

**PSYCHOLOGY CLINIC
DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF BRITISH COLUMBIA**

CLINIC POLICIES AND PROCEDURES MANUAL (Students)

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PREAMBLE

Individuals working within the Clinic are Psychology Service Providers, and as such, represent the profession of psychology. It is expected that all procedures and services conducted in the Clinic will reflect high professional standards. The Clinic allows students to engage in clinical work appropriate to their level of training, and thereby facilitates development of clinical knowledge, judgment, professional identity and responsibility. The Clinic also provides a setting for research that contributes to the development of clinical knowledge and techniques, and to strengthening the scientific basis of clinical practice.

All authorized psychological services offered through the Clinic must conform to the ethical and procedural guidelines stipulated by the College of Psychologists of British Columbia (CPBC). It is incumbent upon clinic personnel to practice in accordance with these guidelines, as well as all relevant measures adopted by the CPBC. This Policy and Procedures Manual addresses matters that are of particular significance to Psychological Service Providers in the Clinic.

Listed below are documents that provide the ethical, legal, and procedural framework for the present manual. Most of these materials are reviewed as part of students' training in Professional Ethics.

- CPBC Code of Conduct (September 1, 2014)
- CPBC Practice Advisories
- Health Professions Act: Psychologists Regulation
- Canadian Psychological Association (2002) Companion Manual to the Canadian Code of Ethics for Psychologists
- Freedom of Information & Protection of Privacy Act (FIPPA)
- Mental Health Act
- Infants Act
- Motor Vehicle Act
- Child, Family, and Community Service Act
- Adult Guardianship Act

POLICY 1: CLINIC PURPOSE AND FORMAT

The Clinic emphasizes clinical training through the provision of psychological services to the public. The highest priority is placed on service delivery and client welfare. Consistent with the research/training role of the Clinic, fees are assessed to clients on a sliding scale.

- 1.1 Clients are seen at the Clinic within the context of practica, courses, and research programs. In all cases, the nature and extent of services offered through the Clinic is reviewed with clients.
- 1.2 The resources of the Clinic may assist in clinical research that is supervised by Faculty members, including participant recruitment and the use of consulting rooms, equipment, etc. Proposals for research are submitted to the Clinic Director for consideration. The Clinic Director can choose to accept proposals or, if warranted, bring certain proposals to the Clinic Supervisory Committee or Clinical Area for review.
- 1.3 Faculty may develop advanced assessment or therapy courses for upper level students. Such courses may require a cross-section of clients to be recruited to the Clinic for this specific purpose.

The Clinic endeavors to play a visible role in the Continuing Education of practitioners in Clinical Psychology.

The UBC Department of Psychology and Clinic support Faculty in the private practice of psychology.

The purposes of this policy are:

- a) To better organize the professional practice of psychology by department faculty in a single location;
- b) To enhance the quality of professional practice and the clinical experience of department faculty members;
- c) To provide faculty with an opportunity to maintain and improve their therapeutic and applied skills;
- d) To allow faculty to serve as role models for students; and
- e) To enhance the delivery of psychological services to citizens of the Lower Mainland Area of British Columbia.

Faculty who wish to participate in private practice on Department premises, are required to agree as follows:

- a) To be registered with the College of Psychologists of British Columbia;

- b) To render professional psychological services in accordance with those standards of professional ethics and practice as may be applicable;
- c) To clarify, with each client, in writing, that they are not acting as a Faculty Member or other employee of the University of British Columbia during the delivery of professional services and that the University is not responsible for nor is it liable for the delivery of said services.
- d)
- e) To maintain professional liability insurance;
- f) To remit 10% of billed services to the UBC Clinic as payment for use of Department space and resources;
- g) To not interfere with the Clinic's primary mission of providing clinical training opportunities for students.

Mission Statement

Activities of the Psychology Clinic advance the mission of the University as well as the Department of Psychology through a commitment to learning, research, and public service. The Clinic serves the public by presenting opportunities to benefit directly from psychological research and expertise. The Clinic is dedicated to the dissemination of evidence-based practices through learning among graduate students and professionals, and to furthering clinical knowledge by supporting on-site research.

POLICY 2: CLINIC PERSONNEL & PHYSICAL LAYOUT

Clinic Personnel

2.1 Clinic Personnel

A minimum of two full-time staff are required to operate the Clinic. These are:

(i) Clinic Director

The Clinic Director oversees the administration of the Clinic, teaches courses, including Introduction to Psychotherapy (Psyc 541) and Ethics and Professional Issues (Psyc 537), and contributes substantially to the provision of supervision to graduate students and coordination of external practica.

The Clinic Director assists students and clinical supervisors in ensuring that client care meets acceptable professional and legal standards. The Clinic Director provides consultation to students and staff, and acts as a liaison with the professional community.

(ii) Clinic Secretary

The Clinic Secretary receives telephone inquiries, walk-in clients, and the types of emergencies that arise in psychology clinics. This person also maintains a comprehensive database of clinical information, keeps records of telephone calls, and is responsible for tests and other materials that belong to the Clinic.

The Clinic Secretary's time is not to be used for clinical research purposes unless the department is compensated for such use of his/her time. The Clinic Secretary provides support services to the Clinic Director and the Clinical Faculty. The Clinic Secretary keeps regular hours, which are posted.

2.2 Clinical Supervisors

Clinical Supervisors are Psychologists who supervise students in their work with clients. Clinical Supervisors working with graduate students comprise Practicum Teams, often addressing a particular subset of presenting problems or emphasizing the application of particular intervention strategies. Through their participation in each Practicum Team, students develop depth of training, while their involvement with several Practica over time ensures breadth of training.

2.3 Clinic Teaching Assistants (TAs)

Clinic Teaching Assistants are Clinical Psychology graduate students (usually doctoral level) who assist the Clinic Director in screening potential clients and managing a list of potential clients waiting to be picked up for treatment. Clinic TA's receive initial referral information from the Clinic Secretary and follow up with a scheduled, comprehensive, structured, telephone intake. This information is then used to determine whether referred individuals are appropriate for the clinic. Clinic TA's work closely with the Clinic Director to make certain that potential clients are appropriately screened and a good fit for our clinic. Additionally, TA's provide information regarding alternative treatment options for all treatment seekers placed on the waitlist and make certain that these individuals are

appropriately managed in the event that they are not picked up for treatment within a year. TA's keep several, regular, posted office hours and are on hand during these times to assist student therapists with selecting cases for treatment.

