BYU

Marriage & Family Therapy

SCHOOL OF FAMILY LIFE

Appendices and Forms for MS and PhD Handbooks

Dedication to Clinically Focused Research and Research-Informed Clinical Practice

2025-2026

Marriage & Family Therapy Program
Brigham Young University

Table of Contents

Appendix A: Admission Guidelines

Program Vision Statement

In harmony with Brigham Young University's sponsoring organization, The Church of Jesus Christ of Latter-day Saints, and the university's mission and aims, the Marriage and Family Therapy (MFT) program seeks to promote the ongoing, balanced development and healing of all God's children.

Program Mission Statement

We provide training that recognizes the divine worth of all God's children, and promotes spiritual, intellectual, and character growth in future professionals who will systemically understand and appropriately intervene to improve the health and well-being of people and relationships across the world.

In fulfilling our mission statement, the MFT program is designed to fulfill the mission and aims of BYU, as an educational organization, including the creation of an "Enriched Learning Environment". Therefore, our admission decisions will be based largely upon applicants' capacities to contribute to the program and their ability to grow in the following areas.

To intellectually enlarge—Applicant capacity to contribute in terms of intellectual enlargement will be assessed largely through GRE scores, GPA, letters of recommendation, and the personal statement description of their educational path.

To spiritually strengthen—Applicant protentional to contribute to the programs' spiritually strengthening atmosphere will be assessed through the personal statement, video responses, any person/ professional experience (work/volunteer service presented on the resume), and their ecclesiastical endorsement. *To build character*—Applicant potential to contribute to a character-building environment will be measured largely through the personal statement (e.g. in terms of a description of jobs they have had, how they financed their education, personal struggles they are dealing with), letters of recommendations, and the video responses.

A capacity for lifelong service and learning—This will be measured through the personal statement (description of their achievements in this area to date), letters of recommendation, and any person- al/ professional experience and service described in the resume.

To enrich the learning environment—This will be measured largely through the video responses, personal statement, and personal experiences related to gender, ethnic, racial, and other forms of diversity. (Please discuss your personal experiences with diversity beyond what was experienced on a mission for The Church of Jesus Christ of Latter-day Saints.)

Appendix B: MFT Student Standards

In order to qualify to participate in the program and pursue a degree in Marriage and Family Therapy, students must have the requisite abilities necessary to perform the essential functions required by the program and be able to meet the appropriate programmatic standards. By applying to and accepting admission into the Marriage and Family Therapy Program, students pledge that they have the following abilities and attributes and will conduct themselves according to the following guidelines:

Motor Abilities: Students need to have the ability to fully participate in classes and to acquire and integrate data through the use of their senses. Reasonable accommodation for a qualifying disability may be allowed. It is the student's responsibility to obtain and relay the necessary information from the University Accessibility Center to each instructor.

Communication Skills: Students must have the ability to process information expeditiously and communicate effectively with other students, faculty members, staff, clients and other professionals. Students must also have sufficient skills in written and spoken English to carry out the required processing and communication.

Faculty and staff within the School of Family Life often communicate via email. It is expected that emails requiring a response be responded to within 24 business hours. Failure to consistently respond appropriately may result in a marginal student evaluation. Laptops are highly recommended as they will be used throughout the program for research, projects etc.

Ethical Standards: Students are ethically and professionally bound to adhere to the AAMFT Code of Ethics and conduct themselves pursuant to pertinent Utah statutes and applicable administrative codes. In addition, it is essential that students demonstrate empathy and appreciation for diversity in society, and a non-judgmental attitude in their interaction with others. The value of confidentiality is foundational to the profession of Marriage and Family Therapy, and sound interpersonal skills must be present and observable. Whatever one sees and hears must remain within the strictest confidence in order to protect the privacy, rights, sensitivities and feelings of all those involved, including clients and fellow students.

Professionalism: Students are expected to demonstrate a commitment to professional conduct, including adhering to the limit of their knowledge and skills in the delivery of services to clients, respecting others, being punctual and dependable, completing assignments and reports on time, and prioritizing responsibilities. Appearance and personal demeanor should reflect an appropriate understanding of the professional context. Conflict resolution should reflect respect for proper channels of authority, and feedback must be dealt with in a professional manner. It is expected that when there is a conflict, disagreement or offense, the parties involved will communicate directly with each other. Respect should be shown to fellow students, faculty, staff, and clients in the classroom and in the clinic. BYU can and will monitor content posted on social media sites such as Facebook, Twitter, Instagram etc. Please show respect for your colleagues, faculty, the university, and the program when interacting via these platforms. Disrespect for others or any form of harassment will not be tolerated.

Dress Code (in therapy sessions):

Pants of a non-jean material (or professional skirt) combined with a professional top (such as a dress shirt, blouse, polo, collared shirt etc.) is considered acceptable. An informal dress with appropriate skirt length is also acceptable for women.

Shoes should be business-casual in style. A blazer or business jacket can optionally be added.

Unacceptable clothing includes: rumpled or ripped clothing, T-shirts, miniskirts, jeans, flip-flops, underwear as outerwear, athletic wear, inappropriately revealing attire such as bare mid-riffs or very tight-fitting clothing. Students are expected to abide by [BYU's Dress and Grooming Standards] at all times.

Self-care: Students need to recognize the signs of stress and emotional problems, develop appropriate means of self-care, and seek supportive services when necessary to minimize any adverse impact on scholastic and professional performance.

Students must be willing to seek the guidance of their faculty advisor and follow recommendations made by their advisor and/or faculty decisions regarding the appropriate maintenance of their academic, physical, or psychological health, which may include assessment and/or therapeutic services at the student's expense. Historically, most students in our graduate programs attend therapy at their own expense throughout the duration of the program. We recommend starting therapy prior to coming to our program when possible.

I understand that I am expected to read the MFT Graduate Handbook and realize that I will be held accountable for the content.
I also recognize that a repeated failure to comply with these standards may result in my removal from the program.

By signing this document, I certify that I have read, understand and agree to live by the above statements.

Student's name (print): ____ Date: ________________

Student's signature: ____

Witness Signature: ____

Appendix C: Student Acknowledgement Form

As a part of each student's admission into the program, students are required to sign the Student Acknowledgement Form indicating that they have read and understand how the BYU MFT program prepares students for Utah state licensure. This form will typically be sent out it the form of a Qualtrics survey.

Student Acknowledgement Form

The BYU MFT program prepares students to become licensed in the state of Utah. Licensing regulations may differ across states and provinces. If a student intends to be licensed in a different state/province or country upon graduation, it is the student's responsibility to ensure they will meet any other licensure requirements.

To find more information for a specific state's requirements, go to https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx

By signing this form, you indicate that you understand the above statement.

Student Name:____ Date: _________________

Student Signature:____

Appendix D: Practicum Forms

In this section you will find the following forms

- Client Log
- Clinical Competence Evaluation Form
- Semester Clinical Experience Summary
- Student Evaluation of Supervision Form
- Verification of Clinical Hours: Master's Level
- Verification of Clinical Hours: Doctoral Level

Client Log

Therapist Name					Cumulative Hours of Supervision	
Date	Client	Type of Therapy	Hours of Therapy	Hours of Supervision	Individual	Group
Total hours this Page						
Total therapy hours						

Clinical Competence Evaluation Form

(Evaluation based on developmental level)

Student Name	Semester/Term	Year	Supervisor Name

Beginning Level (Year 1)			Intermediate Level (Year 2)			Advanced
1	2	3	4	5	6	7
Below Expectations	Meets Expectations	Exceeds Expectations	Below Expectations	Meets Expectations	Exceeds Expectations	Professional

Using the 7-point scale above, indicate the average rating for each domain.

	Student Self-Rating	Supervisor Rating	Comments
(a) Clinical Assessment and Diagnosis			
(b) Treatment Planning and Case Management			
(c) Effective Application of Theory to Clinical Work			
(d) Therapeutic Interventions			
(e) Legal Issues, Ethics, and Standards			
(f) Understand and respect cultural diversity and other important client contextual factors			
(g) Responsive to Supervision and Self of the Therapist Topics			

Please submit this form to MFT Accreditation Coordinator (Brittni_vance@byu.edu) to be retained in student file

SEMESTER CLINICAL EXPERIENCE SUMMARY

THERAPIST'S NAME

SEMESTER

SITE
(one site per summary)

DEFINITIONS:

Therapy:

Individual -- You providing therapy to one client in the room.
Couple -- Two clients in a therapy room where their relationship is the focus of treatment.
Family -- Two or more family members in the therapy room.
Group Individual -- Group therapy with individuals
Group Couple -- Group therapy with multiple couples
Group Family -- Group therapy with multiple families
Team -- Supervised, ongoing, co-therapy, treatment involvement
Hour -- 50 minutes. Keep track of therapy minutes and at the end of the semester divide by 50.

Supervision:

Individual Live -- Supervision of your cases by an approved faculty supervisor directly observing your work.
Individual Video -- Your case(s) being watched on video by an approved faculty supervisor with 1 other supervisee present.
Group Live -- You participate in the supervision of others' cases being directly observed by a supervisor at the time it occurs (live).
Group Video -- You observe the cases of others as they are being reviewed by a supervisor with 3 to 8 in the group.
Individual and Group Case Report/Process Notes -- Discussion of cases with 1 or 2 supervisees present, without presentation of video, audio, or live case material.
Team -- You observe and develop treatment interventions as part of a therapeutic/supervision team.
Hour -- 60 minutes. Keep track of supervision minutes and at the end of the semester divide by 60

Hours of Therapy

	MODE OF THERAPY	UNIT/SYSTEM IN THERAPY			
		Individual	Couple	Family	TOTAL
Beginning / Ending Dates:	Individual				
	Group				
	Psychoeducation²				
	Team²				
	TOTAL				
	% of TOTAL				
	Relationship % of Total				
	Therapist's Signature				

For Office Use Only

Cumulative therapy hours in program

Individual		Psych Ind	
Couple		Psych Couple	
Family		Psych Family	
Grp Ind		Team Ind	
Grp Couple		Team Couple	
Grp Family		Team Family	

TOTAL ____

Relationship Therapy* ____

Hours of Supervision

	MODE OF SUPERVISION	SUPERVISION			
		Live	Video	Case Report	TOTAL
Beginning / Ending Dates:	Individual				
	Group				
	Team				
	TOTAL				
	% of TOTAL				
	Raw Data % of Total				
	Supervisor's Signature				

For Office Use Only

Cumulative supervision hours in program

Ind Live		Grp Video	
Ind Video		Grp CR/PN	
Ind CR/PN		Team Live	
Grp Live			

TOTAL ____

Raw Data % ____

Ratio of Supervision to Therapy** 1:____

* Must have at least 250 relational hours at time of graduation

** Must be 1 hour of supervision to no more than 5 hours of therapy

Student Evaluation of Supervision

Name of the supervisor for this evaluation semester:____

In an attempt to protect your anonymity, we would like you to rate all the supervisors with whom you have worked over the past 12 months separately. Please use a separate evaluation form for each of your supervisors.

Rate this supervisor on their personal interactions with you in supervision:

Was approachable, available to me when I had problems	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was respectful of me as a supervisee and as a person	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Allowed me to disagree or have a differing opinion	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was empathetic; I felt heard and understood	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was calm in times of crisis	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Facilitated my "use of self" in therapy and was willing to "use self" in supervision	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was supportive and encouraging	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was genuine—open and honest	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was responsible—met obligations regarding meetings, time, etc.	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
When necessary, was able to give critical feedback in a supportive manner	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Empowered me as a therapist; helped me feel confident	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was respectful and understanding of issues of gender	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was respectful and understanding of issues of culture, ethnicity, race and other social factors	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional

Please take a moment to explain any less than adequate ratings:

Rate this supervisor on their knowledge of marriage and family therapy:

Knew and helped me apply recent research to my cases	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me conceptualize therapy according to theories and appropriate techniques	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me develop effective treatment plans	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me identify, conduct, and interpret appropriate assessments. and diagnoses	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Provided helpful feedback on my case notes and other case documentation	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me recognize, understand, and manage ethical and legal issues	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional

Please take a moment to explain any less than adequate ratings:

Please add any thoughts on the most and least helpful things about supervision with this individual:

Do you have suggestions for how supervision occurs in the MFT program?

Verification of Clinical Hours: Master's Level

This form certifies that ____ has completed the following:

COAMFTE approved Master's level client contact & supervision hours:

At least 500 hours of face-to-face client contact	___ hours
At least 250 hours (of the 500) have been relationship therapy	____ hours
Percentage of relationship therapy is at least 50%	_____ %
At least 100 hours of supervision	______ hours
Raw data supervision percentage is at least 50%	______ %
At least one hour of supervision to every five hours of therapy	______ Ratio

_________________________   _____________________

Lauren A. Barnes, PhD   Date
Clinical Director

* To be completed for BYU MFT Master's students or Doctoral Students who graduated from a non-MFT or non-accredited MFT Master's Program and are completing the Master's level therapy requirement.

