Welcome to the Assessment and Counseling Clinic (ACC) of The Connie Belin & Jacqueline N. Blank International Center for Gifted Education and Talent Development. This document contains important information about our services in conjunction with information about the Health Insurance Portability and Accountability Act (HIPAA). The law requires your signature to acknowledge that the Assessment and Counseling Clinic has provided information about the disclosure of your Protected Health Information. It is very important that you read this document carefully. You are encouraged to ask any questions you have about this document at any time.

The Staff
The clinical staff of the ACC consists of Alissa Doobay, Ph.D., licensed psychologist and Supervisor of Psychological Services; Kristin Wurster, Ph.D., psychology associate and Postdoctoral Scholar; Katie Schabilion, Ed.S., psychometrist; Megan Foley Nicpon, Ph.D., licensed psychologist and Associate Director for Research and Clinic; Susan Assouline, Ph.D., Director of the Belin-Blank Center; and graduate and practicum students. Information technology support services are provided by Josh Jacobs, Emily Ladendorf, and Brian Douglas. Clinic support staff includes Nancy Whetstine and Bridget Pauley. Drs. Assouline and Doobay provide administrative supervision. Dr. Doobay provides clinical supervision of doctoral students who are enrolled in University of Iowa psychology programs.

ACC Services
The staff of the ACC provides comprehensive clinical and consultation services for high ability individuals, their schools, and their families.

Consultation. Parents or guardians can make a request for a consultation appointment through our website. Initial inquiries will be followed up by a secretary in our clinic. Three types of consultation are available: telephone, in office, and record review. Telephone consultations typically involve one-time discussions intended to gather information about your concerns. This discussion may lead to additional counseling or assessment services, if warranted.

Alternatively, parents/guardians may choose to schedule a consultation session at the ACC to explore services available for their child. During this session, a counselor will gather information, discuss concerns, and help determine the child’s needs. Fees, payment plans, course of services, limits to confidentiality, and release of information also will be discussed.

Lastly, consultations can also occur in the format of record review. This type of consultation is intended to offer our expertise in gifted education and twice-exceptionality, provide second opinions, and extend the assessment services completed by other professionals. Written recommendations will
be provided. Most consultation services are private pay and last one hour. Time spent reviewing prior records and writing reports will be charged in addition to the consultation session.

**Counseling.** Counseling is a professional relationship designed to improve understanding and to achieve positive changes. Issues typically addressed at this clinic include underachievement, perfectionism, parent-child relationships, adjustment difficulties, and developmental and psychological concerns. Therapy services at the ACC may be provided through individual and/or family sessions.

Therapy relies on your ongoing and active engagement during sessions coupled with practice and continual exploration between sessions. Positive changes, including gaining new skills, resolutions, and insight, may take time to occur. Therefore, it is important to outline goals with your counselor that can be achieved in light of the resources you are willing to invest in the therapy process.

**Assessment.** Psychoeducational assessment provides parents and school personnel the opportunity to identify the ability levels of gifted students, to evaluate their educational needs and/or to discover the presence of a disability and/or a behaviorally or emotionally-based difficulty that may be negatively impacting the student’s achievement in school. Assessment conducted at the ACC may include intellectual abilities, academic skills, psychosocial functioning, developmental functioning, memory, language, attention, executive functioning, perceptual-motor skills, personality characteristics, and/or career interests. The choice of test batteries and the time involved in testing depend upon the referral questions and/or concerns discussed during the clinical interview. Sometimes, additional concerns might arise that cannot be fully addressed by the test battery initially proposed. Rationale will be provided, and parental consent will be received, before any additional testing is conducted.

**Social Skills Group.** Approximately once per year, the ACC offers a skill-based group intervention designed to build social functioning and friendship skills in high ability students who have been identified as experiencing social challenges. Participants in these groups can be expected to receive positive and constructive feedback from group facilitators and peers regarding their social behavior, and they will review videos of their interactions with group members to increase awareness of social behavior and develop skills. The duration of the group is 6 to 10 sessions, with each session being approximately 45 minutes in length.

**Duration of Services**
Therapy appointments usually are scheduled for one 45-minute session per week, although frequency and duration may vary. The total number of sessions a child or a family needs differs greatly. Collaborative discussions regarding the expected duration of counseling will occur throughout the course of therapy.