Physical Layout

All room bookings and appointments are made online via the Zimbra calendar. Students and faculty may book rooms by accessing the calendar tab of their departmental email account. Clients are received in the reception area (1505). Computer resources, telephone, and support materials are available in the TA Office (1601). Therapy rooms of varying size are available (1615, 1623, and 1625). Classes are held in the Clinic classroom (1621). The office of the Clinic Director (1619) is also in the Clinic area. Priority for the Clinic space goes to 1) clinical practica, 2) classes, and 3) research, in that order. Rooms 1606, 1703, 1003 are designated as shared research space and can be booked by faculty and students in the Clinical area. Room 1703 functions as a flex space: being available for both research and practica. Though it is prioritized for research, it can be booked for use with Clinic clients in the event that 1615, 1623, and 1625 are fully booked.

A broad range of psychological tests and assessment materials are available in the Clinic, and are introduced in the required Psychological Assessment courses. Rooms 1615, 1623, 1625, 1703 (flex space) and 1621 (classroom) are fully equipped for digital recording (OwnCloud); audio monitoring for 'live' supervision is also possible in each of these rooms. Computers and a printer are available in the Clinic for the generation of reports, and the management of client information.

An introduction to the Clinic area and resources is provided by the Clinic TAs and Clinic Secretary each year at the outset of students' Clinical Practica.

POLICY 3: CLIENT REFERRALS TO THE CLINIC

3.1 Avenues for client referral or recruitment to the Clinic include the following:

- Referrals from community agencies, schools, hospitals, and mental health clinics
- Referrals from within the university community
- Advertisements in the media, including social media
- Referrals from individual physicians and mental health practitioners
- Self-initiated referral by prospective clients

Referrals are made by contacting the Clinic Secretary, who maintains a database of inquiries and referrals to the Clinic. Individuals are screened through a telephone intake by the Clinic TAs. Those treatment seekers who appear to present an appropriate match for services available through the Clinic are placed on a waiting list and are categorized in folders according to presenting problem. As services become available, Practicum Teams go to the folders and select potential clients.

The Clinic Secretary creates files for new clients, and must be notified when a client has been taken on by a Practicum Team member. Notification is typically provided by the student therapist involved with the case.

POLICY 4: CLIENT CHARACTERISTICS

- 4.1 Preference is given to clients who present a good match for available Practicum Teams, assessment and therapy courses, or clinical research. Clients not appropriate for the available Clinic resources are directed to alternative services.
- 4.2 As a precaution against potential conflicts of interest, the clinic does not accept as clients faculty or staff from the UBC Psychology Department, their family members, and graduate or undergraduate students presently majoring in the psychology program at UBC. These exclusions do not necessarily apply to research projects approved by the Clinic Ethics Committee.

Initial Referrals and Client-Initiated Contacts

Procedures for screening initial referrals and handling walk-in contacts are as follows:

- 5.1 The Clinic Secretary receives initial referral information regarding prospective clients. Typically, referrals are patient initiated and received by phone. In rare cases, treatment seekers will present in person and speak to the Clinic Secretary directly. In some cases referrals are made directly to the Clinic Director, an identified team, or a supervising Psychologist. In the event that a client emails the Clinic, the Clinic Secretary will respond with an email indicating that to protect client confidentiality we conduct Clinic business by phone or in person and invite the person to call the Clinic.
- 5.2 A Clinic TA (usually an advanced graduate student in the Clinical Area) responds to initial referrals with a telephone screen. We do not do initial intakes in person. The results of this assessment are reviewed with the Clinic Director and are used to identify potential resources within the Clinic (i.e., a specific team). In cases where there are no appropriate clinic resources then alternative referral information is provided.
- 5.3 In cases of crisis where a faculty member or the Clinic Director are not available, the Clinic Secretary will refer to the Campus Police (604-224-1322) or Emergency Services -Fire/Rescue (local 4567), or Ambulance (911).
- 5.4 Treatment seekers accepted for assessment or treatment in the Clinic are indicated as such in records maintained by the Clinic TAs. A separate listing of clients' appointments and financial information is maintained by the Clinic Secretary.
- 5.5 Because there is sometimes a lengthy delay between initial referral and pick up for treatment, Clinic TAs provide information regarding alternative treatment options to all treatment seekers placed on the waitlist and make certain that these individuals are appropriately managed in the event that they are not picked up for treatment within a year.

Medical Back-Up

- 5.5 Clinical faculty and student therapists will refer clients for medical services as required, or as indicated by client characteristics.

Psychological Assessment

- 5.6 Assessment is the responsibility of the student and clinical faculty member seeing the client, and will be completed as the case requires. Each client's file should contain an assessment report, usually completed by the therapist that has been assigned to plan and implement treatment.

- 5.7 Commonly employed measures belonging to the Clinic are stored in the large filing cabinet in 1601. These materials are for the use of clinical graduate students and clinical faculty and can be checked out from the Clinic Secretary. The sign out period for most assessment materials is one day (24-hours). Extensions may be possible depending upon demand, but require an in-person renewal. **If materials are lost, damaged, or not signed back in, the borrower will be responsible for replacing the relevant materials.**
- 5.8 Computer resources are available to students for clinic-related work in 1601. A Clinic laptop and portable projector are also available for student and Faculty use.

Consent Forms

- 5.9 Consent forms are available from the Clinic Secretary and should be used where appropriate. These forms include:
- Informed Consent and Service Agreement
 - Consent to Release and Receive Information
 - Consent Form for Observation and Intervention in School Setting

Other consent forms, such as those specific to a research project, are the responsibility of individual faculty members.