Verification of Clinical Hours: Doctoral Level

This form certifies that ________________________________ has completed the following:

COAMFTE approved Doctoral level client contact & supervision hours (check one)
____ at BYU (please attach a copy of the Verification of Clinical Hours for Doctoral Level Students) or
____ at another accredited MFT program.

During internship:

At least 500 hours of face-to-face client contact	_____ Hours
At least 250 hours (of the 500) have been relationship therapy	_____ Hours
Percentage of relationship therapy is at least 50%	_____ %
At least 1 hour of supervision per week during internship	_____ Hours
Over a number of weeks	______ Weeks

______________________ ____________________

Lauren A. Barnes, PhD Date
Clinical Director

original: Graduate Program Manager
cc: Student
MFT file

Appendix E: Program Evaluation Forms

In this section you will find forms that will be used to evaluate student development, including the following:

- Teaching/Presentation Competence Evaluation

Teaching/Presentation Competence Evaluation Form

Student Name **Semester/Term** **Year** **Evaluator Name**

1	2	3
Below Expectations	Meets Expectations	Above Expectations

Using the 3-point scale above, the average rating for domain was as follows:

	Student	Supervisor	Comments
(a) Assessments are effective measures of student learning			
(b) Instructor-student interactions are appropriate, respectful, inclusive, and motivating to students.			
(c) Instructor creates an atmosphere that motivates students to be active and engaged learners.			
(d) Instructor creates an atmosphere of civility and respect that welcomes diversity, promotes equity, and invites belonging for all students.			
(e) Course materials are current and appropriate for the course.			
(f) Instructor integrates faith and spirituality into the course and inspires students in their learning.			
Mean Teaching Evaluation Scores			

Appendix F: Internship & Externship

In this section you will find the following forms:

- Doctoral internship Proposal
- Externship Proposal
- Internship Master Agreement
- Internship Contract
- Offsite Placement Contract

Doctoral Internship Proposal

Internship Application Deadline: April 1 or at least 60 days prior to beginning the internship.
Name:____ Year in Doctoral Program: ________

Date Comps Completed: _____________ Date Prospectus Defended & Approved: __________

Please provide the following information for your proposed site:

Start Date: _________________________ End Date: ________________________

Site Name:*________________________________ Site Phone Number:__________________

Site Address: ____

Name of supervisor:** ____

Supervisor's: ____

Highest Degree and Field (MFT, Psych., Soc. Work., etc.): _______________________________

State License (MFT, LCSW, LPC, etc.): ____

Years of experience as an MFT supervisor: ____

Years of experience as an MFT: ____

Is the Supervisor an:

AAMFT Clinical Member? Yes/No
AAMFT Approved Supervisor? Yes/No
AAMFT Supervisor-in-Training? Yes/No
If *SIT*, date training contract was accepted:______________

Signature of Student: ____ Date: _______________
*Please include a short description of the site. Please also include a brochure if possible.
**Please include a copy of the supervisor's current vita and the letter/contract for Approved Supervisor or Supervisor-in-Training status from AAMFT.

****

Office Use only
____ Internship site approved
____ Internship site approved with qualifications
____ Internship site denied

Signature of MFT Director: ____ Date: ________________

Externship Proposal

Name:____ Year in Doctoral Program: ________

Date Comps Completed: ________________ Date Prospectus Defended & Approved: ____________

Please provide the following information for your proposed site:

Start Date: ____________________________ End Date: ___________________________

Site Name: *___________________________________ Site Phone Number:______________________

Site Address: ____

Name of supervisor: ** ____

Supervisor's: ____

Highest Degree and Field (MFT, Psych., Soc. Work., etc.): ______________________________________

State License (MFT, LCSW, LPC, etc.): ____

Years of experience as an MFT supervisor: ____

Years of experience as an MFT: ____

Is the Supervisor an:

AAMFT Clinical Member? Yes/No
AAMFT Approved Supervisor? Yes/No
AAMFT Supervisor-in-Training? Yes/No
If *SIT*, date training contract was accepted:___________________

Signature of Student: ____ Date: _________________

*Please include a short description of the site. Please also include a brochure if possible.
**Please include a copy of the supervisor's current vita and the letter/contract for Approved Supervisor or Supervisor-in-Training status from AAMFT.

****

Office Use only
_____ Internship site approved
_____ Internship site approved with qualifications
_____ Internship site denied

Signature of MFT Director: ____ Date: __________________

Internship Master Agreement

BRIGHAM YOUNG UNIVERSITY

This agreement is entered into this _ day of ___________, 20 ("Effective Date") between Brigham Young University, a nonprofit corporation and educational institution ("BYU"), and _ (the "Experience Provider") located at ____.

1. PURPOSE. In order to facilitate internship opportunities and educational experiences for students, this Agreement is intended to govern the relationship between Experience Provider and BYU with respect to student Interns from BYU in an internship arrangement with the Experience Provider.

2. GENERAL CONSIDERATIONS.

2.1 An internship is a cooperative student program between BYU and the Experience Provider. The Experience Provider will provide supervision, facilities, and instruction that help students of BYU (each an "Intern") acquire skills and knowledge related to their chosen field of study or occupation.

2.2 This Agreement is effective as of the Effective Date and may be terminated by BYU or the Experience Provider for any reason by providing 30 days advance written notice to the other party.

2.3 Experience Provider and BYU shall each provide a contact person (the "Internship Coordinator") for activities related to the performance of this Agreement. The following contact names and addresses shall be the initial Internship Coordinators for the Experience Provider and for BYU. Others may be designated in writing by the parties at any time. Typically, the provider will be the clinical supervisor for the intern.

For experience provider	for BYU:
____________________________	____________________________
____________________________	____________________________
Phone: _____________________	Phone: _____________________
Email: _____________________	Email: _____________________

2.4 BYU and the Experience Provider agree to indemnify each other from any claims or liability, including reasonable attorneys' fees, due to their respective negligent acts or omissions arising from the performance of this Agreement. Each party further agrees to have in effect insurance coverage to adequately underwrite this promise of indemnity.

2.5 Neither BYU nor the Experience Provider will be responsible nor held liable for any claims, disputes, losses, damages, injuries, adverse events or outcomes arising out of or caused only by the other party's actions, inactions or negligence. If, however, such claims disputes, losses, damages, injuries, adverse events or outcomes are the result of the joint fault of both the Experience Provider and BYU, the obligation of each party to indemnify the other hereunder shall be limited to the extent of the indemnifying party's respective fault.

2.6 This Master Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between BYU and the Experience Provider and their employees, Interns, or agents; but rather is an Agreement by and among two independent contractors. Each Intern is placed with the Experience Provider in order to receive educational experience as part of the academic curriculum; duties performed by an Intern are not per formed as an employee of the Experience Provider but rather in fulfillment of the academic requirements of the educational experience and are performed under direct supervision by the Experience Provider's personnel. To the extent allowed under state and/or federal law, neither the Experience Provider nor BYU is required to provide worker's compensation coverage for the Interns participating in the educational experience.

2.7 The parties acknowledge and agree that it shall be the responsibility of each Intern to: (i) comply with the Experience Provider's policies and procedures; (ii) report any serious problems related to the Experience Provider, including safety and personnel problems, to the Internship Coordinator at BYU and the Experience Provider; and (iii) maintain a health insurance policy in effect during the full period of any internship with the Experience Provider.

3. RESPONSIBILITIES OF BYU. BYU shall:

3.1 Provide course information and objectives, and ensure that each participating Intern meets academic and other qualifications that are consistent with the objectives and requirements of BYU's program;

3.2 Make reasonable efforts to ensure that each Intern from BYU is aware of Intern's responsibilities to abide by the terms of Section 2.7, and that each Intern from BYU shall enter into a separate written agreement between BYU and the Intern ("Student Internship Agreement") identical to the agreement attached as Exhibit A;

3.3 Provide an administrative framework and a teaching faculty adequate in number, qualifications, and competence to develop and carry forward its instruction and supervision;

3.4 Ensure that for each internship, the Internship Coordinator of BYU (i) maintains ongoing contacts with the Intern and the Experience Provider, (ii) discusses the specifics and expectations of the intern- ship with the Intern and the Experience Provider, (iii) monitors the Intern's progress with the Intern and the Experience Provider, and (iv) advises the Intern relative to a program of study related to the intern ship experience; and

3.5 Provide liability insurance to cover damage or harm caused by the Intern in the amount of $1,000,000 per person, per occurrence, $3,000,000 in the aggregate.

4. RESPONSIBILITIES OF THE EXPERIENCE PROVIDER. The Experience Provider shall:

4.1 Provide planned and supervised opportunities for each Intern to perform tasks to acquire and practice various skills based on objectives compatible with those of BYU's program;

***Please note that it is the responsibility of the student to ensure they have at least 100 hours from an**

1.1 Orient the Intern to the Experience Provider's rules, policies, procedures, methods, and operations;

1.2 Evaluate the Intern's performance and notify BYU's Internship Coordinator of any cause of dissatisfaction with or of any known misconduct on the part of the Intern;

1.3 Comply with all the federal, state, local, and municipal laws, ordinances and codes applicable to Experience Provider;

1.4 If applicable, pay the Intern the agreed upon rate of compensation for the term of the internship and fulfill all legal requirements related to Experience Provider's independent contractor/employment relationship with the Intern; and

1.5 Accept the primary responsibility for supervision and control of the Intern at the internship site.

2. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement of the parties with respect to the subject matter of this agreement.

In witness whereof, the parties have affixed their signatures below:

Experience Provider	Brigham Young University
By: ______________________________	By: ______________________________
Printed Name: _____________________	Printed Name: _____________________
Date: ____________________________	Date: ____________________________

EXHIBIT A
STUDENT AGREEMENT
INTERNSHIP OFFICE, BRIGHAM YOUNG UNIVERSITY

Student name: ____________________________________
Experience Provider: _______________________________
Internship start date: ___________________ End date: _________________
Department and course number:______________________
Semester or term enrolled: ______________________ Year: __________ Credit hours: _______

Complete internship address:
Internship supervisor: ______________________Phone: _________Email: ___________
Internship coordinator: _____________________ Phone: ___________ Email: _____________
Faculty mentor/advisor: _____________________Phone: ____________Email: ___________

The student hereby agrees to the following:

1. Be enrolled as an internship student.
2. Comply with all Experience Provider rules, policies and procedures.
3. Complete the internship during the dates specified unless modified by the Experience Provider and BYU
4. Work conscientiously under the direction of the supervisor assigned by the Experience Provider, submitting all reports and assignments as required.
5. Report serious problems, including physical, safety and personnel, to the Experience Provider supervisor and the BYU Internship Coordinator.
6. Complete all BYU academic assignments and course work as outlined by the applicable department.
7. Adhere to BYU's Honor Code and the Experience Provider's Standards of Personal Conduct and Dress and Grooming Standards.
8. Receive and read a copy of the Internship Master Agreement between BYU and the Experience Provider. I acknowledge that it is incorporated by reference into this Agreement and that I am bound by such terms and conditions therein which specifically apply to interns.
9. Consult with my personal physician in regard to necessary immunizations and any other medical matters relating to my participation in the internship program.
10. Authorize BYU's designated representative to grant permission for my necessary medical treatment for which I will be financially responsible if, during my participation in the program, I become incapacitated or otherwise unable to provide consent to medical treatment and advance consent cannot be obtained from my family.
11. Participation as an intern may involve risks not found in study at BYU. These include risks involved in traveling to and returning from place of internship; different standards of design, safety, and maintenance of buildings, public places, and conveyances; local medical and weather conditions. I represent that I have made my own investigation and am willing to accept these risks.
12. Be personally responsible for all housing, transportation, study, and other arrangements in connection with my internship and personally bear all associated costs. In addition, be personally responsible for any financial liability and obligation which I personally incur and for any injury, loss, damage, liability, cost or expense to the person or property of another which is caused or contributed to by me during my participation in the internship program. I understand that BYU does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier,

hotel, tour, organizer, or other provider of goods or services involved in the internship. I understand that BYU is not responsible for matters that are beyond its control, including, without limitation, strikes, war, loss, or theft of personal belongings, delays, weather, acts of God, governmental restrictions or acts, errors, or omissions of third-party providers of goods or services.