The time required to complete each psychoeducational assessment varies, depending on the child’s pace and the type and number of tests involved. At the time of scheduling, you will be informed of the approximate duration and the number of visits that will be required for testing; the amount of time that will likely be needed to complete the report will be discussed during the evaluation.
Changing or Missed Appointments
If it is necessary to change or cancel your appointment, please call 335-6148 for local calls, or 1-800-336-6463 for out of area calls, between 8:30 a.m. and 4:30 p.m., Monday through Friday. You may also leave a message if you call outside office hours. At least 24-hour notification of rescheduling or cancellation is required. If you miss or cancel a scheduled appointment and do not call within five business days, we will assume you are no longer interested in receiving services and your file may be closed. Similarly, if you do not request additional appointments to be scheduled within 2 months of your last appointment, we will assume you are no longer interested in receiving services and your file may be closed. In case of an emergency, please go to your local emergency room; we do not have on-call or emergency services at the Assessment and Counseling Clinic.

Professional Fees and Payment Policy
Information about consultation and/or counseling fees will be provided by clinic personnel prior to the onset of services. Assessment fees are determined by a variety of factors. This fee includes a comprehensive report that integrates interview information with results from the various assessments administered. We also provide extensive recommendations specific to your child’s needs.

You are responsible for providing payment at the time of service unless prior arrangements have been made. Drs. Alissa Doobay and Megan Foley Nicpon are currently providers for Blue Cross/Blue Shield. Clients also have the option of paying privately for services. All private pay clients will be required to pay a $1000.00 down payment for a diagnostic assessment or a down payment equal to half of the total cost for an educational/academic assessment at the time of the first assessment appointment. The remaining balance will be due immediately following the completion of the evaluation. Clients with Blue Cross/Blue Shield have the responsibility of contacting their insurance provider to determine coverage. We agree to submit insurance claims for you, with your written permission. If you indeed wish to have us submit a bill to your insurance carrier, you will be required to sign the Authorization for Release of Information and Payment Request form before services are initiated. Please note that, if insurance pays for the evaluation, the company will ask for certain information and at times, they do request a copy of your child’s entire report. This information may be reported to medical information databanks and could affect your child’s ability to obtain benefits in the future. Not signing the authorization form indicates that you are assuming personal responsibility for your child’s service fees. Please note that you will be responsible for any fees not covered by your insurance provider, which will be invoiced to you after your insurance company has processed the claim.

If your insurance is through a carrier other Blue Cross/Blue Shield, a billing statement can be provided upon request so that you can independently seek reimbursement from another third-party payer. We cannot guarantee benefits or the amount that your insurance may cover. Therefore, it is important that you call your insurance representative to determine service coverage prior to your visit to the Clinic. Payment plans are available for qualified families; a credit card must be provided to initiate the payment plan at the time of evaluation in order to proceed with this option.

Therapy services provided by unlicensed professionals, including advanced doctoral students and psychology associates, cannot be billed to insurance. Rather, there will be a small, out-of-pocket fee required at the time of service. Likewise, insurance does not reimburse for consultation services, and thus these are also billed directly to clients as an out-of-pocket expense.
Confidentiality

Limits to Confidentiality. The law protects the privacy of all communications between you and your service provider. In most situations, the ACC can only release information about your treatment to others if you sign a written authorization form (Authorization to Obtain and/or Release Information).

In the following situations, no authorization is required to share information:
- Your service provider will need to share information with other staff at the Clinic, for both administrative and clinical purposes. These services include scheduling, billing, supervision/training, and quality assurance. All of the staff at the ACC are bound by the same rules of confidentiality.
- If a lawsuit or complaint has been filed, disclosure of relevant information will be provided in order to ensure an adequate defense.

There are some situations in which the ACC is legally obligated to suspend confidentiality without consent, and it is important that you are informed about these situations prior to initiating services:
- If you or your child communicates an imminent threat of serious physical harm to yourself or him/herself, the staff at the ACC may be required to disclose information to take protective actions. These actions may include contacting law enforcement agents or security personnel, initiating hospitalization, or contacting family members or others who can assist in providing protection.
- If you or your child communicates an imminent threat of serious physical harm to an identifiable victim, the staff at the ACC may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization.
- If a counselor has reasonable cause to believe that a child or a dependent adult has been neglected or abused, the law requires that the service provider file a report with the Department of Family Services.
- If you are involved in a court proceeding and an evaluation is court ordered or clinical records have been subpoenaed, your counselor may be required to release some information about you and/or your child.

Online Platforms and Cloud-Based Services. In keeping with current practices in the field of psychology, the ACC utilizes private practice management software, electronic assessment platforms, telecommunications, and secure data storage and destruction companies in order to obtain and store client information, manage schedules, process billing and insurance claims, and to conduct and score psychological assessments. These online platforms store information within the cloud service using security standards that are compliant with HIPAA. Business Associate Agreements are obtained for relevant companies, in which they promise to maintain confidentiality of client information and data except as allowed in the contract or otherwise required by law. The ACC is also required to adhere to the University of Iowa’s data security policies, which includes using software and services that are approved by the University of Iowa’s IT Security and Policy Office.

