leave the ULM Marriage & Family Therapy Clinic at any time unless requested by the intern's supervisor. If it is necessary to transport recorded information as advised by the supervisor, then the following steps should be taken:

- ☒ Be taken to the clinical supervisor's office immediately after leaving the externship site/ULM Marriage & Family Therapy Clinic.
- ☒ Be returned to the externship site/ULM Marriage & Family Therapy Clinic immediately after the close of supervision.
- ☒ NOT be left in the intern's vehicle.
- ☒ NOT be taken to the intern's home, or other location.
- ☒ It is suggested that client files, while being transported, be kept in a locked brief case.

Should the ULM Marriage & Family Therapy Clinic Staff, faculty, or therapist interns desire to use information that might identify clients, such as video recordings or other formats of live sessions, for purposes of research, Comprehensive Exams, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use. Signed form must be scanned into Titanium.

Case Follow-Up

If the client fails to show for a session, it is the intern's responsibility to clarify if the client plans to return for treatment. If the client does not wish to continue in therapy at present, the case is to be terminated and follow-up telephone calls conducted. It is recommended that calls be placed at one, three, and six month intervals.

All client contacts or attempts to contact must be documented in the **“Case Activity Record”** in the client’s file (see Case Activity Record). This form can be found in Titanium, and should be kept up to date weekly

When receiving a referral from a community source such as a judge, district attorney, attorney, minister, teacher, physician, etc. it is appropriate to acknowledge (by telephone or correspondence) that the referral has been seen. **This courtesy can only be performed with the prior written consent of the client/clients.** If a consent form has been forwarded to the clinic along with a referral by a legal referral source, such as a judge or the district attorney’s office, it is appropriate to follow-up with the referral source even if the client is a “never-show.”

More specific information may be requested or required by the referral source. Appropriate reports are encouraged, **with the prior written consent of the client/clients**, and are to be approved and co-signed by the intern’s supervisor. If the intern’s supervisor is unavailable, the intern is encouraged to seek the assistance of the Clinic Director.

Correspondence with Clients

All correspondence with clients should be noted in the **“Case Activity Record”** (see Case Activity Record) in Titanium in the client file indicating the date and nature of the contact. A copy of all correspondence, co-signed by the case supervisor, sent to a client should be scanned into the client file. Additionally, a copy of all correspondence received from a client, including notes, cards, etc. should be scanned into the client's file. Original correspondence should be returned to client, or shredded.

Telephone calls to clients should be made from the ULM Marriage & Family Therapy Clinic using clinic telephones only. Generally, cell phones should never be used to call or text clients, client calls should not be made from home or from other locations outside of the clinic, nor should clients be given access to an intern’s personal telephone number. Services like Google Voice are not HIPAA compliant without purchasing extra protection, and the therapist would be liable if personal health information was released accidentally through phone use. The only exceptions to only using the ULM phone system to contact clients would be emergency clinical situations, such as with suicidal or homicidal clients. Therapists may text clients using their ULM Behavioral Health Center Email service.

Correspondence with Other Sources

All requests for client information by third parties should be brought to the attention of intern's supervisor and/or the Clinic Director. Requests for information concerning clients can only be provided to outside sources after securing a written release **“Authorization for Use or Disclosure**

of Protected Health Information” (see Authorization for Use or Disclosure of Protected Health Information) from all adults who participated in the therapy sessions. If another health provider or outside entity requests records from the ULM Marriage & Family Therapy Clinic or therapist intern, all adults who participated in therapy sessions must sign a written release **“Authorization for the Release of Medical Information”** (see Authorization for the Release of Medical Information) before any information can be disclosed.

Under no circumstances (unless mandated or permitted by law – please see “Requests for Litigation Support” section of this document) will a therapist intern allow information to be released to a third party without written permission from the client (or from all clients over the age of 18, if multiple clients were involved in a particular case). The release should be specific and dated. A copy should be scanned into the client’s file in Titanium.

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.*

Please refer to the 2015 AAMFT Code of Ethics:

“Marriage and Family Therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client” (Standard II: Confidentiality).

After the **“Authorization for Use or Disclosure of Protected Health Information”** (see **Authorization for Use or Disclosure of Protected Health Information**) has been completed, signed by all parties, and is on file, the therapist may contact the person/party authorized in the written release. *Any* communication with referral sources, other professionals, or others involved with the case should be documented on the **“Documentation of Communication with Referral Sources and/or Others Involved with the Case”** form (see Documentation of Communication with Referral Sources and/or Others Involved with the Case).

If a report is made to an external entity for the purposes of protecting the client’s or others’ safety, reporting instances of suspected abuse or neglect as mandated by law, or other instances required to be reported by law, a **“Documentation of Report to Authorities”** form should be completed under direct supervision (see Documentation of Report to Authorities). An **“Authorization for Use or Disclosure of Protected Health Information”** (see Authorization for Use or Disclosure of Protected Health Information) may not be necessary to report information to authorities if information necessitating a report falls within the limits of confidentiality. See the Statement of Practice for more information about the limits of confidentiality (see Statement of Practice).

Providing Referrals

It is of utmost importance that therapist interns recognize the limits of their scope of practice and refer clients to other providers, resources, and services when necessary or desired, assisting and advocating for clients to obtain appropriate and quality care within their community). In order to

facilitate this process, therapist interns should first discuss referrals with their Supervisor or Clinic Director. The therapist intern should then complete the **“Referral” form** (see Referral Form) and give a copy to the client to take with them. If the client desires for the therapist to assist in the process of obtaining an appointment with or contacting the referral, the appropriate **“Authorization for Use or Disclosure of Protected Health Information”** (see Authorization for Use or Disclosure of Protected Health Information) must be completed first. Referrals made throughout the course of therapy should also be documented on **“Session Case Notes”** (see Session Case Notes) and on the **“Termination Summary”** (see Termination Summary) or **“Transfer of Intern”** form (see Transfer of Intern). And, any correspondence with referral sources should be documented on the **“Documentation of Communication with Referral Sources and/or Others Involved with the Case”** form (see Documentation of Communication with Referral Sources and/or Others Involved with the Case). All forms must be scanned into Titanium before the paper copy is given to client.

Aftercare Plans/Continuation of Care

Therapist interns should collaborate with their case supervisor and clients in the development of aftercare plans and should provide clients with the resources and knowledge to obtain care after treatment has ended should the need arise). These plans and resources given should be documented on the **“Session Case Notes”** during the course of therapy (see Session Case Notes) and on the **“Termination Summary”** at the end of therapy (see Termination Summary). When referrals are given to the client for continuation of care, please complete the **“Referral” form** (see Referral Form).

Termination of Cases

A case shall be terminated when any of the following occur, and after consultation with the case supervisor:

- ☒ The goals of therapy have been accomplished and the intern and client agree to terminate treatment.
- ☒ The client informs the intern that he/she does not plan to continue with therapy.
- ☒ The client fails to maintain two (2) consecutively scheduled appointments without prior notification.
- ☒ After consulting with the case supervisor, it becomes apparent that the client requires services unavailable at the ULM Marriage & Family Therapy Clinic.
- ☒ In the event that the reason for termination is any other than that the goals of therapy have been accomplished, the intern will assist in finding appropriate referral sources if requested and/or necessitated.
- ☒ If referral is given, complete **“Referral” form** (see Referral Form) and scan into Titanium before giving a copy to the client.

Please refer to the 2015 AAMFT Code of Ethics:

“Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help” (1.10).

“Marriage and Family Therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment” (1.11).

In order for the termination process to be complete, the intern must carry out the following:

- ☒ A letter documenting the termination must be mailed to the client, unless after consultation with the case supervisor this is contraindicated. NOTE: Make sure the client has completed the **“Permission to Contact”** form (see Permission to Contact) and has indicated an address that is approved to mail correspondence.
- ☒ A **“Termination Summary”** form (please see Termination Summary) must be completed by the intern, co-signed by the case supervisor, and placed in the client folder in Titanium.
- ☒ The termination must be documented, along with the date, in Titanium (please see Case Activity Record) with either the word “termination” or the letter “T”.
- ☒ The terminated folder must be forwarded to the Clinic Staff.
- ☒

Termination of Never-Show Cases

Cases may be terminated, as a “Never-Show”, if a client fails to show for the initial scheduled appointment, and any of the following occur:

- ☒ If the intern has repeatedly attempted to make contact with the client and has been unsuccessful,
- ☒ If the client never returns the intern's calls, or
- ☒ If the client repeatedly no-shows for appointments.

In all “never-show” cases, attempts to contact, and descriptions of telephone contacts, must be documented in the client folder in Titanium on the **“Case Activity Record”** sheet (please see Case Activity Record).

In addition, in order for the termination of a “Never-Show” Case to be complete, the following procedures must be followed:

- ☒ The intern must have the approval of his/her supervisor to terminate.
- ☒ A **“Termination of a Never-Show Client”** form (please see Termination Never Show) must be completed, co-signed by the intern's supervisor, and scanned in the client file.

- ☑ The termination must be documented, along with the date, in Titanium, (please see Case Activity Record) with either the word “termination” or the letter “T”.
- ☑ The terminated folder must be forwarded to the clinic staff . The staff member will then appropriately process the “never-show” case, and the intern’s name will be placed at the front of the therapist rotation.

Transfer of Case to another Intern (at the ULM Marriage & Family Therapy Clinic)

A case shall be transferred to another intern at the ULM Marriage & Family Therapy Clinic when any of the following occur, and after consultation with the case supervisor:

- ☑ If the intern and supervisor agree that it would be therapeutically beneficial to transfer the case due to ethical concerns or specific difficulties being experienced by the intern with the particular case/client/presenting problem.
- ☑ If the intern and supervisor agree that due to the impending graduation of the intern that the timing for case transfer is optimal and/or necessary.
- ☑ At the request or requirement of the supervisor, at his/her discretion.

In order for the transfer process to be complete, the intern must carry out the following:

- ☑ The current intern-of-record must have the permission of his/her supervisor to transfer the case to a particular intern, and
- ☑ The current intern-of-record must have the permission of the other intern to transfer the case to him/her. In other words, the intern to whom the transfer will be made must agree to accept the transfer.
- ☑ A **“Transfer of Intern”** Form must be completed by the intern of record, co-signed by the case supervisor and the new intern, and scanned in the client folder.
- ☑ The transfer of intern must be documented, along with the date, in Titanium (please see Case Activity Record) with the word “transfer.”
- ☑ A new **“Statement of Practice”** form should be completed and filed by the clients giving their consent to treatment by the new therapist intern. (see Statement of Practice). Form must be scanned into Titanium
- ☑ The Clinic Staff must be notified of the transfer so that the Clinical records can be updated appropriately.
- ☑ The previous intern-of-record must have all case documentation up-to-date and in the case record before transferring the case.

Termination of a Transferred Never-Show Client

Following the guidelines listed above for “Termination of Never Show Cases,” if a case file was transferred to another therapist intern and the client never showed for a session with the new therapist intern, the new therapist of record can complete a **“Termination of a Client that Never-Showed after Transfer”** form (see Termination Never Show After Transfer). This form suffices as the Termination Summary for this type of file. All other guidelines for termination of case files should be followed.

Terminated Case Files and Maintenance

Terminated cases should be promptly closed and appropriately filed and is a continuous process that is part of appropriate and professional case record management. **At the end of each semester, therapist interns should review their files and terminate any files that can be terminated. Therapist interns should NOT wait until the end of their coursework to terminate files.** The Clinic Director serves as custodian of all terminated or inactive client records. Upon execution of appropriate written releases of information regarding terminated files, requests for records by third parties should be made through the Clinic Director.

Re-Opened Files

If a person calls to make an appointment that has been a client of the ULM Marriage & Family Therapy Clinic in the past and the file was previously terminated, the file can be re-opened if: 1) there are no additional or less adults participating than participated in the original case file, in other words, exactly the same adults will be participating in treatment the second time around. If the terminated client file is re-opened, the following must take place:

- ☒ Complete the **“File Re-Opened”** form (see File Re-Opened) and scan in client file
- ☒ Make sure Clinic Staff has client’s updated contact information
- ☒ Have clients sign a new **“Statement of Practice”** (see Statement of Practice) and scan into Titanium
- ☒ Have clients sign a new **“Consent for the Treatment of Minors”** form if applicable (see Consent for the Treatment of Minors) and scan into Titanium

Measures to Improve Clinical Services

The ULM Marriage & Family Therapy Clinic is committed to providing the best services possible by our therapist interns to the public. It is imperative that we continuously assess and revise policies and procedures to improve the effectiveness of our clinical services. In order to do this, therapist interns are evaluated by their MAFT 6070/7051 clinical supervisor every semester and in turn every semester, the clinical supervisor is evaluated by their therapist interns, creating a consistent recursive evolving evaluative process (Please see Intern Evaluation Form and Evaluation of Supervisor Form). Therapist interns are also evaluated by their internship supervisors. The feedback from all of these evaluative tools is utilized to ensure quality of work and services by suggesting needed changes to be implemented in the future.