13. Abide by all applicable laws. I understand I must personally attend to any legal problems I encounter or incur as an intern.
14. Acknowledge and agree that BYU is acting as an internship facilitator only and that BYU will be neither responsible for nor held liable for any claims, disputes, losses, damages, injuries, adverse events or outcomes arising out of or caused by the internship, including but not limited to such claims, disputes, losses, damages, injuries, adverse events and outcomes caused by Experience Provider's actions, inactions or negligence, even if BYU has been advised of the possibility of such.
15. Acknowledge and agree that as an Intern, I am placed with the Experience Provider in order to receive educational experience as part of my academic curriculum; my duties performed as an Intern are not performed as an employee of the Experience Provider but rather in fulfillment of the academic requirements of my educational experience and are to be performed under direct supervision by the Experience Provider's personnel. To the extent allowed under state and/or federal law, neither the Experience Provider nor BYU is required to provider worker's compensation coverage for my participating in this educational experience.
16. Acknowledge that all creative work performed as part of my internship shall be considered a "work made for hire," and that all copyright and other intellectual property rights in any such original creative work produced by me shall be owned entirely by the Experience Provider. Further, I agree not to utilize, incorporate, or otherwise make use of any pre-existing intellectual property and/or trade secrets of Brigham Young University in the creative work or internship performance without the express written permission of Brigham Young University.

Student Signature: ___________________________ Date: _____________________

Dept. Coordinator: ___________________________Date: _____________________

Offsite Placement Contract

Name: ______________________________ ☐MS or ☐ PhD Internship Start Date: __________

Site Name: ____________________________ Site Phone Number: __________________________

Supervisor's Name: ______________________ Highest Degree and Field: _____________________

Type of License (MFT, MSW, Psych, etc.): _______________________________________
Years of experience as an MFT: ________ Years of experience as an MFT supervisor: _____
Is the supervisor an AAMFT or Utah State Approved Supervisor? _________

Requirements for Students:

1. Eligible for internship only after a minimum of one academic year of therapy onsite at BYU Comprehensive Clinic and approval from MFT advisor and faculty.
2. Maintain accurate records of client contacts including treatment plans, case notes, log of contact hours and weekly supervision hours. Supervisor will complete evaluations and verify client hours as required by final date of each semester.
3. Please attach a description of the site, number hours of client contact per week anticipated, method of supervision, reimbursement, and explanation ability to provide audio and/or video recordings to BYU supervisor during practicum experience. Site must provide professional working environment.

Requirements for Off-Site Practicum Site:

1. A copy of the supervisor's current vita and the letter/contract for Approved Supervisor or Supervisor-in-Training status from AAMFT or DOPL for the State of Utah. Supervisor will agree to fill out an evaluation each semester/term that the student is in their service and return this to the MFT Clinical Director.
2. Supervisor agrees to provide one hour of supervision for at least every five hours of client therapy. It is preferred that 50% of the supervision be done live or via video.
3. If practicum relationship proves to be unsatisfactory to either party due to problems with the student's performance or site performance and no resolution is reached either of the parties has the right to terminate the contract with 15 days' notice.
4. Off-site placement is required to provide liability insurance for the student working on their site. BYU
5. liability.

MFT faculty and agency approval and re-approval is required each semester/term student anticipates to work in this placement. Student must be enrolled in MFT 655R or MFT 755R.

Student signature: ________________________________ Date: _____________

Chair signature: ________________________________ Date: _____________

Agency Supervisor: ________________________________ Date: _____________

****

Office use only

☐Internship site approved ☐Internship site denied ☐Internship site approved with qualifications

Signature of Clinical Director: ____

Date: ____

Rev. July 2018

Appendix G: Curriculum Comparison

Licensure for incoming PhD students with a non-MFT degree

Incoming PhD students need to be aware of changes to DOPL policies for licensure. PhD students who do not have an MS degree in Marriage and Family Therapy will not be able to obtain their LMFT license in the state of Utah until they have obtained an MFT degree and completed the required clinical hours. Therefore, a person with an MSW or other mental health degree will likely need to complete the PhD before obtaining and AMFT license and then work for two years before obtaining the full licensure as an LMFT. For clarification on guidelines required for LMFT licensure in Utah, please see R156-60b-302a Qualifications for Licensure-Education Requirements in the Utah Administrative Code. (https://rules.utah.gov/publicat/code/r156/r156-60b.htm#T5)

Curriculum Comparison

To evaluate which credits earned from a non-accredited MFT or non-MFT MS Degree correlate to BYU's COAMFTE standard curriculum use the following form.

Curriculum Comparison Form

Evaluation of non-accredited MFT or non-MFT MS Degree in Relationship to COAMFTE Standard Curriculum

Name:____________________________________ Name of Degree: _________________ School: __________________
Type of Hours: Sem Qrt Total number of hours in Areas I III?: (must be at least 27).
Does coursework address areas of gender & ethnicity? Y N Date of Evaluation: ___________________________
Signature of Faculty Evaluator: ____

Area of COAMFTE Standard Curriculum	BYU COAMFTE Required # of Courses	Courses Student will need to take at BYU (before beginning PhD courses)	Hours student will need to take at BYU to fulfill requirement
I. Theoretical Foundations	MFT 630 Foundations of Family Systems MFT 650 Foundations of Marital Therapy		From other: ___ Need to take at BYU: _____
II. Clinical Practice	MFT 645 Treatment of Human Sexual Dev.t MFT 649 Addictions & Violence in Families MFT 651 Psychopathology in Family Therapy MFT 652 Marital & Ind. Psychotherapy MFT 653 Family & Multigen. Psychotherapy		From other: ___ Need to take at BYU: _____
III. Individual Development & Family Relations	MFT 654 Issues of Gender & Eth. in MFT MFHD 663 Ind. & Family Over Life Course		From other: ___ Need to take at BYU: _____
IV. Professional Identity and Ethics	MFT 656 Ethical, Legal, & Pro. Issues		From other: ___ Need to take at BYU: _____
V. Research	MFT 695R Research Methods for MFT STAT 511 Statistical Methods for Research MFT 699R Master's Thesis		From other: ___ Need to take at BYU: _____
VI. Additional Learning	Elective (1 course)		From other: ___ Need to take at BYU: _____
VII Supervised Clinical Practice**	500 client contact hours 100 supervision hours	Number of supervision hours ____________, individual therapy hours __________, & relationship therapy hours ____________ as determined acceptable by Advisory Chair. Total # of hours to be completed at BYU (in accordance with all COAMFTE requirements): ______________	

**PhD students with an MS from non-accredited programs will have their hours of supervision and experience evaluated by their Advisory Chair. Those hours that are acceptable for licensure or Clinical Member- ship will be accepted by the program towards the requirement of 500 hours in the MS program. Students will accumulate additional hours to complete the 500 contact hours.

Appendix H: Clinical Services Form

Brigham Young University
Comprehensive Clinic Clinical Services Agreement

Who We Are: Clinical services at the BYU Comprehensive Clinic are provided by graduate students in Marriage and Family Therapy, Clinical Psychology, and Social Work. These student-therapists are under the direct supervision of members of the University faculty. We provide individual, couple, family, and group therapy, along with psychological assessments. If you become aware that you have a community relationship with someone in the Clinic that may impact your services, please discuss this with your therapist or assessor. The supervisor for your case will be ____________________ of the _______________________ program and can be reached through the receptionist at 801-422-7759.

BYU Comprehensive Clinic Services are not connected with others in the building who also provide professional services such as LDS Family Services, the Communication Disorders Department, or BYU personnel who may provide clinical services privately.

Training through Observation and Taping: For supervision and training, we require permission to use direct observation of client sessions while in progress and to video record sessions. The Clinic endeavors to protect confidentiality with reasonable efforts that employ various security measures to protect clinical records from unauthorized access. The recordings are used in small group settings with students for practicum supervision with your therapist. Graduate clinical students who have not yet begun to see clients may also directly observe your sessions or the video recordings. Your indication below grants permission to directly observe your sessions while in progress, to video record your sessions and to use the recordings as described above.

How Does Therapy Work? Your participation in therapy is entirely voluntary, and regular attendance is vital for success. For therapy to be effective you will need to openly share your thoughts and feelings, to report on your behavior honestly, and to develop a working relationship of trust with your therapist. You must take an active part in therapy by collaborating with your therapist on tasks, goals and treatment planning. Your therapist will want to know about your experience in any prior therapy and may request records. S/he may invite you to try new things in therapy (such as role play, or learn a new skill). It is also helpful to try out new behaviors between sessions. Please discuss any questions or concerns about your services openly with your therapist or assessor.

Decision Making

The decisions you make concerning the course of your life (e.g. behavior changes, marital status, medications under the direction of a physician) are your responsibility.

Risks and Benefits: Psychotherapy, although successful in general, can have both benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. Couples and families may experience awkwardness and emotional discomfort while working to make desired changes. If you are participating in group therapy, there may be risks from the acts of other group members. On the other hand, therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Alternatives to Therapy: Many people who wish to make changes in their lives do so through a variety of methods other than participating in therapy. For example, other options could include: consultation with a physician for medications, ecclesiastical counseling, self-help literature, self-help support groups, or utilizing one's social support system such as family members or friends. There is no guarantee that these alternatives will be effective.

Appointments: Typically, therapy sessions are held weekly for 50 minutes, but this arrangement can be changed to meet your needs. Appointments need to start and stop on time out of respect to other clients. You will want to come to appointments a few minutes early to complete routine questionnaires. If you cannot keep a scheduled appointment, please call as soon as possible and leave a message for your therapist (801- 422-7759).

Contacting Your Therapist: As a training facility we do not provide crisis services, and student-therapists are not available for immediate or extensive phone consultation. Please make arrangements with your therapist to utilize existing community crisis services (9-1-1 or 801-691-5433) if you anticipate such a need. You are expected to participate fully in any efforts to keep yourself and others safe. Also, student-therapists frequently leave town during semester breaks, so please plan accordingly. Messages for your therapist may be left with the receptionist at 801-422-7759. Please do not use email, mobile phone text messaging, or messaging on social networking sites to contact the Clinic or your assigned therapist. These are not secure, and messages may not be read in a timely fashion. Also, these communications could compromise confidentiality, and such exchanges might need to become a part of the legal clinical record.

Contacting Clients: Your indication below gives permission for the Clinic to communicate with you via phone and postal mail while your case is open and following discharge. Former clients may be contacted for client satisfaction surveys after treatment is finished. By indicating below, you give permission for the Clinic to contact you via email for occasional routine functions such as how to complete assessments on the Internet or for other administrative purposes.

Child Care: Please arrange for child care. Children may not be left unattended in the waiting area.

Terminating Therapy, requesting a Transfer, and Referrals: You may end therapy whenever you choose, and your therapist will suggest terminating therapy when treatment goals are met, when therapy is no longer beneficial, or when other treatment resources are needed. The average number of sessions for most clients is around 6–14 sessions, but this varies a great deal depending on client needs. If you desire to end therapy or to request a referral to another therapist, please discuss this first with your therapist.

Because this is a training clinic, clients with the following difficulties are usually referred for services in the community: significant suicidal ideation, significant substance abuse, violence, legal action that may require the therapist to appear in court, and conditions that require long-term therapy of more than 6-9 months. If your therapist and/or supervisor don't believe that the Clinic is able to provide the service you need, the therapist will provide you with a referral. If your therapist is graduating s/he will typically evaluate whether it is in your best interest to continue to be seen by another student in the Clinic or to be referred to a licensed clinician in the community.

Limits to Confidentiality: Necessary information is shared with those inside the Clinic to provide professional services (such as for clinical case supervision, consultation, training, and teaching). Clinic administrative personnel also have access to client records for program evaluation and planning, and for case management. Non-identifying information may be shared with other professionals outside of the Clinic if case consultation is required. You may wish to discuss with your therapist how to handle chance encounters in public. Also, please respect the confidentiality of other clients you may see in the waiting areas of the Clinic.

Information about clients may be released to those outside of the Clinic for any of the following reasons: 1) a completed Release of Information is authorized by the client or guardian in writing; 2) the client has completed an informed consent to participate in research that requires designated information from the record; 3) a valid court order mandates the release of records; 4) the client is a danger to self or others; 5) reason to believe that there has been abuse of a child, or of an elderly, vulnerable, or disabled person; 6) certain communicable diseases are required to be disclosed to the local health department; 7) the client privilege for privacy in court has been waived; 8) the client initiates a complaint or legal proceedings against the Clinic; 9) a government agency requests information for health oversight activities; 10) a client files a worker's compensation claim; 11) the Division of Occupational and Professional Licensing mandates the release of records; 12) a coroner or medical examiner requests information required by law; or 13) other disclosures required by law. Only the minimum amount of information necessary to meet the purpose of a request will be disclosed. The Clinic cannot guarantee that entities outside of the Clinic will honor client confidentiality.

You may revoke a Release of Information at any time, but we will not be able to retract any disclosures that have already been made.

Group Therapy: If you are participating in group therapy, you are expected to respect the confidentiality of other group members. However, the Clinic cannot guarantee that group members will maintain confidentiality.