Fees

- 5.10 Fees are set on a sliding scale based on each client's total, yearly household income and apply to all services (e.g., initial assessments, individual treatment, group therapy)

ASSESSMENTS & TREATMENT *(Individual and Family Therapy)*

Yearly Household Income before taxes	Fee
Level 1: < \$ 20,000	\$10/contact hour
Level 2: \$20,000 – \$40,000	\$15/contact hour
Level 3: \$41,000-\$60,000	\$30/contact hour
Level 4: >\$61,000	\$50/contact hour

Group Therapy

Yearly Household Income before taxes	Fee
Level 1: < \$ 20,000	\$5/session
Level 2: \$20 – 40,000	\$10/session
Level 3: \$41,000-60,000	\$15/session
Level 4: >\$61,000	\$25/session

Psychoeducational Assessment (SUBSIDIES ARE AVAILABLE)

Yearly Household Income before taxes	Fee
< \$ 20,000	Total fee: \$240
\$20 – 40,000	Total fee: \$480
\$41,000-\$60,000	Total fee: \$720
>\$61,000	Total fee: \$900

- 5.11 At the time of the initial phone screen, the intake TA determines what fee the client will pay, marks the appropriate box on the intake form and communicates this to the client. When the client begins treatment, the Secretary will review the fee scale once more, as financial situations sometimes change from the time of phone screen.
- 5.12 It is the Clinic Secretary's responsibility to discuss the determined fee with the client at the initial visit, discuss payment policies and opportunities for waivers and have the client sign the Fee Agreement.
- 5.13 Clients who wish to use extended health benefits with coverage for psychological services may do so, but must recognize that their insurer may not cover services delivered by supervised student therapists. The Clinic Secretary will explain this to clients mentioning that they plan to submit receipts for reimbursement.

POLICY 6: CASE MONITORING AND SUPERVISION

- 6.1 The Clinic Director is responsible for providing students with training in professional and legal record keeping standards. This training is offered through the Introduction to Psychotherapy course (Psyc 541) and individual consultation. Students are responsible for following the Clinic record keeping guidelines (see Policy on Record Keeping).
- 6.2 Students are responsible for ensuring that clients are registered with the Clinic, which must be arranged with the Clinic Secretary.
- 6.3 Students and their supervisors are responsible for the content of their files. The student carries the primary responsibility for generating reports, notes, etc., while supervisors are responsible for ensuring completeness of records.
- 6.4 The Clinic Secretary will work under the direction of the Clinic Director to ensure that all files registered with the Clinic are properly managed and stored in the Clinic. (e.g., overseeing that files are signed out/in appropriately).
- 6.5 Client appointments and accounts are recorded and maintained by each student therapist in the online calendar. Students must ensure that clients check in with the Clinic Secretary prior to each appointment, and must also reserve space for their sessions.
- 6.6 It is the responsibility of each individual Supervisor to ensure that supervision is provided according to the terms outlined in the In House Practicum Contract (see practicum support website for prototype: www.practicumsupport.psych.ubc.ca). If Supervisors are out of town, in town but plan to be unreachable, or have the need to cancel regularly scheduled supervision, they must personally obtain supervisory backup from another faculty Supervisor for their cases. For extended absences or periods of time that would require skipping regular supervision sessions, backup Supervisors are strongly encouraged to read and co-sign therapy notes and/or touch base with students so that treatment can be appropriately monitored.

Ultimately, it is the responsibility of each Supervisor to determine what type and amount of supervision is needed to ensure the safety and best therapeutic/teaching outcome for their clients/students.

POLICY 7: CLIENT FOLLOW-UP

- 7.1 Individual Practicum Teams are responsible for deciding if follow-up is necessary, and for determining procedures for the follow-up of individual cases. Supervisors are aware that practica may terminate before follow-up has been completed, and make arrangements accordingly. The responsibility for follow-up rests with the supervisor for the case. The Clinic is closed from May 1st-August 31st each year and services are rarely offered in the Clinic during that time.

POLICY 8: CLINICAL RESEARCH ISSUES

- 8.1 All research projects conducted in the Clinic, with Clinic clients, or with information regarding these clients, must be approved by the UBC Ethical Review Board and the Clinic Director.
- 8.2 Research conducted with Clinic clients requires a consent form specific to the research project being conducted. The responsibility rests with the supervising faculty member for ensuring that such forms are available and used when appropriate.
- 8.3 Barring legal and ethical exceptions to confidentiality, access to Clinic files is restricted to Psychologists who are responsible for a particular client, and persons under their supervision.

If other researchers wish to access Clinic information they must contact the faculty person responsible for the clients in question. If the faculty person agrees to co-operate with the research, it is his/her responsibility to access the file and to ensure that identifying information (name, address, and telephone number) and information that may provide clues to the client's identity (e.g. profession, personal references) is either deleted or disguised to prevent client identification.

If information is stored in a computer system, there must be no identifying information included in the files. Research access to computer-stored information must receive approval from the UBC Behavioral Research Ethics Board.

- 8.4 Information on computer systems containing no identifying client information may be used for research purposes provided the conditions of 8.2 have been met.
- 8.5 Faculty using the Clinic Secretary for research purposes are expected to contribute research funds to compensate the department for secretarial time.
- 8.6 Reserving space for Research:
 - a) All persons wishing to use Clinic space for research must submit an application to the Clinic Director (see Appendix X in the Clinic Secretary manual)
 - b) All space must be booked off in advance of the time it is used via the online calendar.
 - c) Space may only be booked for pre-scheduled research activity. It is unacceptable to block off room time 'just in case' or in anticipation of something that has yet to be scheduled.
 - d) Clinic space is used primarily for practica and other clinical course related activity. This type of activity takes priority over research activity. While space conflict is expected to be very rare, if it occurs, the research group will be asked to re-schedule their work for a different time.

8.7 Confidentiality and Professionalism:

- a) The Clinic is a professional place. All persons using the space are expected to conduct themselves accordingly. It will be the responsibility of the Graduate Student or Faculty Advisor to make this clear to other research personnel (e.g., RAs, Undergraduate Volunteers, etc).
- b) Because, clients are seen in this space, RAs and Volunteers should know that they are not to discuss or share information about things or people they've seen/heard while using this space. It will be the responsibility of the Graduate Student or Faculty Advisor to make this clear to other research personnel.