Technology & Equipment

Interns should familiarize themselves with the operation of all recording technology and equipment at the Clinic, to include the saving and clipping of all digitally recorded sessions (for the purposes of supervision). Clinic Staff is available to conduct an orientation and to maintain operation of Clinic equipment. An orientation will be provided by the Clinic Director and/or the Assistant Clinic Director for all incoming therapists.

Please refer to the 2015 AAMFT Code of Ethics:

“Marriage and Family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third party observation” (1.12).

Clipping Sessions

The cameras recording all sessions in each clinic room are set to an auto-delete feature. The cameras are set on continual record mode, while continually deleting sessions at the same time. The storage capacity is approximately one month of data.

For students to have their sessions saved or “clipped”, and not deleted, a **“Clip Request Form”** (see Clip Request Forms) must be completed and given to the clinic staff within this 2 a week time frame. This form is to contain information such as student name, date of submission, date of session, clinic room number, and time of session. The clinic staff is to have this session recorded and saved into the student’s file within 48 hours, excluding weekends. Once the session is clipped, the Clip Request Form will be signed and dated by the clinic staff member and placed in the therapist’s box as a “receipt.” For example, if a student submits the Clip Request Form on a Tuesday, the clinic staff will clip the session and place the receipt in his or her box by Thursday. If a student submits a Clip Request Form on Friday, the session will be clipped by Tuesday, as the computers are not set to record over weekends.

The Student Therapists are responsible for organizing their folder of sessions and/or burning or saving them to a disk or jump drive for supervision purposes. See Clipping/Burning Session Directions for directions on how to burn sessions onto a disk. Additionally, student therapists should also be aware of confidentiality guidelines and refer to the clinic handbook (see Transportation of Files and Maintenance of Video Recorded, Digital, or Electronic Session Information) regarding the transportation of files when removing any files or sessions from the clinic.

Data Storage

Information pertaining to the proper maintenance and storage of recorded session material has been discussed above (see Maintenance of Vide Recorded, Digital, or Electronic Session Information). Therapist interns may record clipped sessions onto a USB storage devices (e.g., jumpdrive, memory stick, etc.). Additionally, these storage devices should **ONLY** be used for the purpose of saving recorded sessions and must be stored in the Clinic. Therapist interns must follow the appropriate storage and maintenance procedures for this data material as described above. If available, the ULM Marriage & Family Therapy Clinic may provide data storage devices to therapist interns to use on ULM Marriage & Family Therapy Clinic recording equipment to be used for Clinic purposes **ONLY**.

Vacations and Semester Breaks

Interns should make specific arrangements with their clients for appropriate continuity of care during periods that the intern will be unavailable, after consultation with their supervisor. During periods of absence, the intern should provide the client with the name and telephone number of professional support in the event of an emergency situation, consistent with the nature of the case. Only under extreme conditions and with the **prior approval** of the appropriate supervisor and the Clinic Director are therapists allowed to be absent from the clinic for more than **two consecutive weeks**. If the therapist intern has been approved to be absent from the clinic for more than two consecutive weeks, they must complete the **“Leave of Absence” form** (see Leave of Absence Form) and submit to the Clinic Director. No exception to this is acceptable.

Special Procedures

Crisis Intervention

Occasionally, clients are seen at the Clinic who exhibit behaviors requiring timely and specialized responses on the part of the intern. Legal and ethical considerations require that such responses attempt to ensure the safety and welfare of all participants involved in the therapeutic process, as well as individuals not involved in therapy who may also be affected by the actions of a client. It is important to recognize that appropriate responses to critical situations often require creativity and flexibility. **Close supervisory support is particularly important in these cases.**

Acute Crisis Over-the-Phone

Should someone call the ULM Marriage & Family Therapy Clinic in crisis (actively homicidal or suicidal with a plan), it is imperative that the Clinic Staff, in consultation with the on-site supervisor and/or the Clinic Director, guide such persons to the appropriate place of safety and refer them to the nearest hospital emergency room or law enforcement agency. The ULM Marriage & Family Therapy Clinic is not equipped to handle acute emergency crises and every effort should be made to help the persons make contact with the appropriate resources.

For any client who calls and is assessed in acute crisis, the person who answered the phone call must obtain caller’s name, current location and current contact number in the event that the call is dropped and/or law enforcement must be notified.

If there is any indication that a client might harm himself/herself or others, or if the situation presents possible ethical/legal concerns, a supervisor is to be contacted immediately.

Therapist interns should keep their contact information up-to-date with the ULM Marriage & Family Therapy Clinic and make arrangements with another therapist intern if they are going to be out of town in case of an emergency. Should an established client of the ULM Marriage & Family Therapy Clinic call and need immediate services, but does not necessitate having them go to the hospital emergency room or calling law enforcement, the ULM Marriage & Family Therapy Clinic Staff will attempt to contact the therapist intern immediately. If the therapist intern is unavailable, the Clinic Director and/or the supervisor will be notified immediately and he/she will respond to the client and take necessary action to help the client receive services.

Therapist interns should not transport clients at any time.

Emergency Numbers to Call:

Suicide Crisis Line 988 or 1-800-SUICIDE or 1-800-273-TALK

ULM Police (318) 342 - 5350 or 342-1911

Ouachita Parish Sheriff's Department: (318) 329-1200

Hospital Emergency Room:

Glenwood Regional Medical Center: (318)-329-4200

St. Francis Medical Center-Downtown: (318)-966-4000

Clients Exhibiting “High Risk” Behaviors

Any case involving behaviors (including ideations) which indicate a reasonable possibility of “risk to life”, “physical abuse” or “sexual abuse” should be considered “high risk”. **Interns should immediately consult with their supervisors in such situations.** Examples of “high risk” behaviors include the following:

- 1) Suicidal thoughts or actions on the part of any participant in therapy.
- 2) Violence or the concern of violence emerging.
- 3) Suspected physical abuse, sexual abuse, or neglect of a child under the age of 18 years.
- 4) Suspected physical abuse, sexual abuse, or neglect of an elderly or dependent individual.
- 5) Cases in which there appears to be an acute reaction to drugs or alcohol, which present a clear and immediate danger to life.
- 6) Any exhibited behavior which is bizarre, unstable, disoriented, or volatile and which by its nature suggests a reasonable risk to the safety of the client or others.

- 7) Evidence of diminished functionality (such as severe depressive behavior, etc.) which presents a clear and immediate risk to the health and welfare of the client or another person.

In such cases, in consultation with their supervisor, therapist interns may use the following assessments:

- ☒ Assessment Screening for Drug/Alcohol Abuse (See Assessment Screening for Alcohol/Drug Abuse)
- ☒ Assessment for Lethality (See Assessment for Lethality)

And/or help the clients develop the following:

- ☒ Safety Plan (see Safety Plan)
- ☒ Special Therapy Agreement (see Special Therapy Agreement)
- ☒ No Violence Contract (see No Violence Contract)
- ☒ Suggestions for Developing a Personal Safety Plan (see Suggestions for Developing a Personal Safety Plan)

Cases Involving Suspected Child Abuse or Neglect

Under Louisiana law, all cases involving suspected child abuse must be reported within 48 hours to the Department of Children and Family Services (DCFS) or to the appropriate law enforcement agency.

For circumstances requiring immediate assistance, call one of the numbers below to make a report.

Report child abuse at 1-855-4LA-KIDS (or 1-855-452-5437)

Child Welfare, Ouachita Parish office, at (318)-362-5417

All oral reports must be followed up with a written report, either through the online portal or by completing the CPI-2 Form within 5 business days. Both the online portal and the CPI-2 form can be found on the DCFS webpage (<https://www.dcfslouisiana.gov/page/reporting-child-abuse-neglect>).

Situations that do not require immediate intervention may be reported through the online portal or by completing the CPI-2 form.

Cases of historical child abuse should be reported if the alleged abuse took place a minimum of two years prior to the child's disclosure, or if a minor child is still in contact with a possible offender regardless of when the suspected offense may have occurred. It is the legal responsibility of the intern, under supervisory direction, to comply with this requirement in cases of suspected child abuse.

Cases Involving Suspected Elder Abuse or Neglect

Louisiana law protects adults aged 60 or older from acts or omissions which result in physical or emotional abuse and neglect, inflicted by caregivers and from self-neglect by an individual. Louisiana law also protects seniors from acts of financial exploitation and extortion. The purpose of Elderly Protective Services (EPS) is to protect adults who cannot physically or mentally protect themselves and who are harmed or threatened with harm through action or inaction by themselves or by the individuals responsible for their care or by other persons.

Any suspicion of elder abuse or neglect should be reported to Elderly Protective Services at the following numbers:

(833) 577-6532 Elderly Protective Services Statewide Hotline
(800) 898-4910 Adult Protective ServicesPS Statewide Hotline (Report Sexual or Physical abuse here)
(318) 362-4280 Monroe Office
Toll Free: 1-800-954-6902 Monroe Office
Fax: (318) 362-4295

If there is no physical or sexual abuse, than a written report may be filed through the online portal (<https://ldh.la.gov/page/adult-protective-services>).

Cases Involving Suspected Disabled/Dependent Adult Abuse or Neglect

Louisiana law requires that any suspected cases of abuse, exploitation, extortion, and neglect of adults with disabilities be reported to Adult Protective Services under the Louisiana Department of Health and Hospitals. Adults 18-59 years of age, or people under 18 who have been legally declared adults, who have mental, physical or developmental disabilities which substantially impair their ability to care for themselves are considered protected under this law.

To report suspected abuse or neglect contact Adult Protective Services.

1-800-898-4910

Safety Plan

Client(s)' safety should remain first and foremost in treatment. Should the occasion arise during the course of therapy that the therapist intern becomes concerned about the safety of a client, they should immediately consult with their supervisor regarding steps to ensure the client's safety. Additionally, the therapist intern should work with the client to develop a **"Safety Plan"** (see Safety Plan) with concrete steps the client will take to remain safe with a list of persons to contact who will assist the client if the therapist intern cannot be reached. The following are a list of potential situations that may warrant the use of the "Safety Plan" form: suicidal ideation, violence, dangerousness to self or others, abuse, etc.

Documentation of Report to Authorities

If a report is made to an external entity for the purposes of protecting the client's or others' safety, reporting instances of suspected abuse or neglect as mandated by law, or other instances required to be reported by law, a **"Documentation of Report to Authorities"** form should be completed (see Documentation of Report to Authorities). Therapist interns should consult with their supervisor prior to and throughout a case that may necessitate reporting information to authorities.

Requests for Litigation Support

Marriage and Family Therapists are increasingly being called upon by the legal system to testify in a professional capacity; either as expert witnesses or factual witnesses. Such requests may be initiated by the client, legal counsel or the court. Interns should consult with their supervisor **immediately** when receiving **any indication** that they may be called upon to participate in legal proceedings.

The ULM Marriage & Family Therapy Clinic does NOT offer divorce mediation, child custody evaluations, or litigation support services. Expert witness and legal support services must be directly performed by a licensed therapist and as such are not consistent with the mission and scope of the ULM Marriage & Family Therapy Clinic.

The ULM Marriage & Family Therapy Clinic does NOT voluntarily allow the participation of interns in litigation support activities. Therefore, interns should discourage their participation in such activities. In the event that case records or an intern is subpoenaed relating to a case, **the supervisor of record and Clinic Director should be notified immediately.**

Since interns do not enjoy independent status as mental health professionals, participation in the legal arena requires the active involvement of the intern's supervisor. The supervisor of record will accompany the intern in the event he/she is compelled to participate in legal activities (such as depositions, court appearances, or any associated hearing). It should be clearly communicated to clients that a fee of \$100 per hour for the intern and \$300 per hour for the supervisor (totaling \$400 per hour) will be charged for such activities. These fees will be made payable to the ULM Marriage & Family Therapy Clinic. Such appearances will only take place in response to a subpoena. **A retainer fee, of at least \$400, must be paid in advance of any deposition, court appearance, or associated hearing.**

Occasionally, requests for legal support services will arise during the course of therapy relating to other treatment concerns. The therapist should consult closely with his or her supervisor in order to maintain an appropriate therapeutic role with the client.

Clients whose primary request for service is child custody evaluation or litigation support should be referred to a licensed therapist or other professional who offers such services.