Psychological Assessments: Please clarify with your assessor exactly what you hope to accomplish with an assessment, the specific questions you hope to answer, and if a formal report is written, who will receive it. If a client is participating in therapy and an assessment, such services are often performed by two different therapists since the roles of therapist and assessor are not always compatible. Psychological assessment reports may be released with the signed consent of the client or guardian. Such information may not be released if the assessor and/or supervisor believe it would harm someone. The Clinic usually does not do assessments that are court ordered or that are anticipated to be used in court proceedings. Following the assessment, the assessor will schedule a time to review the results with the client and parent(s)/guardian(s) unless there is a reason not to do so that has been discussed in advance.

Couple and Family Therapy: In couple therapy, please discuss with the therapist and your partner/family members what will happen if sensitive information is revealed to the therapist outside the presence of other family members. If individual therapy and couple/family are required, your therapist may refer you to a different therapist for these services in order to maintain clarity of roles. In the case of couple therapy, the signatures of both participants are necessary to release information.

Children, Legal Wards, and Confidentiality: Please work with your therapist to be sure that children also generally understand this document. Parents and/or legal guardians are frequently invited to participate in family therapy with children or wards (people who have legally appointed guardians). If several members of a family are participating, please clarify with your therapist your roles and the goals for therapy.

Often, a child or ward meets individually with a therapist. In such cases, the parents/legal guardians are usually given general information on therapy progression and a summary at the conclusion of therapy. Parents/legal guardians do not have access to a child's or ward's treatment records if the therapist and/or supervisor decide that such access is likely to harm someone. For therapy to be effective, a child/ward may need to know that what is discussed with the therapist will only be shared with the parents/legal guardians if it is necessary for safety or legal reasons. If the therapist determines that additional information needs to be shared with parents/legal guardians, the therapist will discuss it with the child/ward. Parents/legal guardians and children/wards should clarify confidentiality guidelines with the therapist, especially around sensitive information (e.g. drug use, sexual activity). Release of information of a child's/ward's record would be in accordance with relevant statutes.

In divorce a child may worry that what he says in therapy may be used against a parent in court. Parents/guardians agree by indicating below not to involve the Clinic in custody disputes or arrangements, and agree not to subpoena therapists, supervisors, or records in such disputes. It is unethical for a child's therapist to give an opinion about custody arrangements. With joint custody either parent may consent to treatment for the child or terminate treatment.

Client Access to Records: Except in unusual circumstances that involve danger to yourself and/or others you may request in writing to inspect or to obtain a copy of your Clinic records. This does not include information received confidentially from other sources or documents prepared at the request of a lawyer. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Therefore, it is recommended that you initially review your records with your therapist, the clinical supervisor, Program Director, or a Clinic administrator to ensure a correct interpretation, or the Clinic can send a copy of your records to a mental health therapist of your choice so you can discuss the contents. In special cases, with your written permission, we can release a copy of your record to agencies that employ persons qualified to review such records. If your request for a copy of the record is denied, you may instead receive a summary of what the record contains. If you disagree with this decision, you may request a review which will be discussed with you at the time of the request. Utah law requires that Clinic records be maintained for 10 years after termination.

Confidentiality After Death: If a client dies, a legal executor of the estate can exercise rights for the deceased pertaining to the record. Information released will only be that which is relevant to the purpose of the request.

Grievances: You may voice concerns about any aspect of your services to your therapist, your therapist's supervisor, and to the supervisor's Director of Clinical Training. If your case is closed, you may discuss concerns about the disposition of your records to the Clinic Director at 801-422-7759.

Use of an Interpreter: The Clinic cannot guarantee that an interpreter will keep information discussed in therapy or assessment sessions confidential.

Progress Assessment: Clients are routinely given questionnaires during and after therapy to assess their progress and satisfaction with services. There are no known risks or discomforts from participating in this process. Please plan on coming early to sessions to complete these questionnaires while your case is open. Clinic clients who participate in additional research projects are given supplementary consent forms explaining the nature of such studies along with the participant's rights.

Modifications: The Clinic reserves the right to modify this Agreement as needed in the future. If this occurs while you are a client, you will be notified in writing.

Fees: The fee for individual, couple, and family therapy services is $30.00 per session. Usually the fee for group participation is a one-time payment of $30.00per person which covers the entire group experience.

Psychological assessments are performed for $80.00. Neuropsychological assessments and extensive developmental assessments are $00. Please discuss fees with your therapist. Please pay in full the agreed amount to the downstairs receptionist on the day of the service. We do not bill insurance or accept insurance payments. Please check the box below to indicate your agreement regarding Clinic fees.

____ I agree to pay for services at $30.00 per session.
____ I agree to pay a one-time fee of $30.00 for group participation.
____ I agree to pay $80.00 for a psychological assessment.
____ I agree to pay $500.00 for a neuropsychological evaluation or extensive developmental evaluation.
____ I agree to sign a modified fee agreement with my therapist.

If you have any questions about anything in this consent form, please discuss them with your therapist.

_______ By checking this box, you indicate that you have read this information, understand and agree.

Every person 18 years of age and older, receiving services at the Clinic must complete this form. For those 17 and younger, or for those who are legally incapable of authorizing services on their own behalf, a guardian must complete it in their behalf. If it is later learned that a person who completed the form does not have the legal right to consent on behalf of the child/ward, treatment may be interrupted.

Client name (Print): ___________________________________ Date: ____________________
Client signature: _______________________________________
Therapist signature: ____________________________________

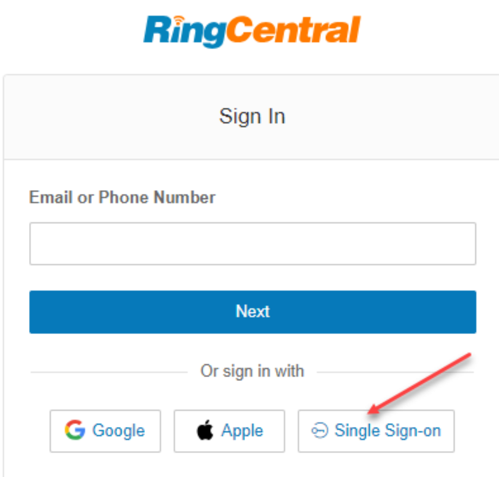
Appendix I: Documenting AmeriCorps Service Hours

The AmeriCorps program is NOT approved to select "Alternative Activities" as an option for member service hours. Alternative Activities would be activities that are outside of the scope of our member position description. They do not allow alternative activities. Please do not use this option. Below is a general description of where your hours should go:

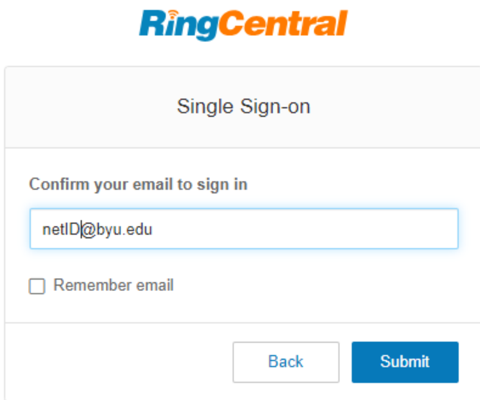
- Member Development/Training: Classes related to your major, conferences, trainings
- Individual/Group/Family Therapy: All therapy sessions, all prep time for therapy sessions, all case note time, all collaboration/supervision in your agency. Effectively, all IN agency time goes here.
- Teaching: Teaching a class, prepping to teach the class, grading, parent/teacher conferences, collaboration meetings. Anything related to the class you are teaching.
- Documentation: This category is intended for AmeriCorps paperwork. It can be used for case notes – but case notes can also go under therapy.
- Recruitment/Coordination/Volunteer Management: This is where you would record any hours related to your volunteer mobilization effort that is required.
- No Hours Served: Leave blank. Do not put zeros "0" in the column – it makes it more difficult to review for accuracy.
- Alternative Activities – DO NOT USE

Appendix J: Setting up your RingCentral number for the BYU Comprehensive Clinic

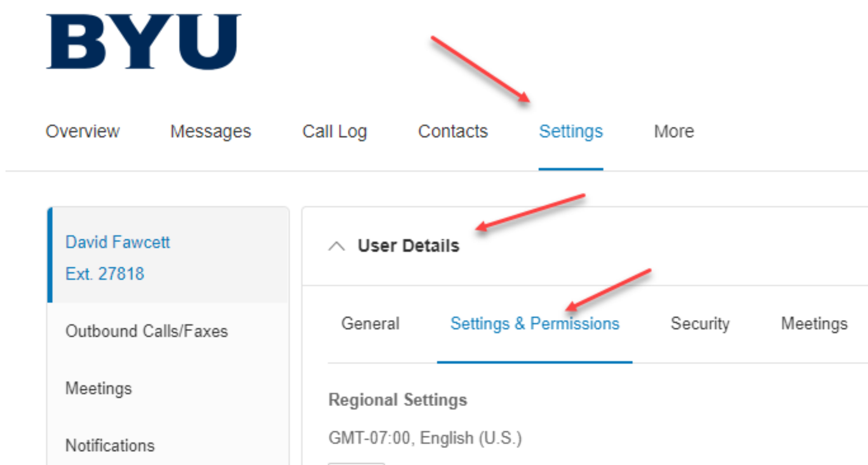
- Therapists at the BYU Comprehensive Clinic are provided a BYU-issued RingCentral phone number which may be used to directly call and receive calls from clients during regular business hours. It is important that each therapist set up their RingCentral number to be compliant with Clinic and University security policies. Please review this document for additional information about Clinic and University Policy on contacting clients https://byu.box.com/s/t57gtzh55c2dex2m6p7cmsiq81gxlk80
- The following settings must be set up by each therapist who chooses to use RingCentral to contact clients. This setup only needs to be completed once by each therapist and takes between five and ten minutes.
- Because of liability and security concerns related to client Protected Health Information (PHI), texting on these numbers has been disabled.
- Go to login.ringcentral.com
- Click on Single Sign-on



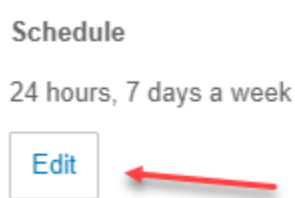
- On the next screen, enter your netID@byu.edu and click Submit



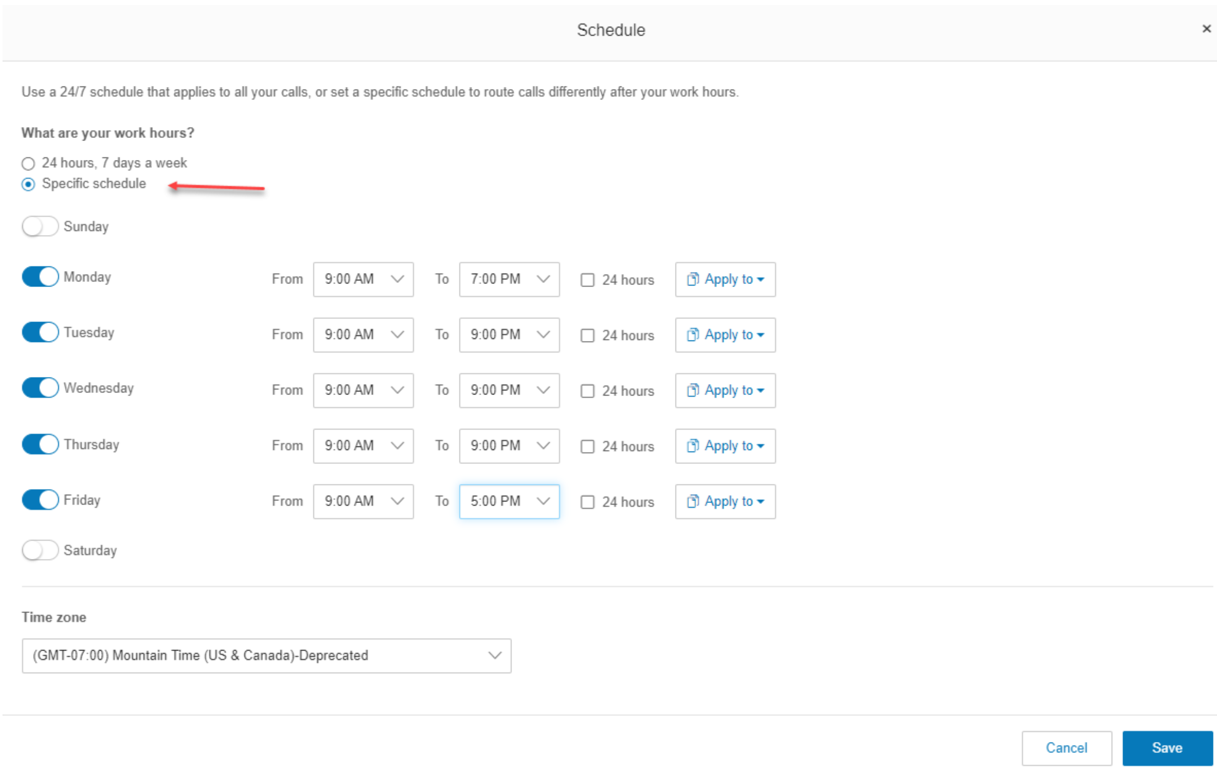
- /
- Click Settings > User Details > Settings & Permissions