8.8 Other:

- a) Rooms must be left the way they are found. Moving furniture or bringing items into the room is acceptable, as long as the room is returned to its original state. Equipment or other research related items may not be left in the Clinic rooms.
- b) Exceptions to these policies and procedures will be considered on a case-by-case basis. Please contact the Clinic Director if you have any questions or concerns.

POLICY 9: LEGAL AND ETHICAL ISSUES

Ethical Conduct

- 9.1 The Clinic has adopted the CPA Code of Ethics and the CPBC Code of Conduct.

Liability Insurance

- 9.2 According to the most recent correspondence with the University concerning liability insurance coverage for students working at the Clinic, students enrolled in UBC courses, and faculty and employees carrying out their usual work requirements, are covered under the Master Insurance Policy for the university. This insurance will likely cover the damages awarded to any persons injured or damaged as a result of attending the Clinic and/or engaging in approved research.
- 9.3 It should not be expected that the University Master Policy will provide insurance coverage where individual malpractice can be demonstrated (e.g. if faculty and/or students are providing unauthorized services) or where criminal charges are pending (e.g., assault). Further, the University Master Policy may not cover the legal costs involved in defense of such cases.
- 9.4 Students and faculty using the Clinic might wish to obtain individual Professional Liability Insurance for the purposes of covering the costs of legal defense in the case of a malpractice suit. This can be obtained through the B.C. Psychological Association or the Canadian Psychological Association. Further details are available from the Clinic Director.

Legal Consultation

- 9.5 Legal consultation on matters related to the Clinic is available through the UBC lawyer associated with the Office of the University Counsel.

Accreditation Issues

- 9.6 As part of a CPA/APA accredited clinical psychology program, the Clinic maintains standards consistent with those established for internship and practicum agencies in the relevant CPA and APA documents. Starting in 2016, APA accreditation will no longer be required for the UBC Doctoral Programme in Clinical Psychology.

POLICY 10: USE OF CLINIC ROOMS

- 10.1 Clients are to be seen during normal department hours (8.30 to 4.30 p.m., Monday to Friday) or outside of these hours with the permission of their Clinical Supervisor.
- 10.2 Only Clinic clients should be seen for evaluation and treatment in the Clinic rooms. Faculty may use Clinic space for private clinical work (see Policy 1) as long as it does not interfere with primary Clinic business of training.
- 10.3 Clinic rooms are reserved using the online Zimbra calendar. For all sessions with clients, students must reserve a room beforehand by placing their name with the patient initials in parentheses in the appropriate calendar. This procedure ensures the availability of space, and facilitates the complete accounting of client appointments. The Clinic Secretary arranges her schedule to be available to take payments when clients attend the Clinic. Typically, clients telephone the Clinic to cancel appointments. Any appointments or cancellations made directly between a therapist and client should be changed in the online calendar as soon as possible and/or brought to the attention of the Clinic Secretary in order to facilitate her schedule and maintain the accurate billing of clients.
- 10.4 Therapists should arrive in advance of sessions in order to prepare recording equipment, arrange furniture, etc.. Therapy sessions are typically 50 minutes in length. Therapists are expected to stop their sessions 10 minutes before the hour. Additional time may be reserved if it is indicated or required.
- 10.5 Clients should be directed to check in with the Clinic Secretary prior to each appointment and to arrive 15 minutes early for their first appointment. If the Clinic Secretary is away from the reception area, or if clients are seen after hours, payment envelopes are available on the Secretary's office door. Clients should place their payment in one of these envelopes and deposit it through the slot on the door of the Clinic office. A receipt will be issued at a later date. Cheques are payable to the UBC Psychology Clinic.

POLICY 11: INFORMED CONSENT

A broad goal of informed consent is to provide clients with enough information about psychological assessment and therapy that they can make a reasoned decision. Accordingly, information must be presented in a manner that the client understands, and opportunities to seek clarification or receive further information must be offered. To the extent that clients do not know what psychological services entail, they may not be able to make choices in their own best interest. As well, clients may assume that confidentiality is absolute and, hence, need to be informed of its limits.

- 11.1 It is incumbent upon a student therapist to inform potential clients about the nature of any proposed assessment or therapy, the nature and limits of confidentiality, the fact that they are being supervised, the name of their supervisor as well as any details related to recording or observation of the session by others. Recording devices should not be turned on until the client has been informed of and consented to their use. Any questions that a client may have should be answered in as much detail as is possible and reasonable. Therapists must ensure that clients completely understand what they are agreeing to. If the client refuses or does not wish to participate further with assessment and/or therapy, an appropriate note should be made in his/her file.
- 11.2 Student therapists must obtain a signed Informed Consent and Service Agreement from clients if consent to assessment and/or therapy is given. This must be witnessed and dated. An unsigned copy of this agreement should be given to each client for their own reference.

POLICY 12: CONFIDENTIALITY OF CLIENT FILES

Psychologists are generally held liable for breaches of confidentiality if they are clearly preventable. Two types of breaches can occur: (1) active disclosure whereby the psychologist actively reveals information about the client through speech, writing, or some other medium, without the client's expressed consent; and (2) unintentional disclosure whereby the psychologist leaves confidential records in unsecured locations. To maintain confidentiality and prevent breaches from occurring, the Clinic has the following policy:

- 12.1 Client information is strictly confidential and is not to be discussed outside of the Clinic unless it directly pertains to a teaching situation (e.g. meeting with supervisor, case conferences), or other exceptions to confidentiality explicitly reviewed in the informed consent procedure.
- 12.2 Client files (including waitlist/phone intakes) and/or material identifying clients must be kept in the locked file cabinet in the Clinic office (or in the TA room, as is the case with the waitlist files). Files must be signed out if they are removed from the Clinic offices and must be returned by the end of the day they are signed out. If the Clinic Secretary is ill or on holiday, access to Clinic files can be obtained through the main Psychology Office or the Clinic Director.
- 12.3 Client files are not to be taken out of the office overnight. An exception to this policy may be made if specifically requested by the clinical supervisor, but arrangements must also be made to ensure that the file is kept in a secure location.
- 12.4 Client files should not be removed from the Psychology Department and must always be securely kept.
- 12.5 The information contained in a client's file can only be released after the client has consented and signed Consent to Release and Receive Information form, except in cases where demanded by law (e.g. by court order). Information that is to be used for research purposes is subject to Policy 8 concerning Clinical Research Issues.
- 12.6 When responding to requests for confidential information from sources outside of the Clinic, students must ensure that they: (1) inform the client of the request, (2) obtain client consent before responding to the request, and (3) communicate only information that is directly relevant to that request.
- 12.7 Correspondence requesting access to a client record (e.g., court order, request from a law office) should be immediately shared with the Clinic Director, if received by a student therapist or supervisor. The clinical supervisor and student therapist will be informed of any such requests, should they be received by the Clinic. Requests will be processed by the Clinic Director and/or UBC legal counsel.
- 12.8 Whenever information to be released pertains to assessment results, it is incumbent upon the student to acknowledge any reservations he/she may have concerning the validity and/or reliability of those results.

General Record Keeping Guidelines

Introduction

The guidelines that follow are based on the CPBC Code of Conduct. Students within the UBC Clinical Psychology Program receive detailed instruction in the content and implementation of the core documents that inform this brief overview. The purpose of this summary is to provide an introductory characterization of the record keeping practices of Psychologists. Naturally, in the event of any conflict between this outline and the relevant laws, codes, and guidelines on which it is based, the latter documents are considered primary.

Underlying Principles and Purpose

Psychologists maintain records for a variety of reasons, the most important of which is the benefit of the client. Records allow a psychologist to document and review the delivery of psychological services. The nature and extent of the record will vary depending upon the type and purpose of psychological services. Records can provide a history and current status in the event that a client seeks psychological services from another psychologist or mental health professional.

Conscientious record keeping may also benefit psychologists themselves, by guiding them to plan and implement an appropriate course of psychological services, to review work as a whole, and to self-monitor more precisely.

Maintenance of records may also be relevant for a variety of other institutional, financial, and legal purposes. Provincial and federal laws in many cases require maintenance of appropriate records of certain kinds of psychological services. Adequate records may be a requirement for receipt of third party payment for psychological services.

In addition, well-documented records may help protect psychologists from professional liability, if they become the subject of legal or ethical proceedings. In these circumstances, the principal issue will be the professional action of the psychologists, as reflected in part by the records.

Psychologists are justifiably concerned that, at times, record-keeping information will be required to be disclosed against the wishes of the psychologist or client, and may be released to persons unqualified to interpret such records. These guidelines assume that no record is free from disclosure all of the time, regardless of the wishes of the client or the psychologist.

Description of Record Keeping Systems

There are five categories of records maintained in the Clinic:

1. Treatment records
2. Accounting and statistical records
3. Research records
4. Shadow notes

5. Recordings

1. Treatment Records

Written records of the client's background information, treatment, and correspondence are kept in a Client folder, alphabetically filed in a locked file cabinet in the Clinic Secretary's office. These records are used by the Psychologist or Psychology Service Provider in planning and reporting on the treatment provided to the client and are used to provide future clinicians with information on the client. To ensure the confidentiality of these records, they are not allowed out of the Psychology Department. Clinicians and supervisors (and the client if he/she wishes) may review information in this folder.

Computer files that contain any assessment or treatment related materials should be encrypted to insure that unauthorized individuals cannot access the information. (Please see instructions for installing and using TrueCrypt on the Practicum Support website: www.practicumsupport.psych.ubc.ca).

It is common for students to keep a copy of written work (e.g., assessment reports, termination summary) for future use. If a student does keep a copy of such work it is imperative that he or she take the following precautions to protect the confidentiality of the material:

1. Encrypt the document
2. Remove or alter ALL identifying information (e.g., client name, age, gender, place/type of work, place of birth, date of birth, names of family members, medical conditions, names of other care providers) to prevent the possibility that the client could be identified if the document were accessed by another person.

Work of this nature should never be composed on public computers (e.g., the library) or in a public place (e.g., research labs) where others are liable to perceive identifying information found within the document. Using Clinic computers will greatly reduce this type of liability.

The following information and materials are stored in the Client Folders:

- a) Name of the client and other identifying information
- b) The presenting problem(s) or the purpose of the consultation
- c) Telephone Intake
- d) Informed Consent and Service Agreement and other consent forms if applicable (e.g., observation and intervention in school setting, participation in research).
- e) Fee Agreement
- f) File Audit Sheet
- g) Consent to Release and Receive Information forms
- h) Information obtained from other clinicians or agencies
- i) Formal Psychological Evaluation Report (aka Assessment/Intake Report)
- j) Copies of all correspondence pertaining to client (e.g., letters to client or letters from other agencies).
- k) Progress Notes
 - i. Include session notes and non-session contacts (e.g., phone calls from client, emergency situations, case consultations with other professionals or family members).

- ii. Session notes contain the date and substance of each meeting, including relevant information on interventions, progress, issues of informed consent, or issues related to termination.
- l) Test reports and any test data or test forms
- m) Termination Report
- n) Termination Summary Form – For Archive
- o) Emergency Contact Form

Record keeping is an essential part of Clinic work, and must be completed in a timely fashion as outlined in the In House Practicum Contract. Progress notes should be handwritten in order to facilitate timely documentation and eliminate the necessity to protect any additional electronic material. If supervisors have additional comments to add to progress notes, they can write on the original note to provide any clarifications or minor corrections before adding their signature. Evaluative reports should be typed and placed in the chart within the time frames outlined in the Contract. If reports are likely to be delayed longer than the outlined timeframe, a very brief, handwritten summary note should be placed in the chart with an indication that a more detailed report is to follow.

Any emergency situations should be immediately and comprehensively documented in the chart.

Records allow a psychologist to document and review the delivery of psychological services. The most important reason for keeping records is to benefit the client. Additionally, records may help to protect clinicians, supervisors and the Clinic in the event that records are subject to ethical or legal proceedings.

