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Consent for Services

Welcome to the Sheila C. Johnson Center (SJC) at the University of Virginia. The following is an overview of our services and policies. Please review this information prior to your appointment. If you have been referred or recommended for treatment by another individual, you have the right to accept or refuse these services.

Services and Client Rights

SJC is a multidisciplinary clinic providing comprehensive psychological and educational assessments; psychological treatment; speech-language and audiology services; reading intervention and assessment; and Autism spectrum services. Services are provided by licensed University faculty or by graduate students under the supervision of licensed clinicians in their fields of study. Services are offered to children, adolescents, college students, and adults. Student clinicians typically complete their clinical rotation at SJC in one year, and therefore are not available for long-term services or communication/consultation after their rotation.

The Sheila C. Johnson Center for Clinical Services does not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity, national origin, ancestry, age, relationship status, disability, difference, or other individual characteristics. It is important to us that everyone who seeks services at SJC is treated in a respectful, culturally informed, and welcoming way.

You have the right to ask questions and receive feedback regarding your services. You also have the right to refuse the use of specific techniques and request referrals to other providers. SJC reserves the right to refuse or terminate services in the event that the requested and/or recommended services cannot be provided in a manner that ensures the safety and wellbeing of the client and/or clinician. Services may also be refused or terminated if SJC cannot adequately support the needs of the client with available resources and/or therapeutic supports. Finally, SJC reserves the right to terminate services and refer elsewhere in the case of frequent cancellations, no-shows, tardiness, or non-participation in recommended care.

Some assessment and intervention procedures include the provision of services outside of SJC's physical location in Bavaro Hall. Though providers will do their best to ensure your privacy when outside SJC, this may not always be possible. You and your provider will collaborate to maintain privacy in such situations as needed.

Training and Video Recording

SJC operates as a service for the community and as a teaching and training program for graduate students at the University of Virginia. Sessions are recorded for video and sound and are used for supervisory, consultation, and training purposes. Written and recorded records are maintained and destroyed in accordance with Virginia law and University record retention policies. I hereby give the Sheila C. Johnson Center for Clinical Services the right and permission to use video in which my image or my child's image appear for purposes restricted to training and education, inclusive of internal or external clinical supervision, consultation, grand rounds, clinician education workshops, and internal student, staff, and faculty education products or presentations.

Shared Custody and Guardianship

In cases of shared custody or legal guardianship, SJC recognizes the importance of collaboration across caregivers to improve outcomes for clients. For this reason, SJC requests that written consent be provided by all legal guardians. If only one legal guardian provides consent, it is assumed that this consent represents all legally interested parties. Therefore, SJC will communicate as needed regarding treatment with all legal guardians except in the case of court order or if clinically indicated for the safety of the client. If existing court orders preclude the sharing of information with any legally interested party, it is your responsibility to share this information with SJC so that we may proceed accordingly. To provide the best care possible, SJC uses a team approach to clinical intervention. Thus, client information may be shared among SJC providers for the purposes of consultation, care coordination, and to facilitate intra-clinic referrals.

Information obtained during the course of treatment is kept confidential. At your request and with your express, written consent, we may release assessment and treatment records to outside individuals and organizations, and participate in ongoing communication and treatment planning with agencies and schools. Any electronic communication or transmission of records over email or fax is not guaranteed to be private or secure. Please note that no information regarding clients ages 18 and over can be shared with family members without explicit, written permission of the young adult, regardless of the individual(s) identified as the responsible party for payment or insurance purposes.

Under state and Federal law, disclosure of health information may occur without your consent. These disclosures may include, but are not limited to, the following circumstances: as required by law; in the case of imminent harm to self or another person; in response to a subpoena; if you or your child is being evaluated by order of a court of law; and if there is current evidence of abuse, neglect, or exploitation of a child, elderly adult, or incapacitated adult. Finally, if you file a complaint or legal proceedings against SJC, we may disclose relevant information regarding your treatment in order to defend against such an action.

The **HIPAA Provider Notice of Privacy Practices** describes in detail how personally identifiable health information about you may be used and disclosed and how you can get access to this information. Please review this information (provided in a separate document) carefully.

Scheduling Appointments

The staff at SJC sees clients by appointment only. Please contact us at 434-924-7034 if you are unable to keep your appointment. If you need to cancel, please notify SJC as soon as possible. Please refer to your payment agreement for SJC policies regarding canceled or no-show appointments.

Emergency Communications

SJC's regular operating hours are Monday through Friday, 8 AM to 5 PM; there is no provision of services or on-call availability after hours. In the case of an emergency or a life-threatening matter, contact 911 or go to your nearest emergency room. For urgent, non life-threatening matters after hours, you may contact Region 10 Community Services Board at 434-972-1800.

Use of Records for Archival Research

SJC periodically conducts archival research to determine clinical trends and the effectiveness of care. In order to accomplish this, approved personnel review records in order to gain specific needed information. Any data used in such research or program evaluation efforts are de-identified to ensure confidentiality, removing all identifiable information. The UVA Institutional Review Board has determined that Center data collected and stored in the clinic record for service purposes can be used for de-identified research purposes without IRB review, exemption, consent, waiver of consent, or notification.

Future Research Participation

You may be contacted in the future to receive information regarding potential participation in clinical or educational research related to your (or your dependent family member's) clinic use or a more general research topic. This consent extends to contact via email, phone, text and postal services. These instances are rare and you can opt out at any point. Your personal information will never be shared with any external entity as this consent applies only to opportunities for research participation conducted at the University of Virginia.

Acknowledgment of Consent for Services

By signing below, I acknowledge that I have been informed about the above policies, have had the opportunity to ask questions about them, and understand my rights and responsibilities when receiving services at the Sheila C. Johnson Center (SJC). I accept these policies as a condition of receiving services at SJC and consent to receive treatment through SJC.

Client's Name

Date

Check Box to Sign

Signature of Client or Client's Representative

Relationship to Client

If you do not have access to a digital signature, please check the box as an indication that you have read and understand this document.