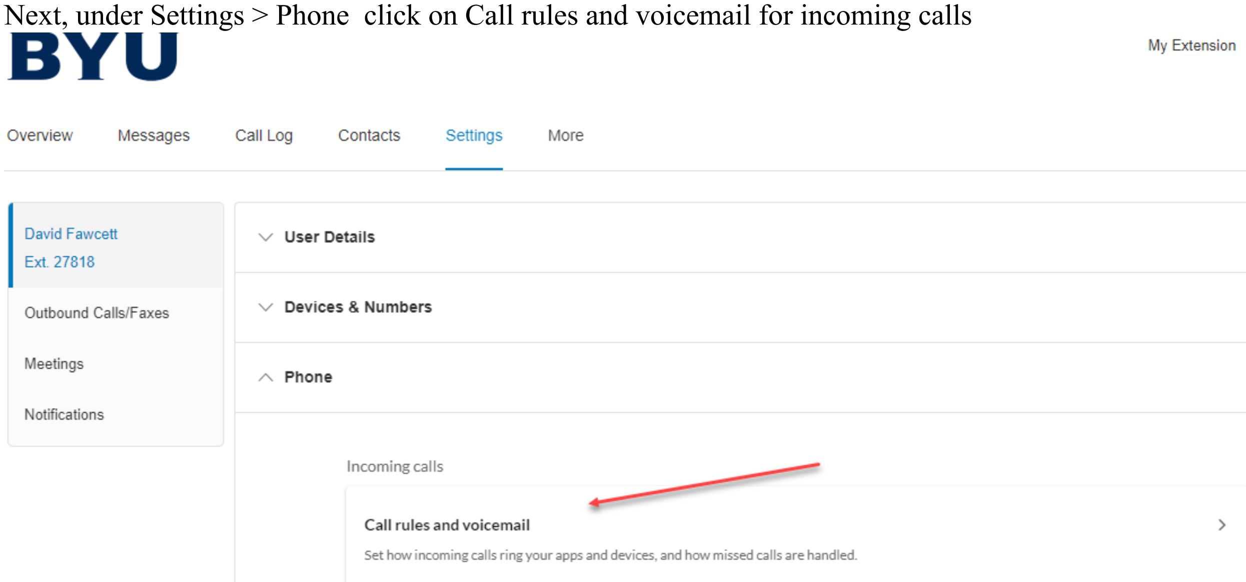
-
- Under Schedule, click Edit



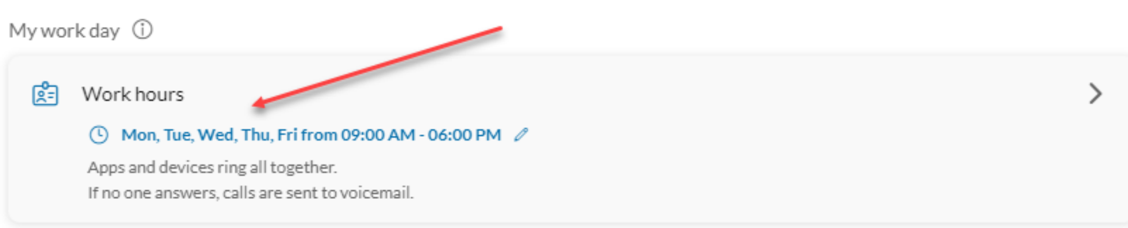
-
- The work hours ***must*** be set to Specific Schedule and must not be set to anytime outside of the regular hours for the BYU Comprehensive Clinic. You may set your work hours to be more restricted than the Clinic operation hours, but you may not set them to be outside of the Clinic operating hours. The example below matches the regular schedule for the BYU Comprehensive Clinic operating hours for Fall/Winter.



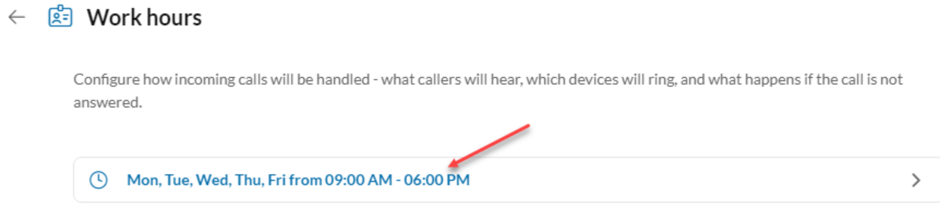
- Click Save after entering the hours and choosing Mountain Time for the Time Zone
- Next, under Settings > Phone click on Call rules and voicemail for incoming calls



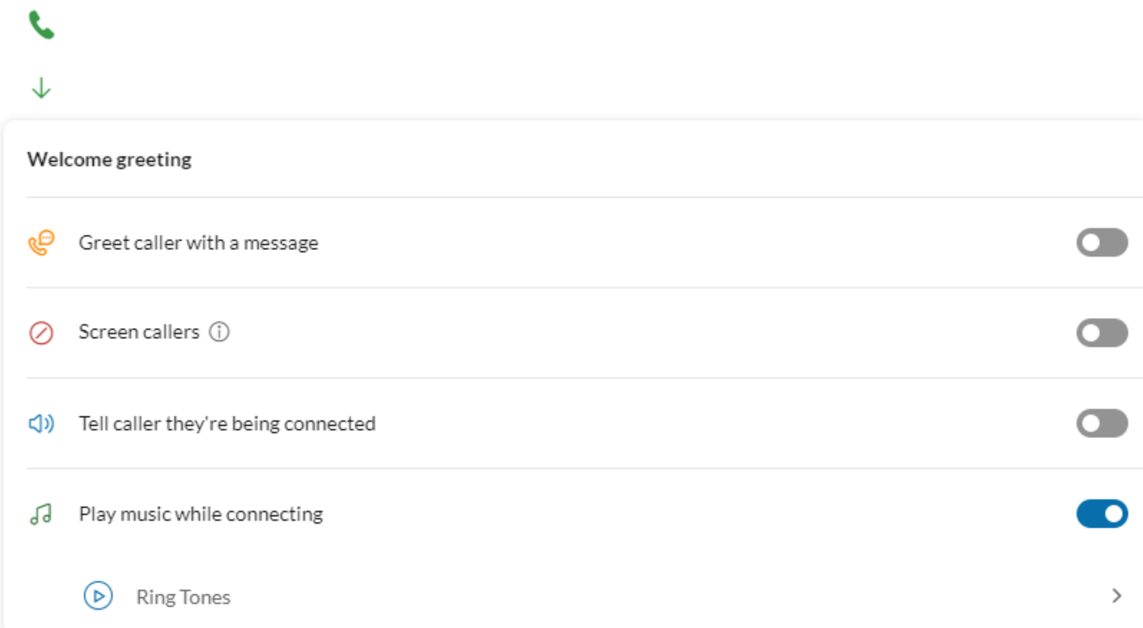
- Click on My work day



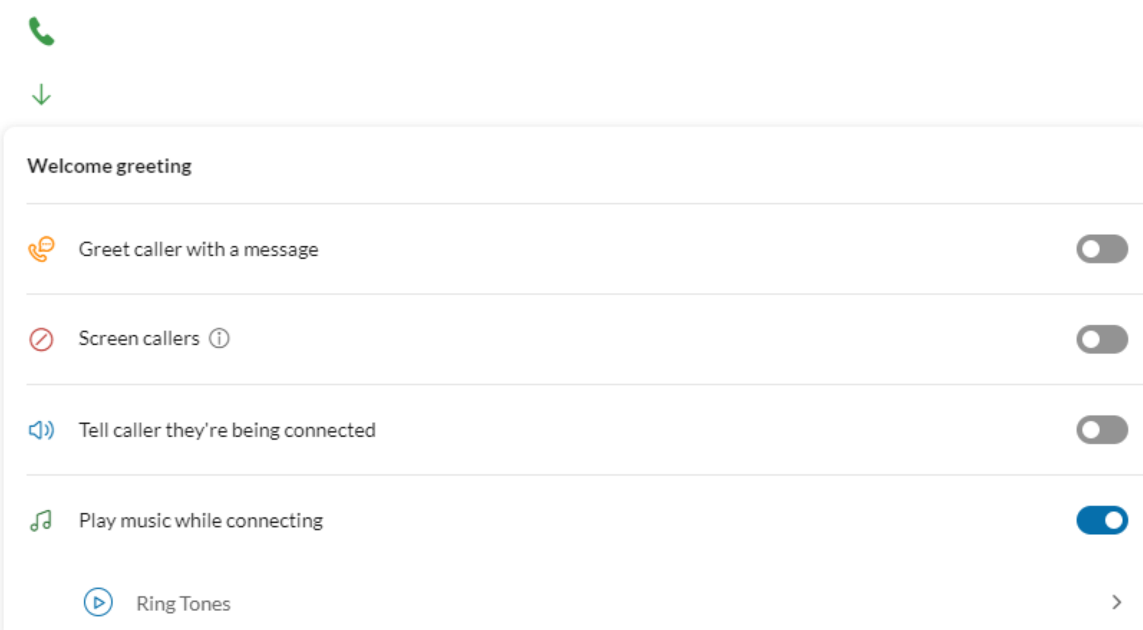
- The first option allows you to set a specific schedule for each day. This may be helpful if you want to set voicemail for when you are in class or a session. Click on the Work hours to adjust these for each day. Please do not set work hour times that are outside of normal Clinic operation hours (e.g. weekends or after hours)



-
- Under Welcome Greeting you can choose what the caller hears while it is ringing to you. The default is to play music. Please choose an option that is professional.

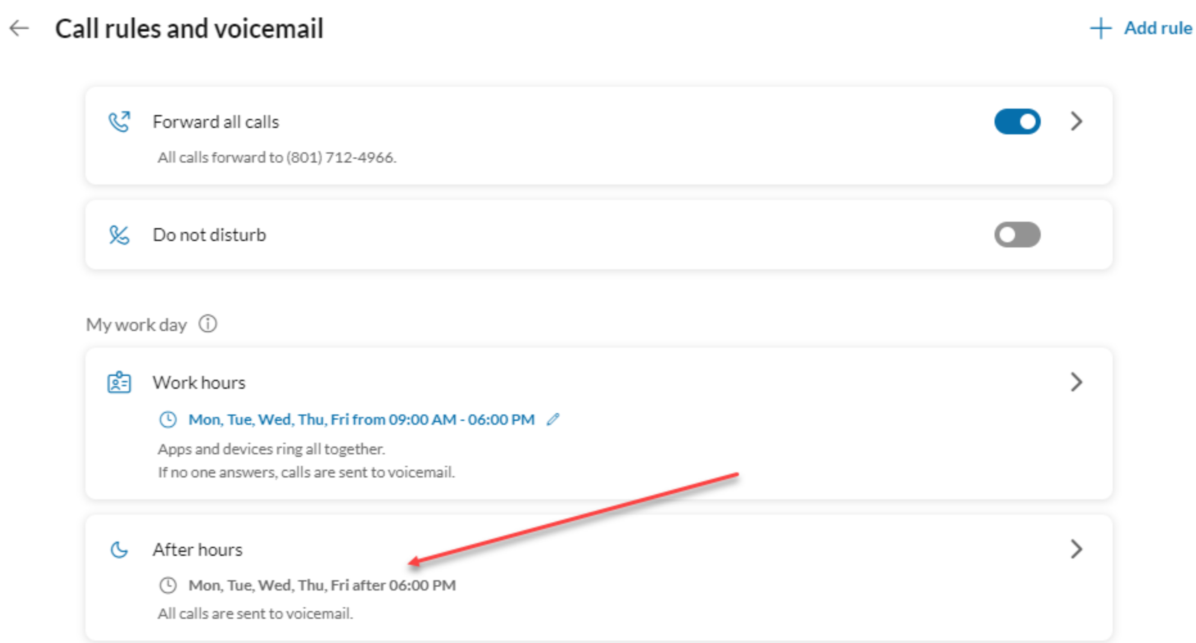


-
- Scroll to the bottom and choose Send to Voicemail for the If no one answers question