2. Accounting and Statistical Records

For audit purposes, the Clinic Secretary keeps a set of accounting records on all clients. Besides an electronic file containing the client's account information, supporting information documenting and further explaining the financial records are kept on file.

3. Research Records

Questionnaires and other research information collected on clients/subjects are ordinarily maintained in the Clinic and are available only to authorized persons. Alternative record storage arrangements for research data may also be made, as approved by University and Clinic ethics review committees.

4. Shadow Notes

These are typically handwritten personal notes of clinicians that are related to ongoing clinical care. They are usually notes that the clinician takes in session or in supervision and wishes to save in addition to the official progress note. If these notes contain identifying information, their security must be managed in ways similar to other official records. All students have a personal folder in the clinical files cabinet (in Clinic Secretary's office). Shadow notes should be kept in this folder only. **Since these types of notes may also be court ordered along with official chart notes, it is strongly encouraged that students discuss with their supervisor whether or not to keep these types of notes.** In any case, a conservative policy would be that they are kept to a minimum and shredded after the client has terminated treatment.

5. Audio/Video Recordings

These recordings may be used for supervision or for other purposes, relevant to client care. The Clinic has a separate computer, TV, and wall-mounted camera and microphone for each of 4 therapy rooms (1615, 1623, 1625, and 1703). The Apple computers were installed in Fall 2013. This equipment allows students and supervisors to record therapy/assessment sessions. The protocol is 1) to record sessions onto the computer hard drive, 2) to upload the file to the secure departmental server, and 3) to then use Secure Empty trash to wipe the file from the computer hard drive.

- Students and Faculty must submit a Linux Virtual Machine Account application form (<http://www.psych.ubc.ca/services/pit/email/linuxvmapp.pdf>) to the Departmental IT staff to access the server (cloud). Login IDs and passwords will be provided to each applicant individually by the IT staff.
- Instructions for operating the equipment are printed directly on the desktop display of the monitors for each computer.
- The computers are encrypted to protect any data that is stored on the hard drive.
- To login to the computers use the password "Cl!n!crecording"
- If difficulties arise with the recording equipment, contact Matt Smith, Helpdesk Manager.
- In addition to the recording equipment, the Clinic also has a laptop computer and portable projector that can be signed out by students or faculty in the Clinical Area. Most commonly, this equipment is used for teaching purposes.

As with other portions of the client record, clients have a right to access information stored in a digital form or in audio or videotapes. However, when clients consent to receiving services they are aware that any recordings of their sessions do not become part of their permanent record. Moreover, keeping copies of multiple client sessions creates additional risk for confidentiality. Students are only permitted to retain recordings of 1-2 client sessions at a time (to provide sufficient time for supervision review). Students do not have permission to delete recorded sessions on the OwnCloud, but their supervisors do. Supervisors are responsible for destroying sessions after supervision has taken place.

Guidelines for Clinical Records

General Content of Records

- a) According to the CPBC Code of Conduct (2009), records include notes, reports, invoices, completed or partially completed test forms and protocol sheets, test results, interview notes, correspondence, and other documents in whatever forms, including information stored in digital form or on audio or videotapes, in the primary control of the psychologist and in any way related to the provision of psychological services to the client. Under the Freedom of Information and Protection of Privacy Act, records can be reviewed and duplicated.
- b) Records of psychological services minimally include (a) identifying data, (b) dates of services, (c) types of services, (d) fees, (e) any assessment, plan for intervention, consultation, summary reports, and/or testing reports and

supporting data as may be appropriate, and (f) any release of information obtained.

- c) As may be required by their jurisdiction and circumstances, psychologists maintain to a reasonable degree accurate, current, and pertinent records of psychological services. The detail is sufficient to permit planning for continuity in the event that another psychologist takes over delivery of services, including, in the event of death, disability, and retirement. In addition, psychologists maintain records in sufficient detail for regulatory and administrative review of psychological service delivery.
- d) Psychologists make reasonable efforts to protect against the misuse of records. They take into account the anticipated use by the intended or anticipated recipients when preparing records. Psychologists adequately identify impressions and tentative conclusions as such.

Construction and Control of Records

Psychologists maintain a system that protects the confidentiality of records. They must take reasonable steps to establish and maintain the confidentiality of information arising from their own delivery of psychological services, or the services provided by others working under their supervision.

- a) Psychologists have ultimate responsibility for the content of their records and the records of those under their supervision. Where appropriate, this requires that the psychologist oversees the design and implementation of record keeping procedures, and monitor their observance.
- b) Psychologists maintain control over their clients' records, taking into account the policies of the institutions in which they practice. In the event that circumstances change such that it is no longer feasible to maintain control over such records, Psychologists make appropriate arrangements for transfer.
- c) Records are organized in a manner that facilitates their use by the psychologist and other authorized persons. Psychologists strive to assure that record entries are legible. Records are to be completed in a timely manner.
- d) Records may be maintained in a variety of media, so long as their utility, confidentiality and durability are assured.

Retention of Records

- a) Clinic files are retained for at least seven years after the last contact with the client or seven years beyond the age of majority, in the case of a minor client. Retention of records in excess of this period may be indicated if in the best interests of the client, as determined by the Supervising Psychologist. A one page Termination Record is completed at the time of termination, and survives the file as a permanent record of client services.

- b) Waitlist files of treatment seekers who were either a) unsuitable for the Clinic or b) not picked up for treatment, are kept for one year after the date of last contact (per FIPPA). The files are destroyed, in their entirety, after one year.
- c) All records, active and inactive, are maintained securely with properly limited access, and from which timely retrieval is possible.

Outdated Records

- a) Psychologists are attentive to situations in which recorded information has become outdated, and may therefore be invalid, particularly in circumstances where disclosure might cause adverse affects. Psychologists ensure that, when disclosing such information, that its outdated nature and limited utility are noted using professional judgment and complying with applicable law.
- b) When records are to be disposed of, this is done in an appropriate manner that preserves confidentiality. The Psychology Clinic has access to confidential shredding services on campus.