Court Mandated Therapy

The ULM Marriage & Family Therapy Clinic works closely with the courts in providing appropriate professional services for adjudicated minors, adults, and their families. The ULM Marriage & Family Therapy Clinic considers “mandated therapy” as a matter between the client and the court. Services will be provided to mandated clients under the same guidelines as with any other client. Interns working with court mandated cases should discuss the referral with the judge or probation officer after reviewing the case referral with the supervisor and the appropriate Consent to Release Information forms have been completed (see Authorization for Use or Disclosure of Protected Health Information and Authorization for the Release of Medical Information). Every effort should be made to clarify and assist in meeting the goals of both the referral source and the client in cases involving mandated therapy. As a general rule, **court mandated cases are not eligible for the Sliding Fee Scale.** Exceptions must be cleared by the supervisor and/or Clinic Director.

See Probation and Parole referral form and authorization.

Accident/Incident Report

In the event of an accident or incident, immediately notify the clinical supervisor on duty. If the event occurs before 4:00 p.m., notify the Clinic Director. If the Clinic Director is unavailable, notify the Program Director. If an incident occurs “in session” or directly effects treatment, the intern’s clinical supervisor should be notified.

The University of Louisiana at Monroe Campus Accident Policy requires the following:
For any incident requiring police intervention, The University of Louisiana at Monroe Police must be notified. For any incident requiring emergency services, University Police must be notified first.

In the event of an accident or emergency illness, immediately notify the **UNIVERSITY POLICE (Ext. 5350)** University Police can normally determine if the individual needs to be evacuated from the area and by what means or if a visit to Student Health Services is necessary. Very often, a trip to Student Health Services will suffice.

If possible, the University Police should determine the need for an ambulance. **If an ambulance is required, the request should be made by the University Police to assure speedy dispatch.** The ambulance company will not normally respond to an individual’s call from the campus unless the individual is willing to give his name and be held responsible for the ambulance bill. In cases of extreme emergency, it may be necessary for an individual to call for ambulance services directly. Dial 9-1-911. This is a matter of judgment on the part of the individual concerned. Expenses incurred as a result of an accident or illness must be paid by the student. In the event of accident or emergency, call the following:

University Police, 5350
Ambulance, 1-911 (Fire Dept. will also respond)

In the event of a life-threatening emergency or serious accident, call in the following order:

- | | |
|--------------------------------|--|
| 1. University Police | 342-5350 |
| 2. Clinical Supervisor on duty | Please see updated list in MFT Clinic. |
| 3. Student Health Services | 342-5215 |
| 4. Clinic Director | 342-5006 |
| 5. Program Director | 342-1208 |
| 6. School Director | 342-1733 |

In the event of an accident or incident, call in the following order:

- | | |
|--------------------------------|--|
| 1. Clinical Supervisor on duty | Please see updated list in MFT Clinic. |
| 2. Clinic Director | 342-5006 |
| 3. Program Director | 342-1208 |
| 4. University Police | 342-5350 |

The appropriate university official who witnesses or has been involved in an accident, at the ULM Marriage and Family Therapy Clinic, should file a written accident report (please see Accident Report) with the following:

- ☒ University Police
- ☒ Affinity Campus Health Clinic
- ☒ Director of Student Life
- ☒ Academic dean (if a student or employee in his/her area of responsibility is involved.)

HIPAA Policies and Procedures

THE ULM MARRIAGE & FAMILY THERAPY CLINIC HIPAA POLICIES AND PROCEDURES

ORIGINAL DATE: April 14, 2003

REVISION #: 02

REVIEW DATE: May 28, 2025

PURPOSE

To provide guidance to the staff and interns of The ULM Marriage & Family Therapy Clinic regarding the appropriate protocol for integrating HIPAA into our operating policies and

DEFINITIONS

(A) *PROTECTED HEALTH INFORMATION (PHI)* ~ Individually identifiable information relating to the past, present, or future physical or mental health of an individual, provision of mental health care to an individual, or the past, present, or future payment for mental health care provided to an individual.

(B) *TREATMENT, PAYMENT, AND OPERATIONS (TPO)* ~ Uses and disclosures of PHI are permitted with a client's consent for treatment, payment, and operations. *Please see Appendix V for "Consent to Use and Disclose Your Mental Health Information" form.* Uses and disclosures beyond for TPO or when required by law, will require that clients sign a separate authorization. *Please see Appendix IX for "Authorization for Use or Disclosure of Protected Health Information" form.*

(C) *TREATMENT* ~ Treatment means the provision, coordination, or management of mental health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for mental health care.

(D) *PAYMENT* ~ Payment means activities undertaken to obtain or provide reimbursement for mental health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity determinations and utilization review.

(E) *OPERATIONS* ~ Operations includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of mental health care professionals or interns, conducting or arranging for review, legal services and auditing functions, business planning and development, and general business and administrative activities.

(F) *PERSONAL REPRESENTATIVE* ~ Personal Representative means a person who has authority under applicable law to make decisions related to the mental health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in *loco parentis* who is authorized under law to make mental health care decisions on behalf of a non-emancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a mental health care service, or where the parent, guardian or person acting in *loco parentis* has assented to an agreement of confidentiality between the provider and the minor.

(G) *PRIVACY OFFICIAL* ~ A privacy official is the individual who is chiefly responsible for developing and implementing the policies and procedures for HIPAA compliance. This individual is also the contact person to receive inquiries and complaints related to privacy. The ULM Marriage & Family Therapy Clinic's privacy official is the Clinic Director.

POLICY

(A) *Client Access to PHI* ~ Clients are allowed access to their protected mental health information (PHI) according to the guidelines established by Federal HIPAA privacy standards and Louisiana State Administrative Rules regarding client access to PHI.

(B) *Client Request for Amendment/Correction to PHI* ~ Clients who believe information in their mental health records is incomplete or inaccurate may have access to their record and may request a correction and/or amendment to their record. The amendment or correction becomes a permanent part of their record. The author (therapist intern or supervisor or clinic staff) has the opportunity to comment on the client's requested amendment.

(C) *Client Request for Accounting of Disclosure Summary* ~ Clients may request a summary of their PHI disclosure history except for disclosures that were for treatment, payment, or operations.

(D) *Training on HIPAA Policies and Procedures* ~ All interns and staff are required to be trained on HIPAA policies and procedures.

(E) *Notice of Privacy Practices* ~ A current copy of The ULM Marriage & Family Therapy Clinic's Notice of Privacy Practices (*please see Appendix VI*) must be given to all new and established clients. All clients will receive copies of the updated version, if it is amended. In addition, the Notice of Privacy Practices will be displayed in the clinic waiting room.

(F) *Safeguards for the Protection of PHI* ~ Every possible precaution must be taken to safeguard PHI.

(G) *Documentation and Record Keeping* ~ All HIPAA related documents, policies, files, and information will be stored for a period of seven years following termination or seven years after the youngest individual attending sessions turns 18, whichever is longer.

PROCEDURE

(A) *Client Access to PHI*

- 1) Client, or legal guardian, must provide photo identification.
- 2) Client may request to inspect their record or may request a copy of their record by completing the form entitled "Request to Inspect and Copy Your Mental Health Record." *Please see Appendix I for form.*
- 3) The completed form is then given to the appropriate therapist intern or their supervisor, as they have the right to deny the client access to their record.
- 4) The therapist intern and the supervisor must then review the request and complete the attached "Mental Health Care Provider Response" (*please see Appendix II for form*) allowing the client knowledge of whether their request for access has been accepted or denied, within 60 days of receiving the request for access. Access may be denied if not all consenting adults have given their written authorization, or if the information may be harmful to the client or to the safety of another.
- 5) The client has the right to have a denial reviewed by a licensed mental health professional.
- 6) Clients may only inspect their original record in the presence of a clinic staff member, preferably the therapist intern or a supervisor, and only if the request for access was granted.
- 7) If a copy of PHI is granted, clients must receive a copy of their record within 30 days of the request being granted.

(B) *Client Request for Amendment/Correction to PHI*

- 1) If a client wishes to request an amendment or correction to their PHI, they must submit the request in writing to their student intern, or to the staff in the clinic if the client has already stopped attending sessions.
- 2) The completed form is then given to the appropriate therapist intern or their supervisor, as they have the right to deny the amendment or correction to PHI.
- 3) The therapist intern and the supervisor must then review the request and complete the attached “Mental Health Care Provider Response” (*please see Appendix II for form*) allowing the client knowledge of whether their request for an amendment or correction has been accepted or denied, within 60 days of receiving the request for amendment or correction. Requests for amendments or corrections may be denied for any of the following reasons: the request not being in writing, the request not being accompanied by a reason for the amendment, the request for amendment pertaining to information created by an agency or institution other than The ULM Marriage & Family Therapy Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM Marriage & Family Therapy Clinic, not part of the information clients are permitted to inspect and copy, or pertaining to information that is accurate and complete.
- 4) If the amendment is agreed to, all amendments to PHI will be made within 60 days of the “Mental Health Care Provider Response” being completed.
- 5) The client has the right to submit a statement of disagreement if their request for amendment or correction is denied. The therapist intern, supervisor, or author of the PHI may also provide the client with a statement of rebuttal to the client’s statement of disagreement of the denial. The client must receive a copy of the author’s statement of rebuttal.
- 6) The ULM Marriage & Family Therapy Clinic must include the client’s amendment/correction and author’s comments with any future disclosures.

(C) *Client Request for Accounting of Disclosure Summary*

- 1) Clients have the right to request and receive a summary of disclosures of PHI made by The ULM Marriage & Family Therapy Clinic in the six years prior to the date on which the accounting is requested, except for disclosures that were for treatment, payment, or operations. All requests must be submitted in writing.
- 2) The ULM Marriage & Family Therapy Clinic must send the summary of accounting of disclosures to the client within 60 days of receiving the request, within the time frame specified by the client, except for omissions as required by law or oversight agencies. The summary must include the date of disclosure, the name and address of the entity or individual who received the PHI, a brief description of PHI disclosed, the purpose for the disclosure, copy of the requested disclosure, and signed authorization of the patient.
- 3) A copy of this request and summary must be placed in the client file.

(D) *Training on HIPAA Policies and Procedures*

- 1) All interns and staff will receive approximately one – two hours of training on HIPAA policies and procedures, generally, and as they pertain to the policies and procedures of The ULM Marriage & Family Therapy Clinic. The training may be conducted in groups or with individuals. All trainings will be logged, and will require all interns and staff reading and

being familiar with The ULM Marriage & Family Therapy Clinic's HIPAA Policies and Procedures.

(E) *Notice of Privacy Practices*

- 1) A current copy of The ULM Marriage & Family Therapy Clinic's Notice of Privacy Practices will be given to all new and established clients. In the case of new clients, this will be done at intake.
- 2) Each client will also be required to sign a receipt of privacy practices form, stating that they have indeed received a copy of our privacy practices. This will be scanned in the client file. *Please see Appendix VI for form.*
- 3) All clients will receive copies of any updated version of the Notice of Privacy Practices, as it is amended.
- 4) In addition, the current version of the Notice of Privacy Practices will be displayed in The ULM Marriage & Family Therapy Clinic waiting room at all times.
- 5) Clients have the right to request a copy of the Notice of Privacy Practices at any time. Should clients make this request, a copy will be supplied and notation made in the client's file in Titanium on the **Case Activity Record**

(F) *Safeguards for the Protection of PHI*

- 1) Client documents and files (electronic) containing PHI will be kept in locked filing cabinets or on password protected computer systems. Access to this information is provided only to staff, personnel, or business associates who need this information in order to perform their duties related to treatment, payment, or health care operations. Business e-mail accounts and passwords should not be shared or revealed to anyone else besides the authorized user(s).
- 2) When e-mail is used for the transmittal of any confidential or sensitive information, the following safeguards will be followed, as users must be aware that electronic communications can, depending on the technology, be forwarded, intercepted, printed and stored by others:
 - a. Users must utilize discretion and confidentiality protections equal to or exceeding that which is applied to written documents.
 - b. Information considered confidential or sensitive must be protected during transmission of the data using encryption or some other system of access controls that ensure the information is not accessed by anyone other than the intended recipient.
 - c. A notation referring to the confidential or sensitive nature of the information should be made in the subject line.
 - d. Confidential or sensitive information is to be distributed to those with a legitimate need to know, only.
- 3) All interns, personnel, and staff will limit their use and disclosure of PHI to the minimum amount of information required. Necessary information in order to carry out the purpose of the request will be used and disclosed, only. However, clients also have the following rights, as described in the Notice of Privacy Practices (1) to request that the use and/or disclosure of their PHI be restricted (*request must be submitted in writing, see Appendix II for Mental Health Care Provider's Response form*), and (2) to make requests regarding the manner in which their PHI is used and disclosed (*requests must be submitted in writing*).