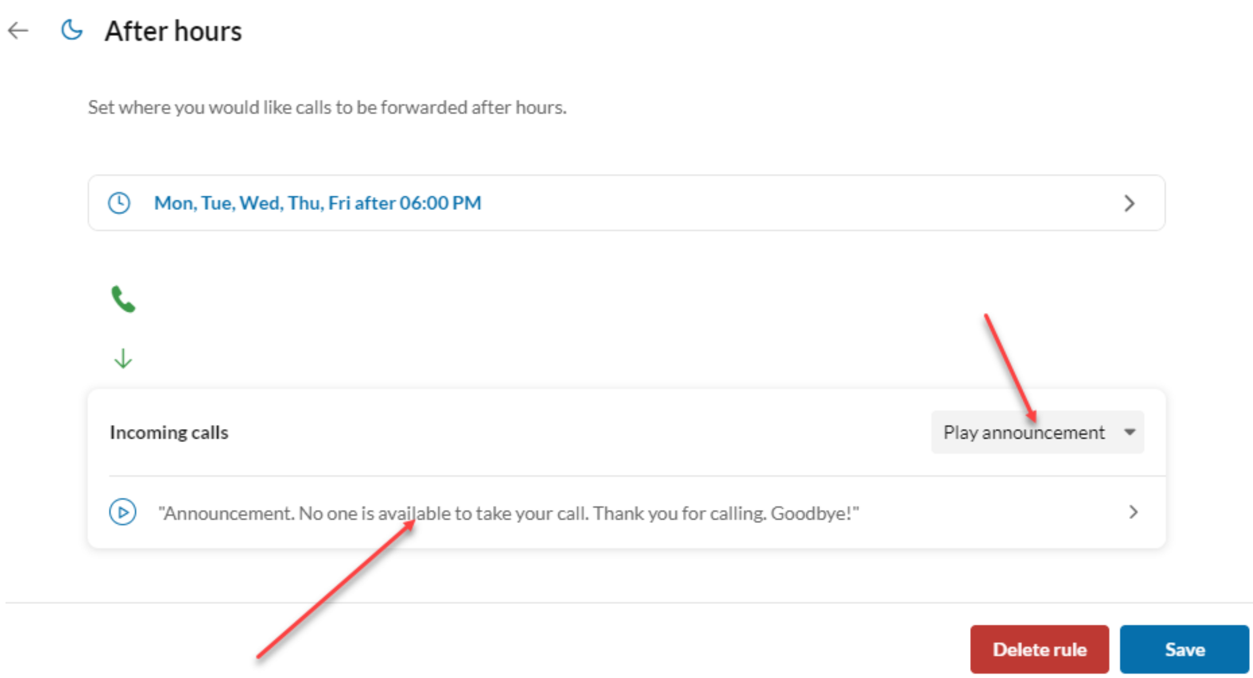


-

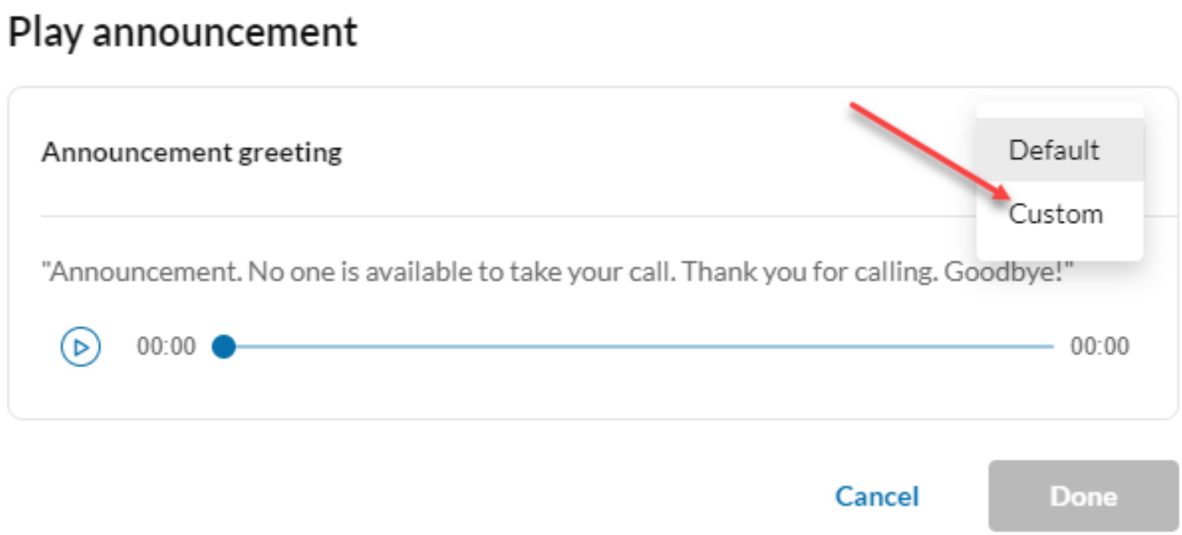
- Save changes and return to the Call rules and voicemail screen, then choose After hours



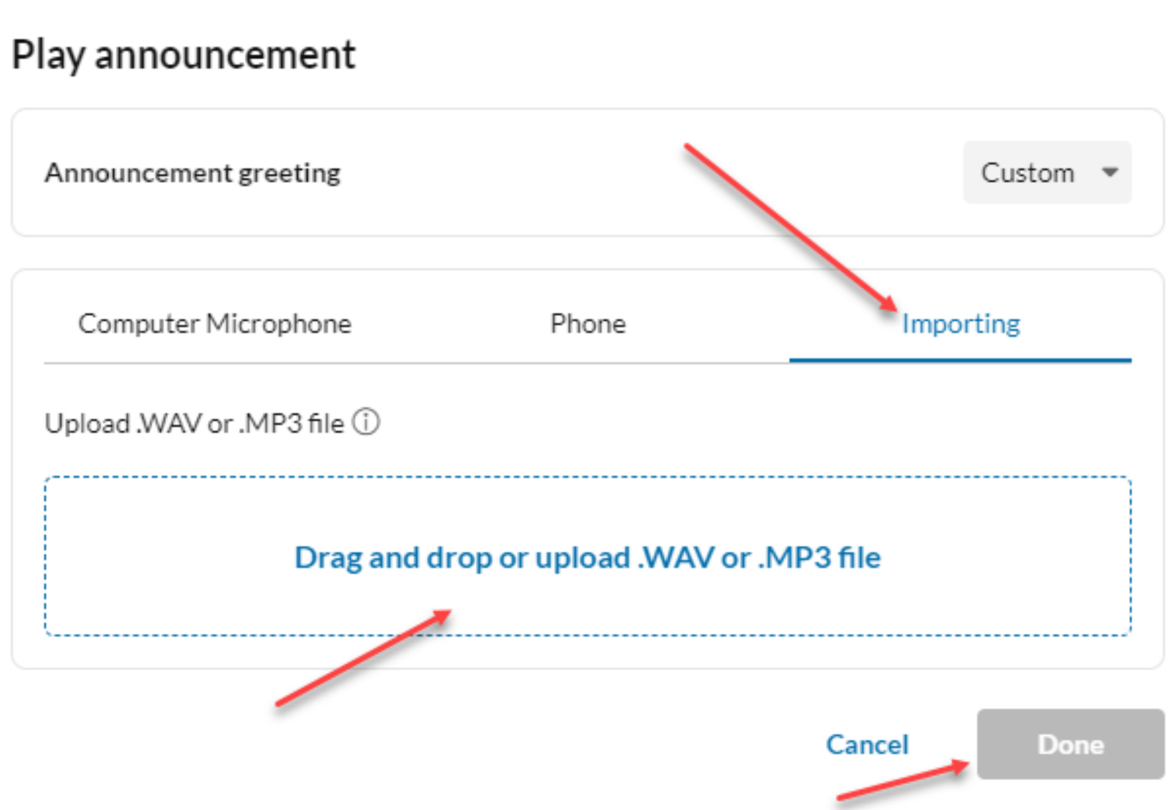
- On the After hours screen, in the incoming calls box, choose Play announcement then click on the announcement line to change it



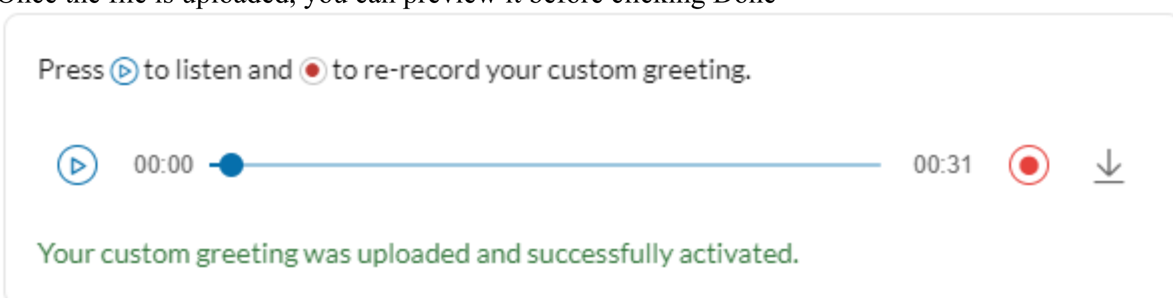
- Change the Announcement greeting from Default to Custom



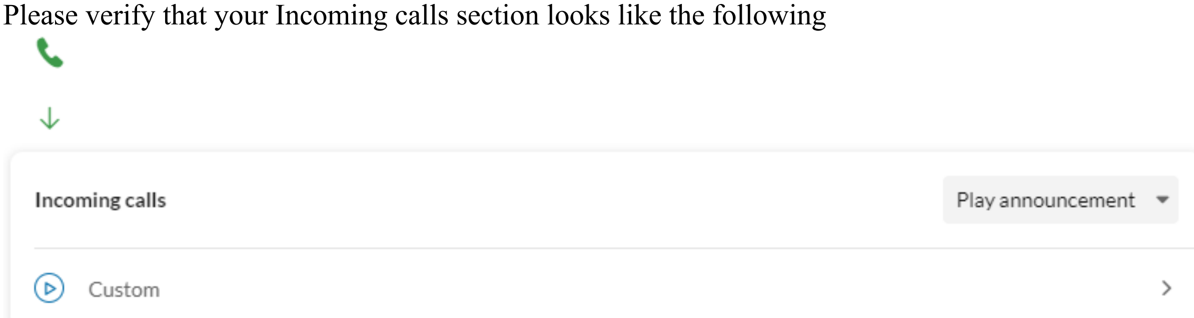
-
- Here you can either record yourself reading the following script, or you can import a recording of the same script. To record the script, choose either the Computer Microphone or Phone tabs, Read the script while the program is recording, then save the recording.
- This is the BYU Comprehensive Clinic. We are currently closed. If this is an emergency, please hang up and dial 9 1 1. If you would like to leave a message for your therapist, please call back during regular business hours, Monday 8am to 7pm, Tuesday through Thursday 8am to 8pm, and Friday 8am to 5pm. You may also call the main receptionist number at 801-422-5579 and leave a message there. Thank you.
-
- To import the pre-recorded announcement greeting (preferred) Click on Importing, then drag the file from this link https://byu.box.com/s/ecpyionptmu4kp7m1kf42sxve3hqwr3g into the Drag and drop or upload.WAV or MP3 file area, then click Done



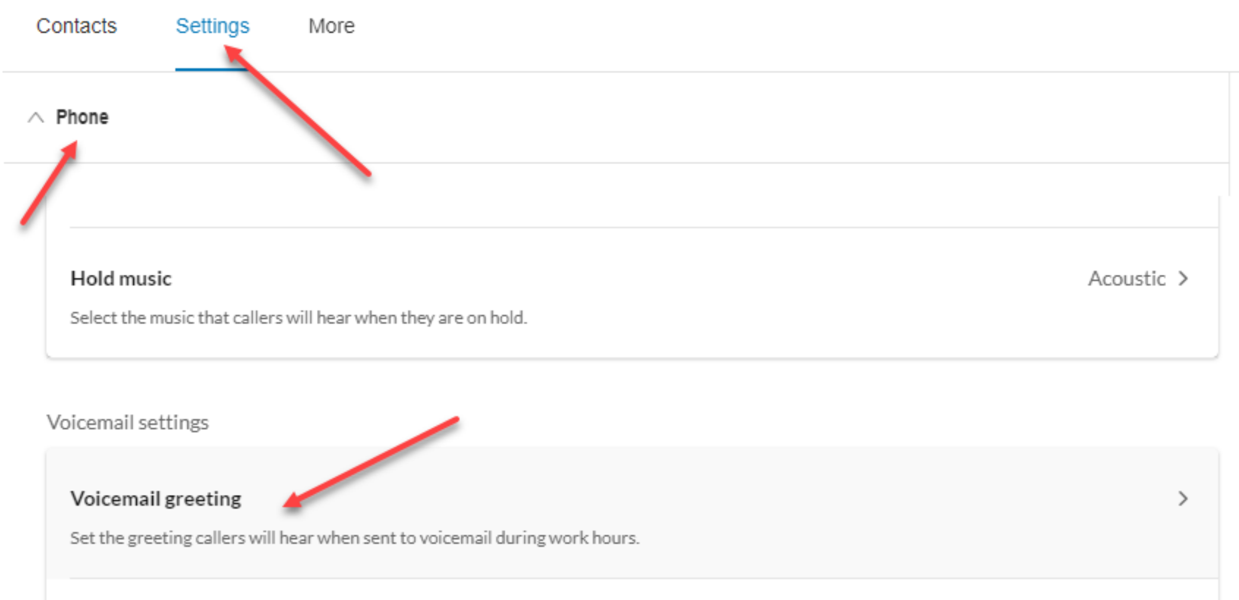
- Once the file is uploaded, you can preview it before clicking Done