Disclosure of Record Keeping Procedures

- a) Psychologists inform their client of the nature and extent of their record keeping procedure. This information includes a statement on the limitations of the confidentiality of the records.
- b) Psychologists may typically charge a reasonable fee for review and reproduction of records (see schedule below). Psychologists do not withhold records that are needed for valid health care purposes solely because the client has not paid for prior services.

Photocopying per page (up to 10 pages)..... No Cost
 -subsequent pages – per page \$0.30

Creation of letters, reports, etc..... \$20 – 60/hr, capped at 3 hrs.
 [same fee as is used for assmt and therapy services]

Clients will also be responsible for any costs incurred in shipping, faxing, mailing the requested materials.

Clinic Procedures

Intake

Upon accepting a referral, it is incumbent upon the student therapist to complete an assessment report as soon as possible. One purpose of the assessment report is to formulate treatment goals and outline the psychological intervention(s) to be employed in order to accomplish those goals. It is the student's responsibility to ensure that the assessment report contains a clearly articulated statement of the client's reason(s) for referral, relevant personal history, the goals of therapy, and the criteria by which progress will be measured.

- 13.1 Once a client has consented to assessment and/or therapy, students shall complete an assessment report. It is recommended that the report contain at least the information on the sample report (see practicum support website: www.practicumsupport.psych.ubc.ca). However, the precise content and form of the report is at the discretion of the faculty member who is supervising the case.

Session Notes

- 13.2 Session notes are to be kept in the client's file. These notes, although brief, should contain enough information to document the progress of each case. The following are recommended guidelines to the content of these notes (* denotes elements are required for billing):

- *Client name
- *Date of session or contact
- *Length of session
- *Type of service (e.g., group, individual or conjoint session, phone note, cancellation)
- *Individuals present in the room
- Name of supervisor
- Name of therapist
- Progress monitoring scale scores
- Main issue discussed
- Nature of therapeutic intervention
- Status of presenting problem
- Important new information about the client
- Changes in goals or strategies
- Next appointment

The Clinic uses a structured progress note that prompts students to include the above elements.

Termination

- 13.3 Client termination dates are recorded on the database maintained by the Clinic Secretary. Student therapists must complete a Termination Summary form, which records demographic information, the date in the future when the file will be destroyed, and any further notes stipulated by the Supervising Psychologist.
- 13.4 Upon termination of therapy, students must complete a formal termination report to be kept in the client's file. A sample termination report is available on the practicum support website (www.practicumsupport.psych.ubc.ca). Guidelines to this report are as follows:
- Basic personal history and presenting problem
 - Initial goals and methods planned
 - Number of sessions and time span
 - Any changes that occurred in the goals

- Outcome regarding each goal
 - Reasons for termination
 - Post therapy recommendations and statement of case disposition
- 13.5 If a follow-up is deemed necessary, client consent to subsequent contact should be secured and attached to their file. The responsibility for devising any follow-up rests with the Supervising Psychologist for the client.
- 13.6 Subsequent to the time of termination, the Supervising Psychologist must sign the File Audit Form (attached to each file), indicating that the case documentation meets with their approval.
- 13.7 Students should note that individual supervisors may fulfill the requirements of record keeping in a manner other than that specified here.

Closing the Client File

- 13.8 Student therapists will ensure that the file is prepared to be archived by completing the following tasks:
- a) Securely delete any remaining digital files left on the server or the student's personal computer
 - b) Shred any shadow notes that have been stored in the student's personal file
 - c) Remove any draft reports or notes from the client file
 - d) Remove any monitoring forms or homework sheets that are not necessary for continuity of care. Most such forms can be removed, but they may be retained at the discretion of the supervisor.
 - e) Ensure that the File Audit form, reports, and progress notes have been signed by both the supervisor and student therapist.
 - f) Retain the following in the client file:
 - Telephone Intake
 - Consent form
 - Consent to Release and Receive Information (if applicable)
 - Fee Agreement
 - Reduced Fee Form (if applicable)
 - Completed or partially completed test forms and raw test data
 - Computer generated test reports
 - Progress monitoring forms
 - Intake/Assessment report
 - Progress notes (in chronological order). Include copies of any email communication with the client.
 - File Audit Form
 - Information obtained from other clinicians or agencies
 - Copies of all correspondence pertaining to client (e.g., letters to client or letters from other agencies).
 - Termination report
 - Termination Summary Form
 - Any other information on which decisions about the client's care were based
- 13.9 The student will give the client file to the Clinic Secretary to be archived

Suicide Threats

- 14.1 Students must be sensitive to the potential for self-injury or suicide among clients seen in therapy, and must exercise skill in diagnosing and responding to such threats. When the student suspects that a significant risk may be present, it is incumbent upon him/her to document this and inform his/her supervisor. It is also necessary to assess, at minimum, the degree of planning and its lethality, the emotional state of the client and his/her intent, the means available to the client to carry out his/her plans, and the client's previous history of suicide attempts.
- 14.2 Instruction concerning risk factors for suicide and intervention strategies takes place within the Clinical Practica as well as the Introduction to Psychotherapy (Psyc 541) and Ethics and Professional Issues (Psyc 537) seminars.

Suicide Completion

- 14.3 In the event of a suicide or unexpected death of a client currently being seen by a student therapist in the Clinic, the following procedures will be followed:
- a) Following an unexpected death of a client, the therapist should talk about this as soon as possible with their practicum supervisor and other relevant faculty (e.g., research supervisor).
 - i) When a student therapist learns about the client death, she/he should inform their practicum supervisor as soon as possible.
 - ii) When Clinic staff or faculty learn about an unexpected death before the practicum therapist, the practicum therapist will be informed as soon as possible by an appropriate faculty member, preferably their practicum supervisor, about the client's death. This will be done in person (not via e mail, phone, etc.) so that the student and supervisor can best process what has occurred and make plans for what courses of action should be taken.
 - b) The student's research supervisor(s) should be informed, in general terms, that this has occurred, so that additional assistance can be provided to the student during this time. Additionally, the Director of Clinical Training and Clinic Director should also be informed and possibly consulted regarding appropriate responses to take.
 - c) The student therapist and their practicum supervisor should consider whether accommodations should be made to the students' workload, including work with clients, in order for the student to better cope with this loss.
 - d) It is recommended that the student therapist, and possibly the practicum supervisor, obtain whatever assistance is needed in order to respond to this loss effectively. For example, it can be very helpful during this very stressful time for the therapist and/or supervisor to obtain therapy services.