- 4) In order to assist in the safe-guarding of PHI, all visitors to the ULM Marriage & Family Therapy Clinic are required to sign a sign-in sheet explaining the confidential requirements associated with their visit.

Appendices: HIPAA Forms

- ☒ Appendix I: Request to Inspect and Copy Mental Health Record
- ☒ Appendix II: Mental Health Care Provider Response

Appendix I: Request To Inspect Your And Copy Your Mental Health Record

REQUEST TO INSPECT AND COPY YOUR MENTAL HEALTH RECORD

Client Name: _____ Date of Birth: _____
Address: _____ Phone#: _____

- ☐ I would like to *inspect* my mental health record, which does not include psychotherapy notes.
- ☐ I would like to receive a *copy* of my mental health record, which does not include psychotherapy notes.

I understand that my right to inspect or copy my mental health record is limited by the AAMFT Code of Ethics, which we are bound to follow. According to the 2015 AAMFT Code of Ethics, we can only release information to individuals if all adults attending sessions (and whose mental health information may be a part of the record) have signed, thus giving their authorization for the information to be released. Therefore, I understand that if all other adults have not given their authorization, my request to inspect or copy my mental health information will be denied.

I understand that my request to inspect or copy my mental health record may be denied, for reasons other than that stated above. I understand that The ULM Marriage & Family Therapy Clinic will provide a written response to this request within sixty days.

Please note that if your request for access to your information is denied, you may request that the denial be reviewed. If you request that the denial be reviewed, a licensed mental health professional, selected by The ULM Marriage & Family Therapy Clinic, will review your request and the denial. The mental health professional reviewing your request and the denial will not be the person who initially denied your request. We will comply with the outcome of the review.

Please note that if you request a copy of your mental health information, we may assess a fee to cover the costs of copying, mailing, or supplies related to providing you a copy.

Signature:

Date:

Appendix II: Mental Health Care Provider Response

Mental Health Care Provider Response

- ☐ In response to your request to *inspect* your mental health record, please note that the request has not been denied. Thus, you are given permission to inspect information in your mental health record. Please contact your therapist intern and/or the supervisor in order to make the arrangements to inspect your record.
- ☐ In response to your request to *inspect* your mental health record, please note that the request has been denied. You do, however, have the right to request that the denial be reviewed. Please send that request in writing to The ULM Marriage & Family Therapy Clinic.
- ☐ In response to your request to *copy* your mental health record, please note that the request has not been denied. Thus, you will receive a copy of your mental health record by _____ (date).
- ☐ In response to your request to *copy* your mental health record, please note that the request has been denied. You do, however, have the right to request that the denial be reviewed. Please send that request in writing to The ULM Marriage & Family Therapy Clinic.

Signature of Therapist Intern:

Date:

Signature of AAMFT Approved Supervisor:

Date:

Signature of ULM Marriage & Family Therapy Programs
Clinic Director

Date:

Date response sent to Client: _____

Appendices: Intake File Forms

- ☒ Appendix III: Demographic Form (front and back)
- ☒ Appendix IV: Permission to Contact
- ☒ Appendix V: Consent to Use and Disclose Mental Health Information
- ☒ Appendix VI: Statement of Practice
- ☒ Appendix VII: Treatment Plan: Intake Session Notes

Appendix III: Demographic Form

Demographic Forms

Name: _____

Gender (please circle): Male, Female, Transgender, Prefer not to answer

Ethnicity (please circle): African American (Black), Anglo American (White), Asian American/Pacific Islander, Hispanic American/Latino, International Student, Bi-racial, Native American, Not reported, Other (please explain)

Marital Status (please circle): Single, Married, Separated, Divorced, Cohabiting, Widowed, No Response

Date of Marriage: _____

Times Married: _____

Spouse's Times Married: _____

Employment: _____

Spouse's Employment: _____

Income Level (please circle): Below \$10,000 per year, \$10,000-\$20,000 per year, \$20,000-\$30,000 per year, \$30,000-\$40,000 per year, \$40,000-\$50,000 per year, \$50,000-\$60,000 per year, \$60,000-\$70,000 per year, Above \$70,000

Actual Income: _____

Presenting Problem (please circle): Couple/Marital, Parent/Child, Family Violence, School Related, Work Related, Individual, Sexual, Substance Abuse, Other (please describe):

Referred by (please circle): Advertising, Court Mandated, DCFS, FINS, Former Client, Freed Men Inc., Friend, Juvenile Drug Court, Physician, Probation & Parole, Relative, School, Self, Therapist/Counselor, Other (please explain), Referral Name

Please List All People Living in Your Home, Date of Birth, Their Relationship to You, and Marital Status

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Who will attend the first session? _____

Current Medical Problems/Medications of any Family Member:

How would you like for things to be different as a result of your coming to therapy?

Previous Therapy / Counseling (please circle): This center, other center, no previous Therapy

If this center, when/name of therapist: _____

If not this center, please indicate from whom (please circle): Psychiatrist, Psychologist, Counselor, Minister, Marriage and Family Therapist, Clinical Social Worker, Not Sure, Other (please explain): _____

Appendix IV: Permission to Contact

Permission to Contact

By completing, initialing, and signing this form, I am giving my permission to The ULM Marriage & Family Therapy Clinic (ULM Marriage & Family Therapy Clinic) to contact me by the methods I designate.

Please Initial the Boxes and Complete the Methods of Contact that You Want to Permit the ULM Marriage & Family Therapy Clinic to Use: If We Need to Call You for Appointment Reminders or Scheduling Concerns, May We Contact You?

YES ☐ NO ☐ Phone Number(s): _____

If We Need to Call You for Therapy Related Concerns, May We Contact You?

YES ☐ NO ☐ Phone Number(s): _____

Can We Leave You a Message?

YES ☐ NO ☐ Phone Number(s): _____

Can We Leave you a Text Message?

YES ☐ NO ☐ Cell Carrier(s): _____

Can We Leave a Message with Someone?

YES ☐ NO ☐ Who?: _____

Can We Send You Mail?

YES ☐ NO ☐ Address: _____

By initialing these methods of contact, I am agreeing that the ULM Marriage & Family Therapy Clinic has my permission to contact me in the ways I have designated. Should this information change, I will notify my therapist or ULM Marriage & Family Therapy Clinic Staff immediately.

Client Signature _____ Date _____

Client Signature _____ Date _____

Clinic Representative _____ Date _____

Appendix V: Consent To Use And Disclose Your Mental Health Information

CONSENT TO USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION

When we treat you, we will be collecting and retaining information about you in your record. This information is referred to as Protected Health Information or PHI. By signing this consent form, you are allowing us to use and disclose this PHI, as referenced in our Notice of Privacy Practices, for treatment, payment, and health care operations (TPO), or as allowed/required by law. If you do not sign this consent form, allowing us to use and disclose your PHI for TPO, we will not be able to treat you. This is necessary for us to provide you with quality care. For example, we need to be able to use and disclose this information to be able to decide on the best treatment options for you, to receive payment, and for other business and government functions. Any uses or disclosures, beyond that which are described in the Statement of Practice, will require that you sign a separate authorization. Please read the Statement of Practice carefully.

If any information in our Notice of Privacy Practices changes, you will receive a copy of the most current notice.

If you are concerned about some of your mental health information being used or disclosed, as outlined in the HIPPA Privacy Practices, you have a right to request, in writing, a restriction or limitation on the mental health information we use or disclose about you for treatment, payment, or health care operations. However, we are not required to agree to your request. If we do agree to your request, we will comply with your request unless the information is necessary to treat you, is needed to provide you with emergency treatment, or if complying with the request is against the law or ethical standards.

After signing this request, you have the right to revoke it (by submitting the request in writing) and we will comply with the request, with the understanding that we cannot take back any uses or disclosures that may have already been made with your permission, and that we are required to retain our records of the care that we have provided to you.

Signature(s) of all adults present

Date

Printed name(s) of all adults present

Signature of ULM Marriage & Family Therapy Clinic Representative

Date

Appendix VI: Statement of Practice and Procedures

STATEMENT OF PRACTICE AND PROCEDURES

University of Louisiana Monroe, Marriage and Family Therapy Clinic

ABOUT THE CENTER

The ULM Marriage & Family Therapy Clinic, located at 500 Bayou Dr., Strauss Hall 112 on the ULM Campus, is a community service of The University of Louisiana - Monroe. We offer therapy services for a wide-range of problem concerns for individuals, couples, and families. The Marriage & Family Therapy Clinic operates as the primary clinical facility of the Marriage and Family Therapy Program. It is staffed by advanced level graduate students who work under the supervision of ULM clinical faculty.

The ULM Marriage & Family Therapy Clinic is a training facility for MFT Interns and Practicum students associated with the ULM Marriage and Family Therapy programs. Intern therapists are working towards a graduate degree in Marriage and Family Therapy. To provide the best possible clinical services, sessions are subject to videotaping and/or live supervision by the ULM Clinical Supervisory faculty and team, which may on occasion include an invited consultant in the field marriage and family therapy. Videotaping is part of the training and supervisory experience only, and are not included in the case files, and all recordings are routinely destroyed. Clinical Supervisory faculty includes AAMFT Approved Supervisors, and Candidates under the supervision of a AAMFT Approved Supervisor Mentor.

Emergency Situations

The ULM Marriage and Family Therapy Clinic is not an emergency clinic. In case of an emergency please call an appropriate emergency facility. This can include the Crisis Line 1-800-437-0303, the Mental Health Hotline 1-866-903-3787, or the Suicide & Crisis Hotline 988 or 1-800-273-TALK. If you are in immediate danger, please call 911, the emergency room of a local hospital.

HOURS OF OPERATION

The Marriage & Family Therapy Clinic is generally open for afternoon and evening appointments 8:00 am - 8:00 pm Monday through Thursday. Friday morning 8:00 am -11:30 am appointments considered on a case-by-case basis. Telehealth appointments are scheduled on a case by case basis and Therapist Interns may be available during times outside the normal hours of operation.

Fees

The Center works on a “Pay What You Can” model. The standard suggested fee for all sessions is \$25. If desired, checks can be mailed to the Center using the following address:

Marriage & Family Therapy Program
700 University Ave.
Monroe. LA 71209

The standard fee for depositions and/or court appearances, or any associated hearing, is **\$400 per hour (\$300 per hour for the supervisor, and \$100 per hour for the intern)**. As this is a training facility, no intern is permitted to appear in court or at any associated hearing without the case supervisor also being present. Such appearances will only take place in response to a subpoena. **A retainer fee must be paid in advance of any deposition, court appearance, or associated hearing.**

The ULM MFT Clinic does not bill insurance. Consult with your insurance company regarding mental/behavioral health coverage. The clinic interns and staff will provide information upon request of clients to insurance companies.

Scheduling Policies

Sessions are usually scheduled at the close of each session.

Twenty-Four (24) hour notice is required if an appointment must be cancelled or re-scheduled, other than in emergency situations. Failing to comply to this may result in the termination of therapeutic services. Appropriate referrals will be provided upon request.

Code of Conduct

All MFT Interns and Clinical Supervisory faculty are required to abide by the American Association for Marriage and Family Therapists Code of Ethics. Copies of this code is available upon request, and can be located on the Louisiana LPC Board of Examiners website and the American Association For Marriage and Family Therapists website. Should you wish to file a disciplinary complaint due to a suspected breach of ethics, please contact the Louisiana LPC Board of Examiners.

Notice of Privacy Practice

This notice of privacy practices is required by the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and describes how mental health information about you may be used and disclosed and how you can get access to this information. It also explains your rights with regard to your mental health information, also known as Protected Health Information or PHI. Please read and review very carefully. If you have any questions, please contact us at (318) 342-5678.

This notice of privacy practices describes the practices of The ULM Marriage & Family Therapy Clinic, as well as all of our employees, staff, graduate assistants, interns, supervisors, faculty members, and any other ULM Marriage and Family Therapy Clinic personnel.

OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION

Your mental health information is personal and we are committed to protecting it. We must create a file on you, which includes information about the services that we provide to you. This notice applies to all of the information in this file, your records, whether they are created by employees, staff, or your therapist intern.

This notice explains all of the ways in which we may use and disclose information in your records, your mental health information. *Use* refers to how information is shared among the staff of The ULM Marriage & Family Therapy Clinic in order to make decisions about your treatment and care. *Disclosure* refers to how information is shared with or sent to others outside of this clinic. Please note that whenever we use or disclose information about your mental health (PHI), we only share the minimum necessary, except in special circumstances. Any disclosure of information requires written permission from all adults in the case file, except in specified circumstances.