Electronic Communication. Email is a convenient and efficient way to communicate, but it is important to recognize that email does not allow for secure transmission of information and could put your privacy at risk. ACC staff frequently use email communication with clients to manage logistical issues, such as scheduling and billing. Clients are advised to use discretion in emailing
about clinically relevant information. Please discuss with your ACC provider your level of comfort with using email as a means of exchanging clinical information about yourself or your child.

ACC staff do not communicate with clients using text messaging or social media. Additionally, if you have questions or comments you wish to share with an ACC clinician, please submit your question directly to that clinician or to our clinic secretary rather than posting the message on a public forum, such as the Belin-Blank Center website or Facebook page. The ACC staff does not monitor comments posted on Belin-Blank Center social media accounts.

Research. The ACC conducts research related to increasing understanding of high ability and twice-exceptional students, as well as the effectiveness of educational and therapeutic interventions for this population. Information contained in the clinical record may be used for research. All research studies are subject to a specific approval process by a Privacy Board or Institutional Review Board. This Board evaluates a proposed research study to determine that measures are in place to balance research need with the need for the privacy of you or your child’s personal health information. For some research activities, you may be asked to participate in a study, and if you agree, the researcher will be required to obtain your permission to use information contained in your clinical record for that study.

While this written summary of exceptions of confidentiality should provide useful information, it is important that we discuss any questions or concerns you may have now or in the future.

Professional Records
You should be aware that, pursuant to HIPAA, Protected Health Information about you and/or your child is kept in two sets of records.

- One set is the Clinical Record. It includes information about the reasons for services, diagnosis, goals, and progress toward these goals. It can also include you and your child’s medical and social history, treatment history, any past educational or psychological reports from schools or other providers, reports of any professional consultation, your billing records, and any reports sent to anyone else. You may request to review these records anytime, or request in writing a copy of the Clinical Record. Some testing records, such as test protocols, are copyright protected and cannot be copied. If you need to copy your Clinical Record, it is recommended that you first review these records in the presence of our staff psychologist before requesting a copy, or have them forwarded to another mental health professional for proper interpretation of the records.

- Additionally, the staff of the ACC may keep a set of Psychotherapy Notes for therapy cases. Psychotherapy Notes may contain the content of conversations from the therapy session, analysis of those conversations and interactions, and how they impact counseling. These notes are for the counseling only, are intended to facilitate services, and are kept separate from your Clinical Record. Psychotherapy Notes are not available to you and cannot be sent to anyone else.

HIPAA provides you with several rights with regard to your clinical record and disclosures of protected health information. These rights include requesting that your records be amended; requesting an accounting disclosure of protected health information; determining the location to which protected health information disclosures are sent; having any complaints you make about policies and procedures recorded in your records; and the right to a paper copy of this Agreement.
For information regarding the Assessment and Counseling Clinic’s record-keeping policy for assessments, please visit: https://belinblank.education.uiowa.edu/Clinic/Forms.aspx.

Disposal of protected health information. The ACC follows federal guidelines regarding storage and disposal of protected health information. Clinic records can be securely destroyed 7 years after the last date of service, or 3 years after a minor client reaches the age of majority, whichever comes later. Please note that it may not be possible for data stored securely on a cloud-based platform to be completely destroyed.

**Minors and Parents**
Clients under 18 years of age who are not emancipated, and their parents, should be aware that the law may allow parents to examine their child’s treatment records. Parents of minors may decline this right in order to give their child an opportunity for a confidential relationship.

**Billing and Payments**
You will be expected to pay for each session at the time it is held unless other arrangements have been made in advance. If your account has not been paid for more than 60 days and arrangement for payments has not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require the disclosure of otherwise confidential information. It is the policy of the ACC not to schedule additional services for any clients who have an outstanding balance from prior assessment, counseling, or consultation services obtained at the ACC.
When you sign this document, it will represent an agreement between yourself and the Assessment and Counseling Clinic. You may revoke this agreement in writing at any time. That revocation is binding unless action has been taken in reliance on it or if there are any unfulfilled financial obligations.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM.

_____________________________________________________________  __________
Signature of adult client or parent/guardian  Date

_____________________________________________________________  __________
Signature of parent/guardian  Date

_____________________________________________________________  __________
Signature of minor (12 years or older)  Date

_____________________________________________________________  __________
Signature of witness  Date