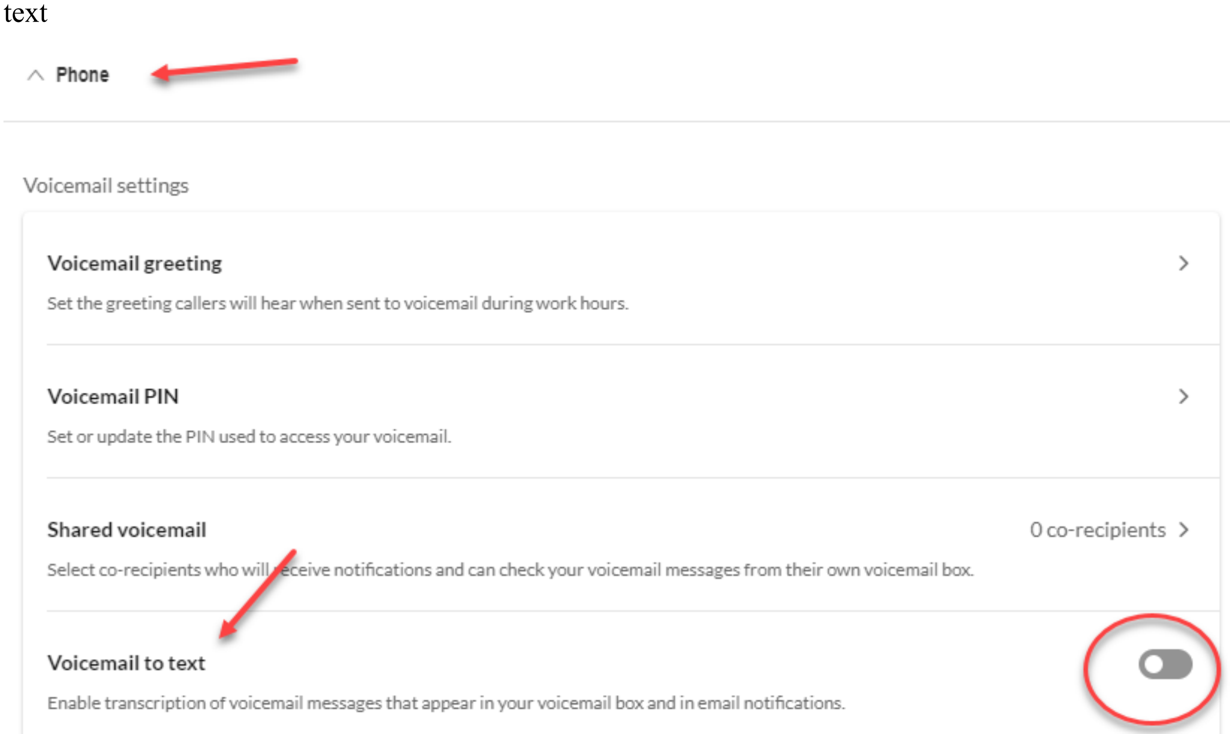
- Please verify that your Incoming calls section looks like the following



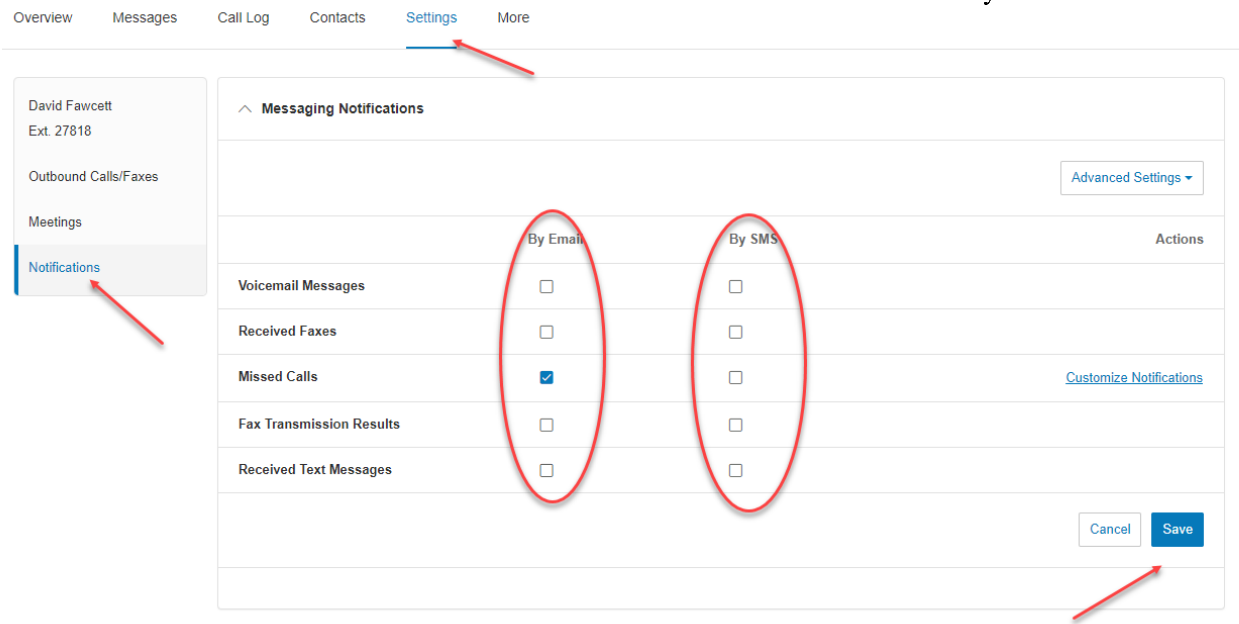
- Back on the Settings menu, click on Phone and scroll down to Voicemail greeting



- You can choose to keep the Default voicemail or record your own. If you record your own, please use the following script (preferred).
- You have reached [Name] at the BYU Comprehensive Clinic. I am currently not available to take your call. Please leave me a brief message with your name and phone number and I will return your call within one business day. If this is an emergency, please hang up and dial 9 1 1. If you need to speak to a receptionist at the Clinic, please hang up and dial 801 422 7759. Thank you.
- RingCental allows for voicemail messages to be transcribed and sent over email and text. The problem with this is that these are not considered secure methods of communication and it places PHI at risk of being discovered by others. As such, turn off the voicemail to text option under Settings > Phone > voicemail settings > voicemail to text



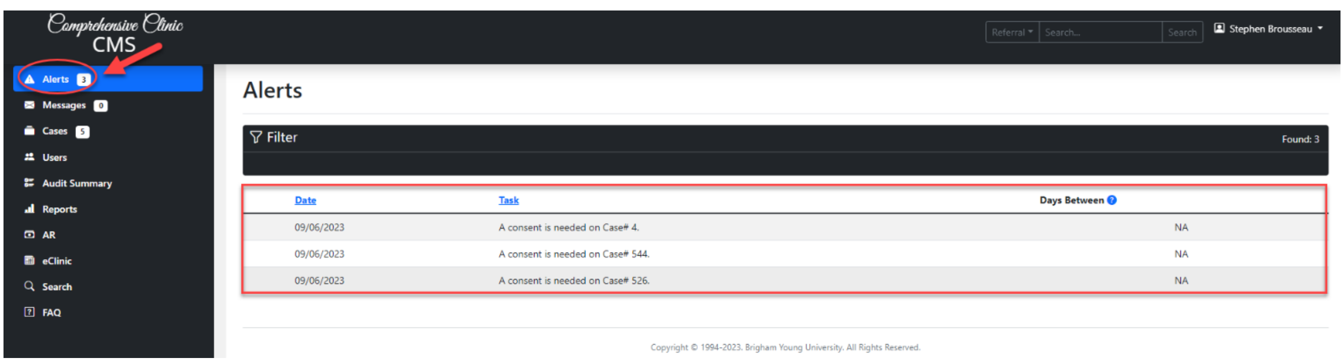
- Please also change the settings under Notifications to not allow voicemail, fax, or text transmissions over email or SMS. You can choose to receive missed call notifications via either email or text if you choose.



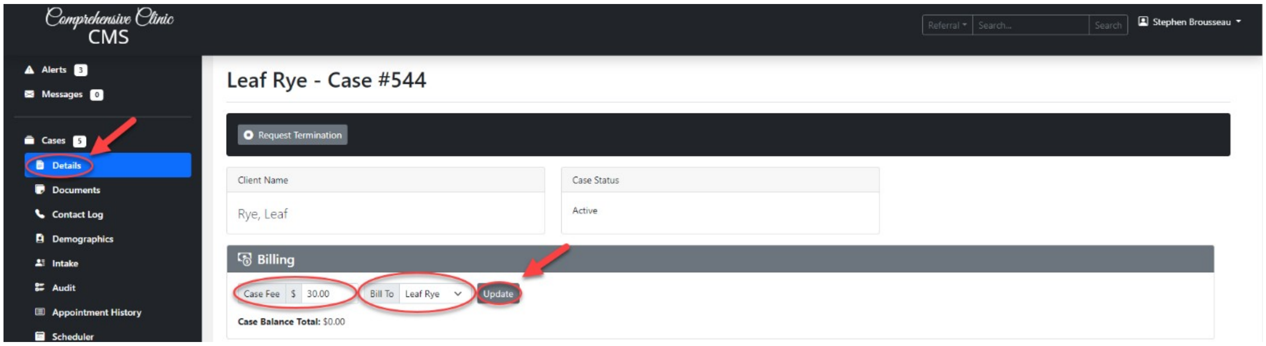
-
-
- Additional Information:
- RingCentral can be used on a computer or through an App on your phone. The phone app is simpler to use and functions like your cell phone when making a call. It will likely be the better option. You can download the RingCentral app for free from your phone's app store.
- When calling a client, please verify that you are using RingCentral and not your phone's native calling app.
- Please ensure that your phone is password or pin protected. Best practice is to not store client phone numbers on your phone, including the RingCentral App. It is preferred to look up the phone number in CMS (which can also be accessed on your phone either on campus while connected to EduRoam or off-campus when connected to the GlobalProtect VPN. Download the GlobalProtect VPN app to your phone for free from your phone's app store.

Appendix K: BYU Comprehensive Clinic Client Management System

1. You will need to be on the VPN if you are signing into CMS away from BYU. You received instructions on how to do this already. They are also at the end of this document.
2. You will receive an email notification from CMS when you have been assigned a new client if you have authorized this in your profile.
3. Go to https://cmscc.byu.edu/cmscc/ . Login into CMS URL with single sign-on. If it requests an update to your profile, please do so. Make sure your cell number is there with a checkbox so you can receive alerts.
4. Notice the navigation in CMS: tabs along the left side. These tabs will drop down extra options. No difference between function of links and buttons. Search function is on the upper right. Profile is at upper right and log out.
5. CMS opens to the alerts tab.
6. Select alerts tab to see what needs to be corrected. Select the item to be taken to the place where the alert needs to be corrected.

