



The Robert J Murney Clinic
at **FOREST INSTITUTE**

1322 S. Campbell – Springfield, MO 65807

Phone (417) 865-8943 Fax (417) 831-6830

Consent for Treatment, Financial Agreement and Patient Bill of Rights
Please Read and Sign at the Bottom of the Page

Patient Name

Social Security Number

Date of Birth

Forest Institute Clinic is a teaching facility of Forest Institute of Professional Psychology. We provide services to individuals, families and groups. Services are provided by psychological trainees, interns and residents supervised by licensed psychologists. Therapy sessions are typically 45-50 minutes and scheduled once a week. Depending on your individual circumstances, testing may be ordered to enhance your treatment. Video/Audio taping and observation of therapy and testing sessions are a normal and customary procedure. The taping is for supervisory consultation, training and research purposes only.

PATIENTS BILL OF RIGHTS

- To have all rights of the clinic regardless of race, color, sex, religion, national origin, age or disability.
- To have adequate mental health services and treatment in as open a setting as possible.
- To have the clinic and its programs explained to him/her clearly and understandably.
- To know the name of the person in charge of the treatment and to know how he/she will be under care and to take part in the planning and the discharge
- To have records kept confidential
- To be allowed to meet with his/her attorney and personal physician at will.
- To be treated courteously and be free from verbal and physical abuse
- To have charges, billing, insurance and fees explained fully.
- To exercise civil rights unless declared legally incompetent.
- To have the same legal rights and responsibilities as any other citizen unless otherwise stated by law.

The Forest Institute Clinic shall attempt to offer quality Mental Health Services in a professional fashion and atmosphere by trained, competent professionals. Psychological Trainees shall at all times be under the supervision of a licensed professional. The ethical guidelines of the Forest Institute Clinic shall be in compliance with the Missouri Psychological Association, State Committee of Psychologists and the American Psychological Association.

PAYMENT OF SERVICES

\$ _____ Individual Therapy for Adult/Child
 \$ _____ Marital/Couple/Family Therapy
 \$ _____ Assessment

\$ _____ Parenting Classes
 \$ _____ Group Sessions
 \$ _____ Other Services

CONSENT FOR TREATMENT

I hereby acknowledge and consent to psychological treatment and/or evaluation for myself, my child or legal ward as deemed appropriate by the clinical staff of Forest Institute Clinic. I further understand that my assigned therapist may be a psychological trainee, intern, resident, or assistant who is supervised by a licensed, doctoral level psychologist. I agree to the conditions and rights listed above and agree to pay the designated fee as agreed upon. My intent is to retain psychological services of the Forest Institute Clinic.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM: The notice of Privacy Practices of Forest Institute Clinic sets forth the ways in which my personal health information may be used or disclosed by Forest Institute Clinic, and outlines my rights with respect to such information. I acknowledge that on _____(date).

I received a copy of the Forest Institute Clinic Notice of Privacy Practices
 I declined a copy of the Forest Institute Clinic Notice of Privacy Practices
 I was previously provided the Forest Institute Health Notice of Privacy Practices at _____

Signature (Note: Custodial Parent/Guardian must sign for Minor Child)

Date

Witness

Date

A COPY OF THIS AUTHORIZATION SHALL BE AS EFFECTIVE AND VALID AS THE ORIGINAL