- e) While relevant assistance should be actively sought by the student therapist and his/her supervisor during this time, maintaining both client confidentiality and appropriate record-keeping in the official client file continues to be very important. Psychologists are required to maintain client confidentiality even after the death of the client.

- f) Specific procedures for dealing with the untimely death of a client may differ based on the particular situation, the particular client, the particular therapist, etc. A task force of the American Association of Suicidology maintains a webpage at http://mypage.iusb.edu/~jmcintos/therapists_mainpg.htm that provides helpful information to assist therapists dealing with the loss of a client by suicide.

General Statement

Clinicians, staff members, and supervisors respect the confidentiality of information obtained from clients of the Clinic. All information from or about clients is confidential, when obtained during professional activities such as psychotherapy, assessment, counselling or consultation. Such information will be released to others only with the consent of the client or the client's legal representative (e.g., parent or guardian), except in those unusual situations when limitations to confidentiality may apply. When receiving services at the Clinic, clients will be informed of possible exceptions or limitations to confidentiality. Clinicians, staff members and supervisors are responsible for understanding and carrying out this policy, as well as sections of the CPA Code of Ethics for Psychologists, the CPBC Code of Conduct and Provincial and Federal laws which apply to the issue of confidentiality.

Possible Limitations of Confidentiality

Provincial and federal laws stipulate that information about clients be released to third parties under specific circumstances. The fact that the Clinic is a training facility also necessitates proscribed limitations to confidentiality. Clinic Teams will discuss with new clients the possible situations in which confidentiality may be limited. However, the student therapist is ultimately responsible for ensuring that his/her clients understand the limitations of confidentiality.

Before violating confidentiality, a student therapist should discuss the circumstances with his or her supervisor and/or with the Clinic Director. Whenever possible, the student therapist should attempt to secure the client's consent before divulging information to others. The student therapist (under the guidance of their supervisor) is responsible for understanding and following legislation and ethical principles pertaining to confidentiality. The following list describes some circumstances under which it may be appropriate to release confidential information:

- a) If the clinician believes that the client can reasonably be expected to harm an identifiable party or class of individuals, the clinician may have a duty to protect that person by informing the person and/or the police or by taking some other action.
- b) If the client is 16 years of age or older and the clinician believes that the client has a medical condition that makes it dangerous to the client or to the public for the client to drive a motor vehicle, and he/she continues to drive a motor vehicle after being warned of the danger by the clinician, then the clinician must report to the superintendent of Motor Vehicles the name, address and medical condition of a client. (see Motor Vehicle Act)
- c) If the clinician has reasonable cause to suspect that a child has been, or is likely to be, harmed or neglected, the clinician may be required by law to report the suspected abuse or neglect to the Ministry of Children and Family Development. (see Child, Family, and Community Service Act)

- d) If the clinician has reasonable cause to suspect that abuse, exploitation or neglect of a person over the age of 19, who is vulnerable because of physical or mental impairment or advanced age, has occurred, the clinician may report the suspected abuse or neglect to the appropriate agency. (see Adult Guardianship Act)
- e) If a judge orders release of information about a client, the Clinic may be required to release this information. Clinicians and supervisors may also be required to testify in court cases.
- f) Information about clients may be shared with the student therapist's supervisor or Practicum Team. Principles of confidentiality still apply, and information about clients is not to go beyond the supervision setting (so-called "bubble of confidentiality").
- g) Therapy sessions at the Clinic may be recorded as part of the student therapist's training. Recordings are intended for professional or training use only by the student therapist and his/her supervisor or Practicum Team. Clinicians are responsible for the security of recordings.

Release of Information by the Clinic to Other Parties

Clients may request that the clinic release confidential information to third parties. Before information can be sent to another person or agency, the client must provide written authorization by signing a Consent to Release and Receive Information form. In the case of a minor child or adult with guardian, the parent or legal guardian must authorize the release of information.

The Consent to Release and Receive Information form should include the following information: 1) the time period covered by the release, 2) specific reasons for sharing information, 3) the specific records or information to be shared, 3) the name of the person or agency to whom information is to be released, 4) any limitations on data to be sent, 5) the signature of the client or person authorizing the release, and 6) the signer's relationship to the client if it is not the client her/himself.

Confidential materials released to other parties should be marked "Confidential". A cover letter should accompany the materials. The purpose of this letter is to inform the recipient that the information is confidential and is not to be released to other parties or agencies.

The student therapist and Practicum Team should assess the ability of the person receiving information to understand the nature of the data. Non-professionals or members of other professions may misunderstand psychological terms and concepts, possibly to the detriment of the client. Where such risks appear possible, the student therapist should review appropriate measures with the Supervising Psychologist.

As the Clinic is part of the university and, thereby, a public body, access to client information is governed by the Freedom of Information and Protection of Privacy Act. Under this legislation, all requests to access client information should be made in writing to the Office of University Counsel (Freedom of Information Specialist and/or Access and

Privacy Manager). This is always the case when information is requested by a third party either without the client's knowledge or without his/her consent (e.g., court order). In such situations, the written request should be sent to the Office of University Counsel and the Clinic Director informed immediately.

In practice, when a client requests access to his/her own record or asks that it be sent to a third party the Clinic is permitted to grant access provided the client has signed the Consent to Release and Receive Information form and there is no reason to suspect that disclosure of such information to the client would be likely to cause a) substantial adverse effect of the client's physical, emotional, or mental health, or b) harm to a third party. The clinician and supervisor must respond to the client's request within 30 days.

POLICY 16: CLINIC COMPUTER

Computer resources supporting word processing and printing are available in the Clinic. These resources are expressly intended to assist students in their clinical work (e.g., report writing, test scoring) and the use of these systems should be limited to these purposes. No software may be added to the Clinic computers without prior approval from the Clinic Director, and no student files are to be saved on hard drives.