Privileged Communications

All MFT Interns and Clinical Supervisory faculty are required to hold all client information in the strictest of confidence, only to be disclosed in the following circumstances:

- (1) During clinical supervision (supervision, may, as outlined above, consist of consultation with supervisory faculty, a team, and/or a consultant). **Videotapes may be used during supervision but are erased at the completion of supervision. No videotape is kept as part of the permanent client record.** *Should the ULM Marriage & Family Therapy Clinic Staff or faculty desire to use information that might identify clients, such as videotapes, for purposes of research, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.*
- (2) If there is a waiver that has been previously obtained in writing and signed by all adults involved in the therapy sessions, in which case the information will only be divulged in accordance with the waiver. *Verbal authorization will not be sufficient except in emergency situations.*
- (3) If mandated or permitted by law. Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client's consent, in which case client confidences will only be disclosed in the course of that action.
- (4) When there is any suspected or known child abuse/neglect.
- (5) When there is any suspected or known elder abuse/neglect.
- (6) When there is any suspected or known abuse/neglect of a dependent or disabled adult.
- (7) When there is a clear and immediate danger to a person or to a person's life, in which case client confidences may be disclosed in an effort to prevent any such clear and immediate danger. *This may include the notification of next of kin, another person who may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.*

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.*

HOW WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

The following categories describe different ways that we may use and disclose mental health information about you. All of the ways in which we may use and disclose your mental health information will fall into one of these categories. However, not every use or disclosure will be described.

By signing the consent form, you are allowing us to use and disclose your PHI for treatment, payment, and health care operations (see below for descriptions). Together treatment, payment, and health care operations are known as TPO. If you do not sign a consent allowing us to use and disclose your mental health information for TPO, we will not be able to treat you. This is necessary for us to provide you with quality care. Any other uses or disclosures, beyond for TPO or when required by law, will require that you sign a separate authorization. All MFT Interns and Clinical Supervisory faculty are required to hold all client information in the strictest of confidence, only to be used and disclosed in the following circumstances:

For Treatment

- ✓ We may use and disclose mental health information about you to other ULM Marriage & Family Therapy Clinic employees, staff, graduate assistants, interns, supervisors, faculty members, or any other ULM Marriage & Family Therapy Clinic personnel involved in providing you treatment or services. Use and disclosures will happen as part of supervision and/or class.

For Payment

- ✓ We may use and disclose mental health information about you so that the treatment and services that you receive at The ULM Marriage & Family Therapy Clinic can be billed to and payment may be collected from you, an insurance company, or a third party.

For Health Care Operations

- ✓ We may use and disclose mental health information about you for The ULM Marriage & Family Therapy Clinic operations. These uses and disclosures are necessary to run The ULM Marriage & Family Therapy Clinic in order to make sure that you receive quality care. For example, we may use mental health information about you to review our treatment and services and to evaluate the performance of our staff in providing these treatments and services.
- ✓ We may use and disclose mental health information about you to contact you as a reminder of your appointments, or to reschedule your appointments.

Please Note: Without your authorization, we may not use or disclose your psychotherapy notes, we may not use or disclose your health information for our own marketing, and we may not sell your health information.

Other uses and disclosures not described in this notice will be made only with your authorization.

OTHER REASONS WE MAY USE OR DISCLOSE YOUR MENTAL HEALTH INFORMATION

The following categories describe ways in which we can disclose your PHI without your consent or authorization:

As Required by Law

- ✓ We will disclose mental health information about you when required to do so by federal, state or local law, such as through a subpoena. Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client's consent, in which case client confidences will only be disclosed in the course of that action. Please note that we are required by law to report any suspected child abuse, elder abuse, or abuse of a dependent adult.
- ✓ We may disclose mental health information about you if asked to do so by a law enforcement official
 - ☑ in order to provide information about the victim of a crime.
 - ☑ in order to provide information regarding a death we believe may be the result of criminal conduct.
 - ☑ in order to provide information about criminal conduct occurring, or having occurred, at The ULM Marriage & Family Therapy Clinic or grounds.
 - ☑ in emergency circumstances to, for example, report a crime, provide information about the location of a crime or victim, provide information about the identity, description, or location of a person believed to be involved in the crime.
- ✓ We may also disclose mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute (but only if efforts have been made to inform you of the request), or to obtain an order protecting the information requested.

To Avert a Serious Threat to Health or Safety

- ✓ We may use and disclose mental health information about you when necessary to prevent a serious threat to your health or safety, or to prevent a serious threat to the health or safety of another. Examples of this include expressing (a) suicidal intent or homicidal intent, (b) suspicion or known child abuse or neglect, (c) suspicion or known elder abuse or neglect, (d) suspicion or known abuse or neglect of dependent or disabled adult. In such a case, we will only disclose information to someone who is able to assist in preventing harm to you or to others.

Public Health Risks

- ✓ We may use and disclose mental health information about you for public health activities, such as investigating diseases or injuries or to protect children from abuse or neglect. This may also include the notifying of appropriate officials if we suspect you have been the victim of abuse, neglect, or domestic violence. However, unless required to do so by law, we will only make such reports with your authorization.

Health Oversight Activities

- ✓ We may disclose mental health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and/or site-visits regarding licensure or accreditation. These activities are required for the government and/or health oversight agencies to monitor the health care system and/or government programs, and to monitor compliance with civil rights laws.

Inmates

- ✓ If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose mental health information about you to the correctional facility or to the law enforcement official if the information was necessary to assist in the providing of your mental health or health related services, to protect your health or safety or the health or safety of others, or to protect the safety and security of the correctional institution. In most circumstances your authorization would be requested, unless we are required by law to disclose the information without your authorization.

Other Government Functions

- ✓ We may disclose the PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may also disclose your PHI to Worker's Compensation and Disability Programs, and for national security purposes.

YOUR RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION

You have the following rights regarding your mental health information:

Right to Inspect and Copy

- ✓ You have the right to inspect and copy certain mental health information about you. Your rights to inspect and copy are limited to your mental health record, which does not include any therapy notes. Your rights to inspect and copy are also limited by the AAMFT Code of Ethics, which forbids us to release information without the consent of all parties involved. Therefore, if any other person has been included in your treatment or therapy sessions, their consent must be obtained for you to obtain the record.

If you wish to exercise your right to inspect and copy mental health information about you, you must submit your request in writing to the therapist intern providing your services or to a

supervisor. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk. Please note that if you request a copy of your information, we may assess a fee to cover the costs of copying, mailing, or supplies related to providing your copy.

Please also note that your request to inspect and/or copy may be denied. If you are denied access to your mental health information, you may request that the denial be reviewed. If you request that the denial be reviewed, a licensed mental health professional, selected by The ULM Marriage & Family Therapy Clinic, will review your request and the denial. The person reviewing your request and the denial will not be the person who initially denied your request. We will comply with the outcome of the review.

Right to Amend

- ✓ If you feel that mental health information about you is inaccurate and/or incomplete, you have the right to request that the information be amended (for as long as your record is kept by The ULM Marriage & Family Therapy Clinic).

If you wish to exercise your right to request an amendment to your record, you must submit your request in writing, accompanied by a reason supporting your request for amendment, to the therapist intern providing your services, to a supervisor or to the Director of Clinical Service. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk.

Please note that your request to amend your mental health information/record may be denied. Reasons for denial may include the request not being in writing, the request not being accompanied by a reason for the amendment, the request for amendment pertaining to information created by an agency or institution other than The ULM Marriage & Family Therapy Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM Marriage & Family Therapy Clinic, not part of the information you are permitted to inspect and copy, or pertaining to information that is accurate and complete.

Right to an Accounting of Disclosures

- ✓ You have the right to request an accounting of disclosures. This is a list of the disclosures we have made pertaining to mental health information about you.

If you wish to exercise your right to request a list of accounting of disclosures, you must submit your request in writing to the therapist intern providing your services, to a supervisor or to the Clinic Director. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk. Please note that if you request the list or accounting of disclosures, the time period cannot be longer than six years since the list or accounting of disclosures. Your request must specify a time period for which you are requesting.

Right to Request Restrictions

- ✓ You have the right to request a restriction or limitation on the mental health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request. If we do agree to your request, we will comply with your request unless the information is necessary to treat you, is needed to provide you with emergency treatment, or if complying with your request is against the law or ethical standards.

To request restrictions, you must make your request in writing to the therapist intern providing your services, to a supervisor or to the Clinic Director. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk. Please note that if you request restrictions, your request must specify (a) the information you want to limit, (b) whether you want to limit our use or disclosure or both, and (c) to whom you want the limit(s) to apply.

Right to Request Confidential Communications

- ✓ You have the right to request that we communicate with you about mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the therapist intern providing your services, to a supervisor or to the Clinic Director. We will not require that you supply reasons for the request and we will accommodate all reasonable requests. Your request, however, must specify how and/or where you wish to be contacted. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk.

Right to a Paper Copy of This Notice

You have the right to have a paper copy of this notice and will be given one at the time of your first appointment. However, you may ask us to give you a copy of this notice at any time.

BREACH NOTIFICATION

We are required by law to maintain the privacy of your health information and, to provide you with notice of our legal duties and privacy practices relating to your health information. If there is a breach (an inappropriate use or disclosure of your health information that the law requires us to report), we must notify you.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice. We reserve the right to make revised or changed notices applicable to all mental health information we have about you as well as to all mental health information received in the future. We will post a copy of the most up-to-date notice of privacy practices in The ULM Marriage & Family Therapy Clinic at all times.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with The ULM Marriage & Family Therapy Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with The ULM Marriage & Family Therapy Clinic, please contact the Clinic Director at (318) 342-3124. Please note that all complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MENTAL HEALTH INFORMATION

Other uses and disclosures of mental health information about you not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with written permission to use or disclose your mental health information, which will require you signing a separate authorization, you may revoke that permission at any time. To revoke permission to use or disclose your mental health information, you must submit your request in writing. After receiving the written request, we will no longer use or disclose your mental health information as per your written instructions. Please understand that we are unable to take back any disclosures that have been made with your permission, and that we are required to retain our records of the care that we provided to you.

I have read and discussed the Statement Of Practice information with my therapist intern and agree to follow the policies of The ULM Marriage & Family Therapy Clinic. This agreement will remain in effect until termination of services occurs.

Signature of All Adults in Attendance

Date

Copy of Statement of Practice given to client? Yes (☐) No (☐)

Signature of Therapist Intern

Date

Parental/Guardian Authorization

I, _____ (name of parent/guardian), having read and understood this statement of practice, give permission for _____ (name of intern) to conduct therapy with my _____ (relationship to parent/guardian), _____ (name of minor).

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child listed above to receive above-stated services.

Signature of Parent/Guardian

Date

Appendix VII: Treatment Plan: Intake Session Case Notes

Treatment Plan: Intake Session Case Notes

(to be completed at the end of the first session in Titanium)

Client Number:
Therapist:

Date:
Supervisor:

Who attended?

- 1. Presenting Problem (be specific) from all Members' Perspectives:**
- 2. Why Now?**
- 3. History of Presenting Problem:**
- 4. Previously Attempted Solutions and Results:**
- 5. Critical Life Events:**
- 6. Contextual/Systemic/Relational Dynamics Important to Problem and/or Treatment** (e.g. family, relational, individual, community, cultural, spirituality, sexual orientation, gender, social context): ☐ N/A ☐ Not Enough Info/Continue to Assess
☐ Applicable
- 7. Other Systems Involved in Clients' Lives** (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems):
☐ N/A ☐ Not Enough Info/Continue to Assess
☐ Applicable:
- 8. Others Involved in Clients' Lives/Presenting Problem** (e.g. Relationships of Focus, and Who may Participate in Therapy in the Future):
☐ N/A ☐ Not Enough Info/Continue to Assess
☐ Applicable:
- 9. Clients' Strengths, Resilience, and Resources:**
- 10. In-Session and Out-Of-Session Interventions (include homework assignments/ tasks)**
- 11. Overall Goals, Issues and Themes for Therapy** (Include: How would the client like for things to be different in the future / 6 weeks from now? When will the client know that they have reached their therapeutic goals?)

12. Agreed upon Goals for Therapy in Order of Priority (specific, measurable, observable behaviors)

#	Goal	Specific, Measureable, Observable Behaviors
1		
2		
3		
4		

13. Issues/Risks Indicating a Need for Referral (e.g. Specialized Evaluation, Assessment, or Care): ☐ N/A ☐ Not Enough Info/Continue to Assess
☐ Applicable: Insert Text

14. Medications/Impact/Influence on Treatment:
☐ N/A ☐ Not Enough Info/Continue to Assess
☐ Applicable: Insert Text

15. Notes/Other Information Pertinent to Treatment: Insert Text

Appendices: Case Record Forms

- ☒ Appendix VIII: Session Case Notes
- ☒ Appendix IX: Authorization for Use or Disclosure of Protected Health Information
- ☒ Appendix X: Authorization for the Release of Medical Information
- ☒ Appendix XI: Documentation of Communication with Referrals and Others
- ☒ Appendix XII: Documentation of Report to Authorities
- ☒ Appendix XIII: Referral Form
- ☒ Appendix XIV: Consent for the Treatment of Minors
- ☒ Appendix XV: Safety Plan
- ☒ Appendix XVI: Special Therapy Agreement
- ☒ Appendix XVII: No Violence Contract
- ☒ Appendix XVIII: Suggestions for Developing a Personal Safety Plan
- ☒ Appendix XIX: Transfer of Intern
- ☒ Appendix XX: Termination Never Show After Transfer
- ☒ Appendix XXI: Termination Never Show
- ☒ Appendix XXII: Termination Summary
- ☒ Appendix XXIII: Client File Re-Opened
- ☒ Appendix XXIV: Probation and Parole Referral Form

Appendix VIII: Session Case Notes

Session Case Notes

(To be completed in Titanium)

Client Number:
Therapist:
Supervisor:
Who attended?

Date:
Session #:
Therapy Approach:

1. **Goals for this Session:**
2. **Assessment** (How have things been since last session?):
3. **Specific Observable Behaviors During Session:**
4. **Client's Report on Assigned Task/Homework** (from last session):
5. **Assess Each Clients' Engagement in Change Process and Perspective of Presenting Problem:**
6. **List Progress Toward/Away from Goals:**
7. **Systemic Hypothesis:**
8. **Issues/Risks Indicating a Need for Referral** (e.g. Specialized Evaluation, Assessment, or Care): ☐ N/A ☐ Not Enough Info/Continue to Assess
☐ Applicable:
9. **Clients' Strengths, Resilience, and Resources:**
10. **In-Session and Out-Of-Session Interventions** (include homework assignments/ tasks):
11. **Progress Toward Termination and/or Any Aftercare Plans:** ☐ N/A at this time/Continue to Assess
☐ Applicable:
12. **Notes to Therapist/Other Information Pertinent to Treatment:**

Appendix IX: Authorization for Use or Disclosure of Protected Health Information

Authorization for Use or Disclosure of Protected Health Information

Name(s): _____

Address: _____

Information, both written and not written, on the above named individual(s), is private and confidential. Information cannot be released to anyone without the written consent of the client(s) or the client's parent or legal guardian, except as required by law and/or code of ethics. By my signature below, I give permission for the use and disclosure of individually identifiable health information relating to me, which is called "protected health information" under HIPAA (Health Insurance Portability and Accountability Act), as described below:

After reading and understanding the above disclosure, I give permission for:
The ULM Marriage & Family Therapy Clinic _____

to release the following information only (*Insert below:* information to be released):

to (*Insert below:* name of individual to receive the information):

for the purposes of (*Insert below:* the purpose of releasing the information):

1. I understand that, if the person or organization that receives this information is not a health plan or health care provider covered by federal privacy regulations, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state law, or private.
2. I understand that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, or payment or my eligibility for benefits (if applicable).
3. I understand that I may revoke or cancel this authorization at any time by notifying The ULM Marriage & Family Therapy Clinic in writing. I understand that my revocation will not affect any actions already taken before The ULM Marriage & Family Therapy Clinic received my cancellation/revocation.

This authorization will expire on ____/____/____ (one year from today).

Name and Signature of Client and/or Client's Parent or Legal Guardian

Date

Name and Signature of Client and/or Client's Parent or Legal Guardian

Date

Name and Signature of Therapist Intern or Witness

Date

Appendix X: Authorization for the Release of Medical Information

Authorization for the Release of Medical Information

Name(s): _____

Address: _____

Information, both written and not written, on the above named individual, is private and confidential. Information cannot be released to anyone without the written consent of the above named individual or the above named individual's parent or legal guardian, except as required by law.

This form enables the ULM Marriage & Family Therapy Clinic's Therapist Interns and Supervisors to have access to the above named individual's medical and/or psychological records, in order to allow a contextual understanding of the individual's medical and/or psychological history and treatment.

After reading and understanding the above disclosure, I give permission for
(Insert below: name of medical doctor, psychiatrist, or other treating medical professional):

to release the following information only (Insert below: information to be released):

to: The ULM Marriage & Family Therapy Clinic

for the purposes of (Insert below: the purpose of releasing the information):

Name and Signature of Client and/or Client's Parent or Legal Guardian Date

Name and Signature of Client and/or Client's Parent or Legal Guardian Date

Name and Signature of Therapist Intern or Witness Date

Documentation of Communication with Referral Sources and/or Others Involved with the Case

[illegible]

Appendix XIII: Referral Form

Referral Form

Therapist Intern: _____

Therapist Intern Contact Information:

ULM Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112
Monroe, LA 71209
(318) 342-5678

Reason for Referral: _____

List of Referrals with Contact Information:

- 1.
- 2.
- 3.
- 4.
- 5.

☐ Would the client like the therapist intern's assistance with contacting these referrals?

If so, has the

☐ "Authorization for Use or Disclosure of Protected Health Information" been signed and completed?

****Note: Therapist - please initial stating that copy was given to client.**

Appendix XIV: Consent For the Treatment of Minors
CONSENT FOR THE TREATMENT OF MINORS

Minor's Name: _____

Date of Birth: _____

Minor's Address & Phone Number: _____

Therapist Intern(s): _____

This is to certify that I give permission for The University of Louisiana at Monroe, Marriage and Family Therapy Program therapist interns (listed above) to provide therapeutic services to my minor child. Such services may include individual therapy, family therapy, and/or group therapy, as well as clinical consultation with the faculty supervisor.

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child(ren) listed above to receive above-stated services.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Address & Phone Number of Parent/Legal Guardian, if different from above

Name, Title, and Signature of Therapist Intern and/or Witness

Date

Appendix XV: Safety Plan

Safety Plan

Therapist Intern: _____

Therapist Intern Contact Information:

ULM Marriage & Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112
Monroe, LA 71209
(318) 342-5678

Reason for Safety Plan: _____

Steps I Agree to Take to Ensure my Safety:

- 1.
- 2.
- 3.
- 4.
- 5.

Who I will Contact to Stay Safe Other than my Therapist Intern (include contact info):

- 1.
- 2.
- 3.
- 4.
- 5.

List of Contacts in the Event I Cannot Reach either my Therapist Intern or those Listed Above:

- Domestic Violence/Sexual Assault: 318-323-1505
- Suicide Crisis Line: 1-800-SUICIDE or 1-800-273-TALK or 988
- Emergency: 911
- Ouachita Parish Sherriff's Department: 318-329-1200
- Hospital Emergency Room
 - Glenwood Regional Medical Center: 318-329-4200
 - St. Francis Medical Center-Downtown: 318-966-4000

***Note: Copy must be given to client. Therapist must initial in box.**

Appendix XVI: Special Therapy Agreement

SPECIAL THERAPY AGREEMENT

I, _____ (Name of Client), do hereby agree that I will not attempt to harm myself or to terminate my life while I am in therapy with _____ (Name of Therapist Intern), of The ULM Marriage & Family Therapy Clinic. I further agree that if I find that I am feeling strong desires to inflict bodily harm to myself that I will not do so before first making and keeping an appointment with my therapist intern. I understand that if I can't reach my therapist intern at The ULM Marriage & Family Therapy Clinic (**318 342-5678**), I am agreeing (a) to seek medical/psychological attention at the nearest hospital, mental health counseling clinic, or with the suicide 24-Hour Crisis Line at **1-800-SUICIDE** or **1-800-273-TALK** and (b) that I will request that my therapist intern be notified.

By signing below, I am stating that I agree to follow the above directions, and also understand that if I do not, the following will apply:

Failure to follow this special agreement, and the guidelines that I have agreed to, may result in my therapist intern notifying my next of kin, or someone else, so that they can have the opportunity to agree to a "suicide watch" or to assist in the establishing of a "suicide watch". In extreme circumstances, my therapist intern may exercise the right/responsibility to inform the appropriate civil authorities which could lead to hospitalization.

Signature of Client

Date

Signature of Therapist Intern

Date

Signature of Clinical Supervisor

Date

Copy Given to Client:

_____ Yes
_____ No

Appendix XVII: No Violence Contract

NO VIOLENCE CONTRACT

I _____ (Name of Client) pledge not to allow my anger to go to the point where I forcefully touch my partner, another family member, or any other persons no matter how right I feel I am.

I pledge to use time-out or alternative procedures instead, and to cooperate whenever my partner initiates time-out.

If I am unable to keep this contract, I pledge to:

1.

2.

3.

Entered into this _____ day of _____, _____.

Name & Signature of Client

Date

Name & Signature of Client

Date

Name & Signature of Therapist Intern

Date

Name & Signature of Clinical Supervisor

Date

Appendix XVIII: Suggestions for Developing a Personal Safety Plan

Suggestions for Developing a Personal Safety Plan

Use these suggestions to help you develop your own personal safety plan for you and your children. Keeping safe comes first!

Safety during an Explosive Incident

- Try to stay away from the bathroom, kitchen, bedroom, or anywhere else weapons might be available.
- Practice how to get out of your home safely. Identify which doors, windows, elevator or stairwell would be best.
- In order to leave quickly, have a packed bag ready and keep it at a relative's or friend's home. Make sure you have money, extra keys, medicines, and important documents in this bag.
- Devise a code word to use with your children, family, friends, and neighbors when you need the police.
- Use your own instincts and judgment. If the situation is very dangerous, try to calm the abuser down. This may give you the opportunity to get away.
- Remember: You don't deserve to be hit or threatened.

Safety When Preparing to Leave

- Open a savings account and/or credit card account in your name.
- Determine who would be able to let you stay with them or lend you some money.
- Keep the hotline telephone number close at hand and keep some change or a calling card on you at all times for emergency phone calls.
- Remember: leaving your violent partner is the most dangerous time. The important thing is the safety of you and your children.

Safety on the Job and in Public

- Decide who at work you will inform of your situation. This should include office or building security. Provide a picture of your batterer.
- Arrange to have an answering machine, caller ID, or trusted friend or relative screen your telephone calls if possible.
- Devise a safety plan for when you leave your workplace. Have someone escort you to your car or other mode of transportation and wait until you are safely in route. Use a variety of routes to go by if possible. Think about what you would do if something happened while going home (for example, in your car, on the bus, etc.).
- If you have to communicate with your partner, determine the safest way to do so (for example, over the phone or a public place).

Important: You may feel now that your partner will never be abusive to you again. Great! But don't let that stop you from developing a safety plan. Nothing will be hurt by having thought it through and it might mean safety for you and your children.

Appendix XIX: Transfer Of Intern Form
TRANSFER OF INTERN FORM

CLIENT NUMBER: _____

DATE OF INITIAL APPOINTMENT: _____

PREVIOUS THERAPIST: _____

PREVIOUS THERAPIST'S SUPERVISOR: _____

TRANSFERRED THERAPIST: _____

TRANSFERRED THERAPIST'S SUPERVISOR: _____

DATE OF TRANSFER: _____

REASON FOR TRANSFER: _____

List Participants in Treatment: _____

Initial Complaint: _____

Other Problems Addressed Throughout Course of Therapy: _____

Goals Established Throughout Therapy:

#	Goal	Progress Goal was: Met Deferred Changed (circle one)	Evidence of Progress Met/Deferred/Changed Specific, Observable, Measurable Behaviors
1		Met Deferred Changed	
2		Met Deferred Changed	
3		Met Deferred Changed	

4		Met Deferred Changed	
5		Met Deferred Changed	

Summary of Progress in Therapy: _____

Give a Report of Clients at Transfer: _____

Notes to New Therapist: _____

TRANSFER CHECKLIST:

- ☐ The Receipt of Privacy Practices form signed by all adults
- ☐ Permission to Contact form completed
- ☐ Mental Health Disclosure/HIPAA Form signed by all adults
- ☐ Statement of Practice signed by all adults (make sure new form signed for new therapist)
- ☐ Permission signed for the treatment of any minor child (if applicable)
- ☐ All dates and session numbers on Case Summary match session notes
- ☐ All session notes completed
- ☐ Transfer of Intern form completed and copy given to front desk (if applicable)
- ☐ Client Satisfaction Survey completed
- ☐ Client has no outstanding balance
- ☐ Termination form completed (from original therapist if applicable)
- ☐ Signature of supervisor

Signature of Original Therapist Intern Date

Signature of New Therapist Intern Date

Signature of Supervisor Date

Appendix XX: Termination Of A Client That Never-Showed After Transfer

TERMINATION OF A CLIENT THAT NEVER-SHOWED AFTER TRANSFER

CLIENT NUMBER: _____

DATE OF INITIAL APPOINTMENT: _____

PREVIOUS THERAPIST: _____

TRANSFERRED THERAPIST: _____

DATE OF TRANSFER: _____

DATE OF TERMINATION: _____

CHECKLIST:

- ☐ Attempts were made by the new therapist of record to contact the client and documented in the Case Activity Record
- ☐ The Receipt of Privacy Practices form signed by all adults
- ☐ Permission to Contact form completed
- ☐ Mental Health Disclosure/HIPAA Form signed by all adults
- ☐ Statement of Practice signed by all adults
- ☐ Permission signed for the treatment of any minor child (if applicable)
- ☐ All dates and session numbers on Case Summary match session notes
- ☐ All session notes completed
- ☐ Transfer of Intern form completed and copy given to front desk (if applicable)
- ☐ Client Satisfaction Survey completed
- ☐ Client has no outstanding balance
- ☐ Termination form completed (from original therapist if applicable)
- ☐ Signature of supervisor

THIS CLIENT HAS NEVER SHOWN FOR THERAPY SERVICES AFTER TRANSFER, AND THEREFORE, THIS CASE WILL BE SUBSEQUENTLY CLOSED. NO OTHER TERMINATION SUMMARY IS NECESSARY.

Name and Signature of Assigned Therapist Intern Date

Name and Signature of Supervisor Date

Appendix XXI: Termination Of A Never-Show Client
TERMINATION OF A NEVER-SHOW CLIENT

CLIENT NUMBER: _____

DATE OF INITIAL APPOINTMENT: _____

DATE OF TERMINATION: _____

CHECKLIST:

<input type="checkbox"/> Attempts were made to contact the client and documented in the Case Activity Record in Titanium
--

THIS CLIENT HAS NEVER SHOWN FOR THERAPY SERVICES, AND THEREFORE, THIS CASE WILL BE SUBSEQUENTLY CLOSED. NO OTHER TERMINATION SUMMARY IS NECESSARY.

_____ Name and Signature of Assigned Therapist Intern	_____ Date
--	---------------

_____ Name and Signature of Supervisor	_____ Date
---	---------------

Appendix XXII: Termination Summary

TERMINATION SUMMARY

CLIENT NUMBER: _____ DATE: _____

THERAPIST: _____ CURRENT SUPERVISOR: _____

Other supervisor(s) involved with this case: _____

Co-Therapist who assisted with this case (if any): _____

If a transferred case, list previous therapist(s): _____

Date of initial consultation: _____ Date of last session: _____

Total number of sessions (including initial consultation): _____

Participants in Therapy:

Name	Age	Dates of Attendance

List Other Systems Involved in Clients' Lives (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems) During the Course of Therapy:

List Any Referrals/Reports Made Throughout the Course of Therapy:

List Any Referrals Made at the Termination of Therapy:

CLOSING CASE SUMMARY

Initial Complaint:

Other Problems Addressed Throughout Course of Therapy:

Goals Established Throughout Therapy:

#	Goal	Progress Goal was: Met Deferred Changed (circle one)	Evidence of Progress Met/Deferred/Changed Specific, Observable, Measurable Behaviors
1		Met Deferred Changed	
2		Met Deferred Changed	
3		Met Deferred Changed	
4		Met Deferred Changed	
5		Met Deferred Changed	
6		Met Deferred Changed	

Summary of Progress in Therapy: _____

Give a Report of Clients at Termination: _____

Aftercare Plans: _____

Reason for termination of this case:

- _____ **Client's goals accomplished; client desired to terminate**
_____ **Presenting problem rectified; therapist suggested termination**
_____ **Goals accomplished; client and therapist agree to terminate**
_____ **Client was referred to, or decided to seek assistance from, another professional resource.**
_____ **Who/Where?** _____
_____ **Client failed to attend scheduled sessions**
_____ **Client discontinued therapy against professional advice**
_____ **Reason given by Client:** _____
_____ **Other:** _____

Prior to Termination, please make sure all of the following is complete and in the file:

CHECKLIST:

- | |
|---|
| <ul style="list-style-type: none"><input type="checkbox"/> The Receipt of Privacy Practices form signed by all adults<input type="checkbox"/> Permission to Contact form completed<input type="checkbox"/> Mental Health Disclosure/HIPAA Form signed by all adults<input type="checkbox"/> Statement of Practice signed by all adults<input type="checkbox"/> Permission signed for the treatment of any minor child (if applicable)<input type="checkbox"/> All dates and session numbers on Case Summary match session notes<input type="checkbox"/> All session notes completed<input type="checkbox"/> Transfer of Intern form completed and copy given to front desk (if applicable)<input type="checkbox"/> Client Satisfaction Survey completed<input type="checkbox"/> Client has no outstanding balance<input type="checkbox"/> Termination form completed<input type="checkbox"/> Signature of supervisor |
|---|

Therapist Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Appendix XXIII: Client File Reopened

CLIENT FILE RE-OPENED

Previous Information

Client Number: _____

Previous Therapist: _____

Date of Termination: _____

Former Supervisor: _____

Updated Information

File Re-Open Date: _____

New Therapist: _____

New Supervisor: _____

Clinic Staff Checklist:

- ☐ Updated contact information – in file and computer
- ☐ New consent forms signed
- ☐ Document re-opening in binder
- ☐ New Permission to Contact form signed

Therapist Checklist:

- ☐ Sign new Statement of Practice
- ☐ Treatment of Minors form complete, if applicable

New Student Therapist Intern

Date

New Supervisor of Record

Date

For MFT Clinic only: Client Number _____ Therapist _____ 1st Appointment date _____

Receipt of referral for treatment at the ULM Marriage & Family Therapy Clinic: _____
ULM/MFT Clinic Representative

Appendix XXIV: Referral for Treatment

Referral for Treatment

Referring Name/Officer: _____ Phone Number(s): _____

Name of Person Being Referred: _____

DOB: _____ Male/Female: _____ Ethnicity: _____

address: _____ Phone Number(s): _____

Reason for Referral/Charges – What you hope treatment will help client with:

I understand that all information, both written and not written, on the above-named individual(s) is private and confidential. Information cannot be released to anyone without the written consent of the client(s), except as required by law and/or code of ethics.

After reading and understanding the above disclosure, we hereby consent to communication (written and not written, via mail, electronic mail [e-mail], fax, telephone, and/or in person) between The ULM Marriage & Family Therapy Clinic Staff and Intern(s) providing treatment and Probation and Parole Staff and Officers related to this case regarding information pertaining to treatment, including, but not limited to:

- ◆ Attendance
- ◆ Progress in Treatment
- ◆ Compliance with Treatment Recommendations
- ◆ Completion/Non-Completion of Treatment

By signing this consent form, I agree to all conditions listed above and understand that I can choose to revoke this consent at any time by submitting a statement in writing requesting to do so.

Client Signature

Date

Referring Agent Signature

Date

(See Back of Page)

Consent to release information by other participants in therapy with the Probation/Parole Client to the Probation and Parole Staff and Officers related to this case regarding information pertaining to treatment:

I, _____ understand that by attending sessions with _____ (Probation/Parole Client), information about their/my participation in treatment at the ULM Marriage & Family Therapy Clinic may be reported to the Probation/Parole Officer as listed on the front of this form. By signing this form, I also agree to all conditions listed on the front of this form and understand that I can choose to revoke this consent at any time by submitting a statement in writing requesting to do so.

Signature of Participant Date

Signature of Participant Date

Signature of Participant Date

Signature of Participant Date

Please call the ULM Marriage & Family Therapy Clinic (318) 342-5678 with any questions concerning appointments.

Appendices: Assessments

- ☑ Appendix XXV: Assessment Screening for Drug/Alcohol Abuse
- ☑ Appendix XXVI: Assessment for Lethality
- ☑ Appendix XXVII: Assessment for Screening Depression
- ☑ Appendix XXVIII: Assessment for Screening Anxiety

**Appendix XXV: ASSESSMENT SCREENING FOR
ALCOHOL/DRUG ABUSE**

ASSESSMENT SCREENING FOR ALCOHOL/DRUG ABUSE

Client number: _____ **Date:** _____

Therapist: _____ **Supervisor:** _____

Who was in the session? _____

Who is the “IP”? _____

Substance being abused: _____

1. Current use:

How much?
Frequency?
Duration?
Date of last use?
Who supports this use?

2. Past use:

How much?
Frequency?
Duration?
Date use first began?
Who supported this use?

3. Impact upon family, work, etc.

Who has complained about the use of this/these drugs?
What is the perceived impact on family relationships (spouse, children, parents, etc)?
What marital problems have been influenced by this abuse?
How has the use of this/these drug(s) impacted work? school? financial areas? physical well-being?
Are there spiritual concerns associated with this abuse? If so, what?

4. Who else in the family (spouse, parents, siblings, etc) abuses substances? What substance?

How much?
Frequency?
Duration?
Date of last use?
Who supports this use?

5. What are the attempted solutions? (previous therapy, AA, etc)

6. Who is the primary support group that is willing to help effect change?

7. How does the client see them being able to help?

Appendix XXVI: Assessment For Lethality

ASSESSMENT FOR LETHALITY

Client number: _____

Date: _____

Therapist: _____

Supervisor: _____

Who is the “IP”? _____

BE VERY SPECIFIC AND WRITE COMPLETE NOTES: Use direct quotes whenever possible.

1. What is the ideation? (suicide, homicide)
2. What plan does the client have (specific)?
3. When does the client intend to initiate the plan?
4. Does the client have what is necessary to initiate the plan? (pills, gun, auto, etc)
5. Has the client attempted this behavior before? If so, discuss the details.
6. What other family member(s) has also experienced this or similar ideations?
7. What did they do?
8. Who is the immediate support group that could give assistance if a “suicide watch” needs to be established?
9. Make note of any contract--be very specific. If you get a written contract be sure to include a copy of it with these notes.
10. What discussions did you have with your supervisor (or any other appropriate supervisor) about this case?

Appendices: Clinic Procedural Forms

- ☒ Visitor Sign-In
- ☒ Clipping/Burning Session Directions
- ☒ Clip Request Forms
- ☒ Leave of Absence Form
- ☒ Informed Consent for Comprehensive Exams
- ☒ Accident Report
- ☒ Monthly Client Contact Hours Sheet
- ☒ Notice of Missing Documentation
- ☒ Notice of Improper Termination

Appendix XXVII: Confidentiality: Visitor Sign In

CONFIDENTIALITY: VISITOR SIGN IN

Due to the sensitive nature of this facility, you are required by Federal Law not to disclose any information obtained while visiting The ULM Marriage & Family Therapy Clinic, including the identity of other people you see here. Clients and The ULM Marriage & Family Therapy Clinic interns and staff are not required to sign in. Only visitors who are not here to receive services are required to do so.

The Federal Rules (42 C.F.R. Part 2) prohibit you from making any disclosure of any information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted. A general authorization of release of medical or other information is not sufficient for this purpose.

DATE	NAME	REASON FOR VISIT	TIME IN	TIME OUT

Appendix XXVIII: Clipping Sessions

- Pull up “Playback System” on Desktop.
- On the menu to the right of the screen at the very top, there is a button with a **reel of film** being unraveled by a hand, “Date Time Search Dialog”. Click on it.
- On the menu that pops find the **calendar** at the top left. Find the date of the session you want to clip. Click on that date.
- On the main screen at the bottom, there will be red lines one for each room that is present on the computer you are accessing.
- On the left of the bottom main screen there will be room listings. Follow the line associated with which room you will need to access.
- Click along the line to view in the screen at the top right to find out which time slot you need to select from.
- Find a starting point (on the red line click before the session starts and drag to after the session starts to make sure none of the session is missing).
- Click “OK” in the bottom right.
- The next screen will be a playback screen. This screen will playback the selection you just made.
- Press the “Play” button in the bottom left hand corner of the screen.
- Once you find where the session starts, find the set of buttons underneath the “Play” button. It will have a triangle in the middle with a white circle on the left and a grey circle on the right. The white circle on the left is the “Cue in” button and the grey circle on the right is the “Cue out” button.
- As soon as you see that the session is starting, press the “Cue in” button.
- Use the scroll bar to scroll through the video until you see where the session ends.
- Start the video right before the session ends and when you see that you want the video to end, press the “Cue out” button.
- In the black rectangle at the bottom right of the screen, there should be an “In” time and an “Out” time listed now.
- Your video is cued and ready to be clipped. On the **right** hand menu, there is an icon with a Pencil in it. Underneath this to the right, there is an icon with a **floppy disk with a video camera in front of it**, “Export Video/Audio” click on that icon.
- On the “Export Video/Audio” pop-up screen, click on the “Export Audio” checkbox at the bottom so that the box **IS** checked.
- Under “Use Profile” dropdown box, select the item that ends with “(768 kbps)”.
- Under the “Export File Path” at the top, click the folder icon located to the right.
- When prompted, find under My Computer the “Share” location and double click on it. Then click on “Students”.
- Find the name of the student who is conducting the session, then in the “Save As” blank area, type in the month, day, year, and time of session as follows: **2.1.12_5pm**.
- Select “OK” at the bottom of the pop-up screen. Then click “Yes” on the next pop-up screen.
- Your file is being clipped. It will take about 30 minutes to finish. Once it is finished, click “yes” to view that it has been clipped properly.

ULM MARRIAGE AND FAMILY THERAPY CLINIC

CLIP REQUEST FORM

Name: _____

Date: _____

Date of Session: _____

Room number: _____

Time of Session: _____

****Your session will be clipped and placed in your folder within 48 hours (weekends excluded)**

ULM MARRIAGE AND FAMILY THERAPY CLINIC

CLIP REQUEST FORM

Name: _____

Date: _____

Date of Session: _____

Room Number: _____

Time of Session: _____

****Your session will be clipped and placed in your folder within 48 hours (weekends excluded)**

ULM MARRIAGE AND FAMILY THERAPY CLINIC

CLIP REQUEST FORM

Name: _____

Date: _____

Date of Session: _____

ROOM NUMBER: _____

Time of Session: _____

****Your session will be clipped and placed in your folder within 48 hours (weekends excluded)**

Appendix XXIX: Vacation/Leave of Absence Form

VACATION/LEAVE OF ABSENCE FORM

Date: _____ Therapist's Name: _____

Dates of Absence: _____ through _____ (date you will return to duty)

Reason for Absence: _____

Itinerary and Contact Information During Absence:

Location: _____ Phone Number: _____

Location: _____ Phone Number: _____

Location: _____ Phone Number: _____

Coverage will be provided by:

Therapist's Name: _____ Contact Number: _____

Additional Information for Clinic Staff and/or Covering Therapist:

Notes/Messages for Therapist (Upon Return):

Student Therapist Intern's Signature

Date

Supervisor's Signature

Date

Clinic Director Signature

Date

Appendix XXX: Informed Consent For the Purpose of Presentation and Research

INFORMED CONSENT

For the Purpose of Presentation or Research

I/We, _____, _____, _____,
understand that _____ (student therapist intern) is utilizing a recording of
my/our therapy session(s) for the purpose of presentation or research. We have discussed this
with our therapist and given permission for this to occur with the understanding that all
recordings and transcriptions will ensure that confidentiality is maintained.

Expiration date: ____/____/____

I have read and discussed the above information with my therapist, and he/she agreed to follow
the 2015AAMFT code of ethics regarding confidentiality.

Client(s) signature

Date

Copy given to client? Yes () No ()

Therapist Signature

Date

Clinic Director signature

Date

Appendix XXXI: Accident Report
ACCIDENT REPORT

The University of Louisiana at Monroe

Name of Injured Party: _____ Sex: _____ Time/Date: _____

Location or Area: _____

Activity: _____

Describe in detail how the accident happened: _____

Describe in detail what action was taken: _____

Suggested remedial measures: _____

List names, addresses, and phone numbers of two people who saw the accident:

1. _____

2. _____

Distribution of report:
Vice President for Student Affairs
Dean of College of Students
University Physician

Faculty or Staff Signature

Appendix XXXII: NOTICE OF IMPROPER TERMINATION

CLIENT NUMBER: _____

DATE: _____

Due to graduation and/or improper procedure, this file was not properly terminated by the file therapist and supervisor. This letter serves as an official closing of this file. In case of re-opening or further interest in this case, the new therapist is responsible for conducting a proper file termination.

Clinic Director
ULM Marriage & Family Therapy Clinic

Appendix XXXIII: MFT Letterhead

UNIVERSITY OF LOUISIANA MONROE

College of Health Sciences
Marriage & Family Therapy Programs in the School of Allied Health
Strauss Hall 371 • 700 University Avenue • Monroe, LA 71209-0230
Phone: (318) 342-1246 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE

Appendices: Telehealth Forms and Procedures

- ☑ Appendix XXV: Assessment Screening for Drug/Alcohol Abuse
- ☑ Appendix XXVI: Assessment for Lethality
- ☑ Appendix XXVII: Assessment for Screening Depression
- ☑ Appendix XXVIII: Assessment for Screening Anxiety

Appendix XXXIV: Telehealth/Virtual Therapy Addendum

TELEHEALTH / VIRTUAL THERAPY ADDENDUM

ULM Marriage and Family Therapy Clinic

QUALIFICATIONS OF CLINICIANS

The state of Louisiana sets regulations on provided telehealth services. In addition to all supervisors being AAMFT Approved Supervisors or Supervisor Candidates, all supervisors are licensed to provide telehealth services in the state of Louisiana. Supervisors pursue a minimum of 3 credits hours in telehealth training every two years, which meets Louisiana standards for All therapist interns have undergone a minimum of 3 hours of specialized telehealth training, in addition to their normal training.

In order for providers to deliver safe and effective care via Telehealth / Virtual Therapy, the following requirements must be met by clients:

STRUCTURE OF TELEHEALTH SESSIONS

Telehealth sessions will be scheduled for 50 minute intervals, and will normally include both audio and video interactions. Phone calls, texting, and emails should be limited for the completion of paperwork and scheduling purposes only.

ETHICAL REQUIREMENTS OF TELEHEALTH

As per Louisiana ethical standards for telehealth, you **MUST** be physically within the State of Louisiana at the time of each telehealth session. You must be able to provide the physical address where you are located during your Telehealth / Virtual Therapy appointments.

All required ULM Clinic paperwork, including the Statement of Practice must be completed prior to, or at the beginning of the first session.

RESPONSIBILITIES OF THE CLIENT

- You must be in a quiet, private location with access to stable internet and appropriate equipment with the teleconference program. The camera must remain on throughout the duration of the session and only those who signed the consent to therapy may be present during the session.
- You must be available during the entirety of the Telehealth / Virtual Therapy appointment.
- Only clients that have consented to the therapy are permitted in the physical room, and if there is anyone else present you must discuss this with your therapist.
- You must be stationary (NO DRIVING) during your Telehealth / Virtual Therapy sessions.

- You must be sober for your appointment and absolutely no alcohol or illicit substance use allowed during the appointment.
- You must be appropriately dressed as would be socially acceptable in a public setting.
- Please do not be lying down during the appointment but sitting up and alert.
- If the client is a minor, a parent or guardian must be present locally (in the vicinity of the client) and available for the duration of the Telehealth / Virtual Therapy visit.
- You must enter the Telehealth / Virtual Therapy session at the appointment time. If you are having trouble connecting or do not see your provider online at the scheduled start time of the appointment, please text or email the Therapist Intern.
- You may not record the session without first obtaining the consent of your therapist.

BACKUP PLAN IN CASE OF TECHNOLOGY FAILURE

In case of a disruption in the course of the telehealth session, please text or email your therapist at the number/email address provided. Your therapist will attempt to establish contact with you as quickly as they are able, and will seek to reconnect with a new teleconference link if needed.

Acknowledgments (Please initial)

____ I understand that should I need to speak with my therapist, I should expect a return call within 48 hours. The best way to reach your therapist is to keep your regularly scheduled appointments.

____ I understand that in situations where clients have thoughts or intent of self-harm, harm to others or an incident requiring mandated reporting, all of the requirements listed in the ULM MFT Clinic Statement of Practice apply.

Client Signature _____ Date _____

Client Signature _____ Date _____

Client Signature _____ Date _____

Therapist Intern _____ Date _____

Signature

Appendix XXXV: Client Intake Procedures Concerning Telehealth/Teletherapy Sessions

Please read this document carefully. It outlines the steps required to schedule and conduct Telehealth Sessions with your clients beginning January 1, 2024.

Sessions will still be conducted in person in the MFT Clinic, all procedures will remain the same there. In addition, the MFT Program will begin offering Telehealth / Virtual Therapy sessions.

TAKING THE CALL (For Clinic Staff)

Take call from client and provide them the following information:

ULM MFT student interns are now offering Telehealth / Virtual Therapy sessions via video conference technology. Ask if your client is interested in having therapy performed in this way.

- If **YES**, find the next available intern placeholder.
 - Let the client know they will need to find a private place for them to attend the session, free from the presence or interruption of anyone else. Stress the importance of privacy and confidentiality.
 - The client must be stationary. A SESSION WILL NOT BE CONDUCTED IF THE CLIENT IS DRIVING.
 - They must have a device with access to a stable internet connection.
 - Get a working email, and inform them their therapist intern will be contacting them soon with the paperwork.
 - Inform them that all intake information must be completed and received by clinic staff BEFORE the session can take place.
- If **NO**, proceed with scheduling an in-clinic session as usual.

In preparation for Telehealth / Virtual Therapy session, please make sure of the following:

After finding the available intern for the client and gathering intake paperwork from the client:

Inform the Therapist Intern of the assigned client (Staff).

Create a new client file and place it in the break room file cabinet for new client intakes (Staff).

Send the intake information which includes the Client Requirements for Telehealth / Virtual Therapy agreement form (Intern or Staff).

Schedule session time in one of the four designated Teletherapy rooms in Strauss Hall 3rd floor (Intern).

Preparation for seeing a new Telehealth / Virtual Teletherapy Client (For Therapist Intern)

- ☑ After being informed of assignment of a new Telehealth / Teletherapy client, find the client file in the file cabinet in the break room of The Clinic, Before the Scheduled session to ensure all information is contained and complete and with time to be online with the client at the scheduled appointment time.
- ☑ The Therapist Intern will sign on to the appointment at the scheduled time and go over all paperwork with the client to ensure understanding of the operations of the ULM MFT Clinic, the expectations concerning Telehealth / Virtual Therapy and to answer any questions or concerns.

On-going tasks for Telehealth/Virtual Teletherapy Client (For Therapist Intern)

- ☑ At the beginning of each session, the Therapist Intern will ascertain the location and contact information of the nearest emergency services for the client, in the event of an emergency during the session.
- ☑ The Therapist Intern will determine when or if another appointment is to be scheduled with the client and dismiss the client from the session within 55 minutes of the session's start to ensure the teletherapy room is clear for the next session.
- ☑ If a future session is set for the client, the therapist intern will return to the clinic staff room after the session to update the Master Schedule.

**Appendix XXXVI: Acknowledgement of Telehealth Or Virtual
Therapy Procedures For ULM MFT Interns**

**ACKNOWLEDGEMENT OF TELEHEALTH OR VIRTUAL
THERAPY PROCEDURES FOR ULM MFT INTERNS**

- I agree to adhere strictly to the Telehealth / Virtual Therapy procedures as outlined in the Client Intake Procedures provided to me.
- When conducting telehealth sessions using technology, I will only use the ULM-provided video conference accounts and the ULM-provided email associated with those account so that clients will not have access to my personal email address.
- I will enter the virtual conference session 5 minutes before the scheduled appointment time to ensure all technical equipment is functioning correctly and that the client is following the requirements to engage in Telehealth / Virtual therapy.
- I will complete all required documentation for Telehealth / Virtual therapy in a timely manner. I will protect client confidentiality at all times. I will enter all required Telehealth / Virtual therapy documents into Titanium and in the client file.
- I have completed the required Telehealth/ Virtual Therapy training and will continue to receive clinical supervision during my regularly scheduled supervision time.
- I will maintain my monthly client hours sheets, documenting my telehealth contact hours in the appropriate space and submitting them as required by the 10th of the month.
- I will continue to monitor my ULM email for messages from the Clinic Staff, Clinic Director, Faculty and Supervisors while following up as required.
- I agree to not meet with clients face-to-face outside of the clinic, to only contact them through the ULM MFT Clinic.

**I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THESE CONDITIONS OF
TELEHEALTH / VIRTUAL THERAPY SESSIONS AS A MARRIAGE & FAMILY
THERAPY (MFT) INTERN AT THE ULM MFT CLINIC. I UNDERSTAND THAT
FAILURE TO FOLLOW THESE REQUIREMENTS WILL RESULT IN MY FAILURE
TO PASS THE INTERNSHIP AND/OR REMOVAL FROM THE ULM MFT
PROGRAM.**

Name: _____

Signature: _____

Date: _____

Clinic Director: _____

Date: _____