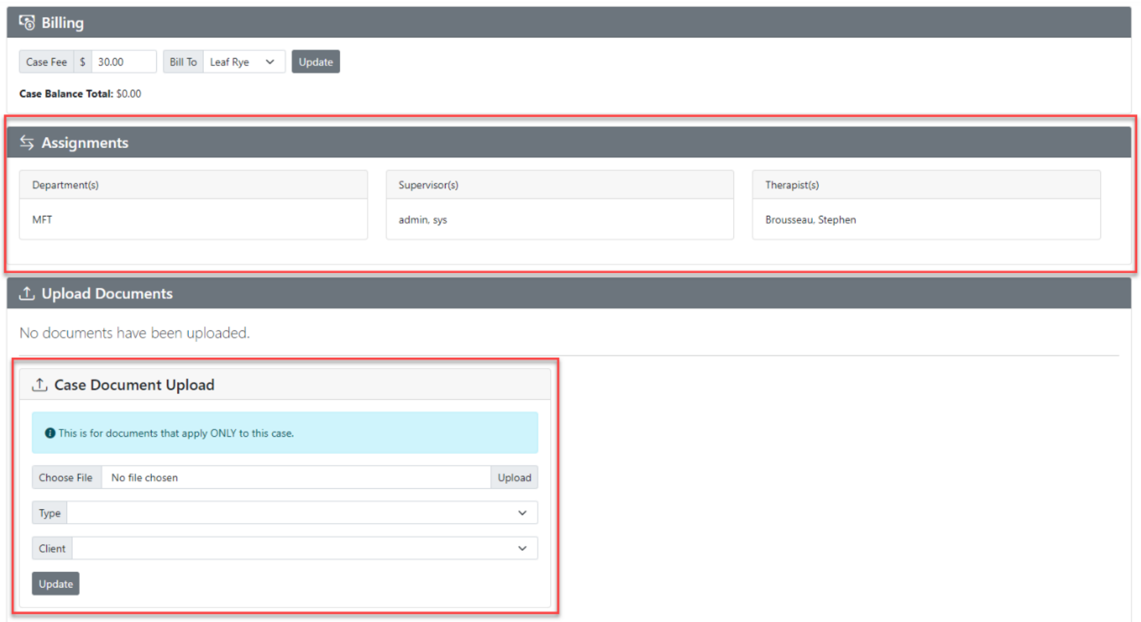


7. Select Messages tab to see whether you have messages from other students, Clinic admin, or your supervisor.
8. Select the "Cases" tab. Select the new case. Open the "Details" button.
    a. **Place to update billing fee**. Note the fee in CMS. Record the "Case Fee" in the box, and if there is one, be sure the "Bill To" box is correct [the box won't be there for individual clients]. For psych assessments and child psychotherapy cases in the Clinical Psych program, the child will be listed. Select "Update."

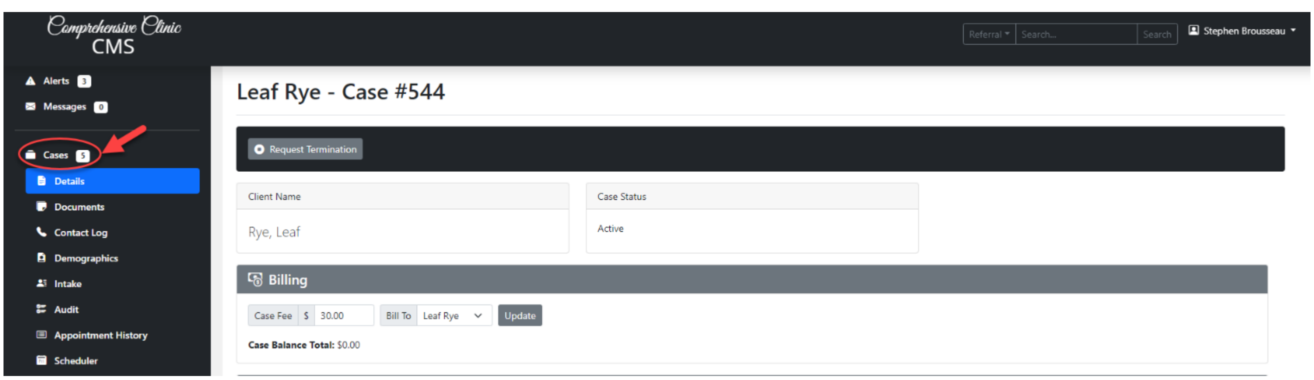


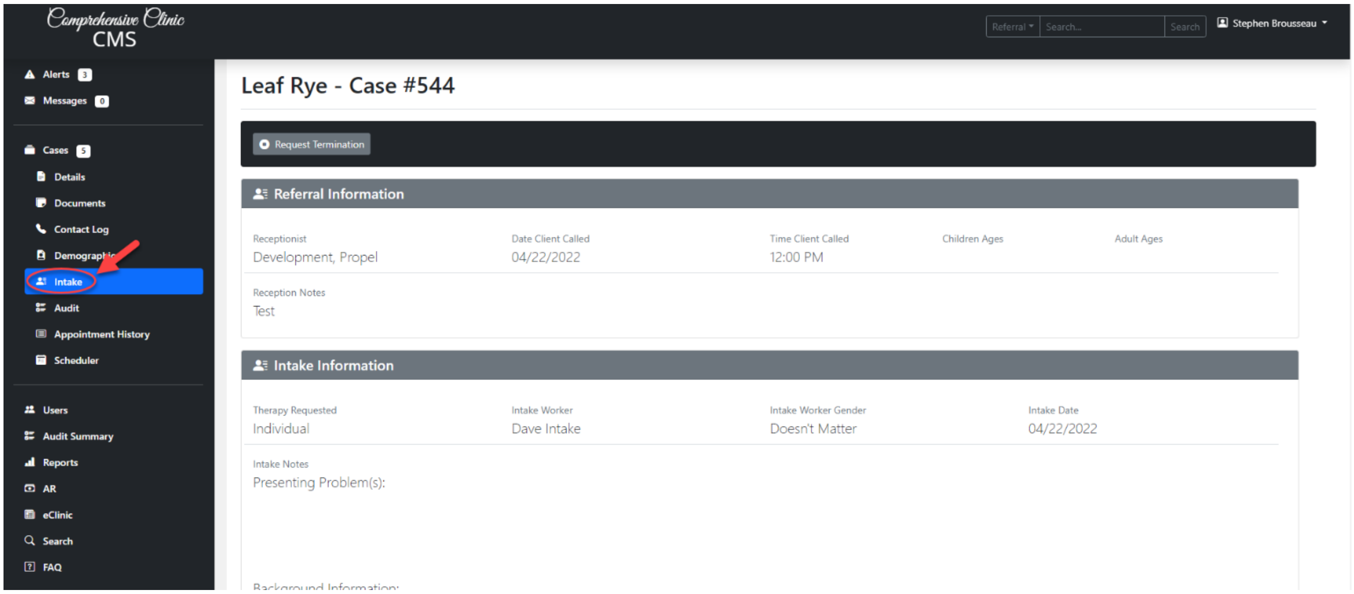
b. Assignment.

c. **[Consents are signed electronically]**

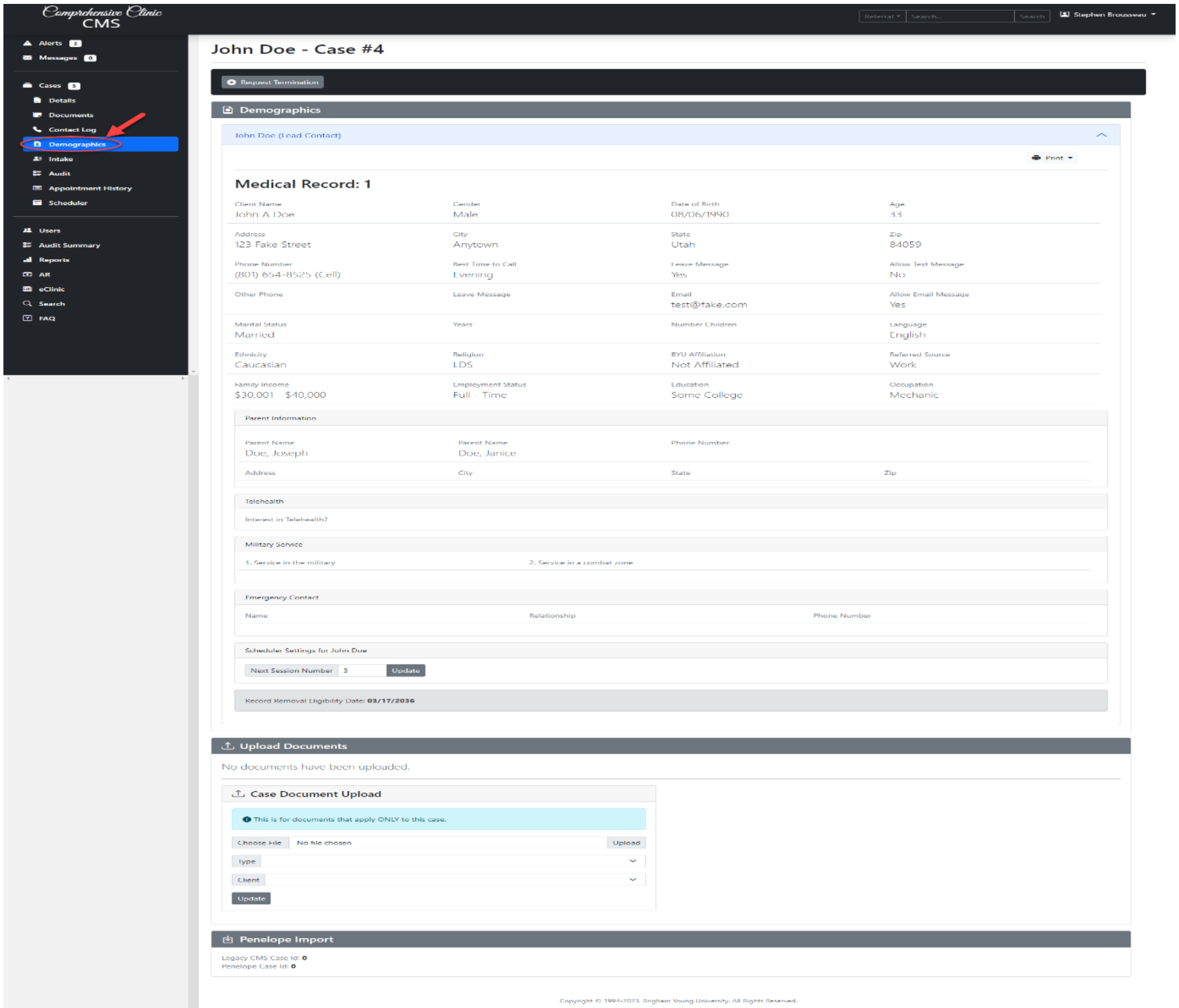


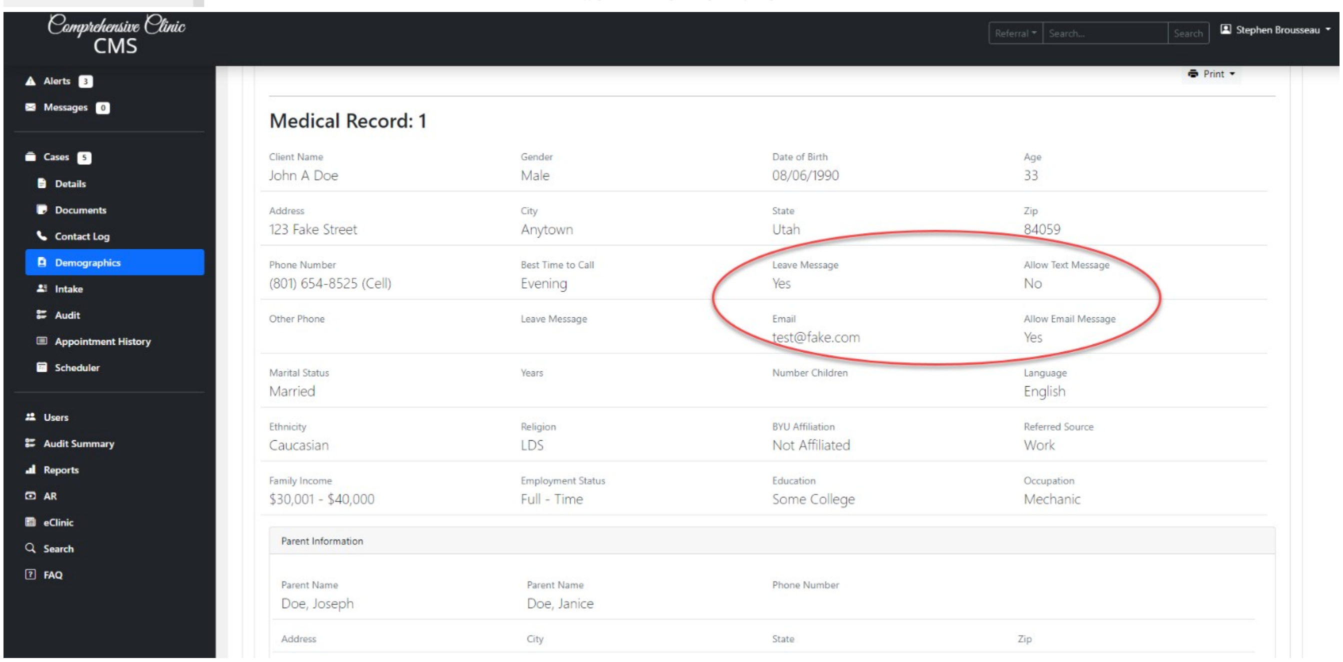
9. Select the "Intake" subtab in the blue ribbon. Read the intake.

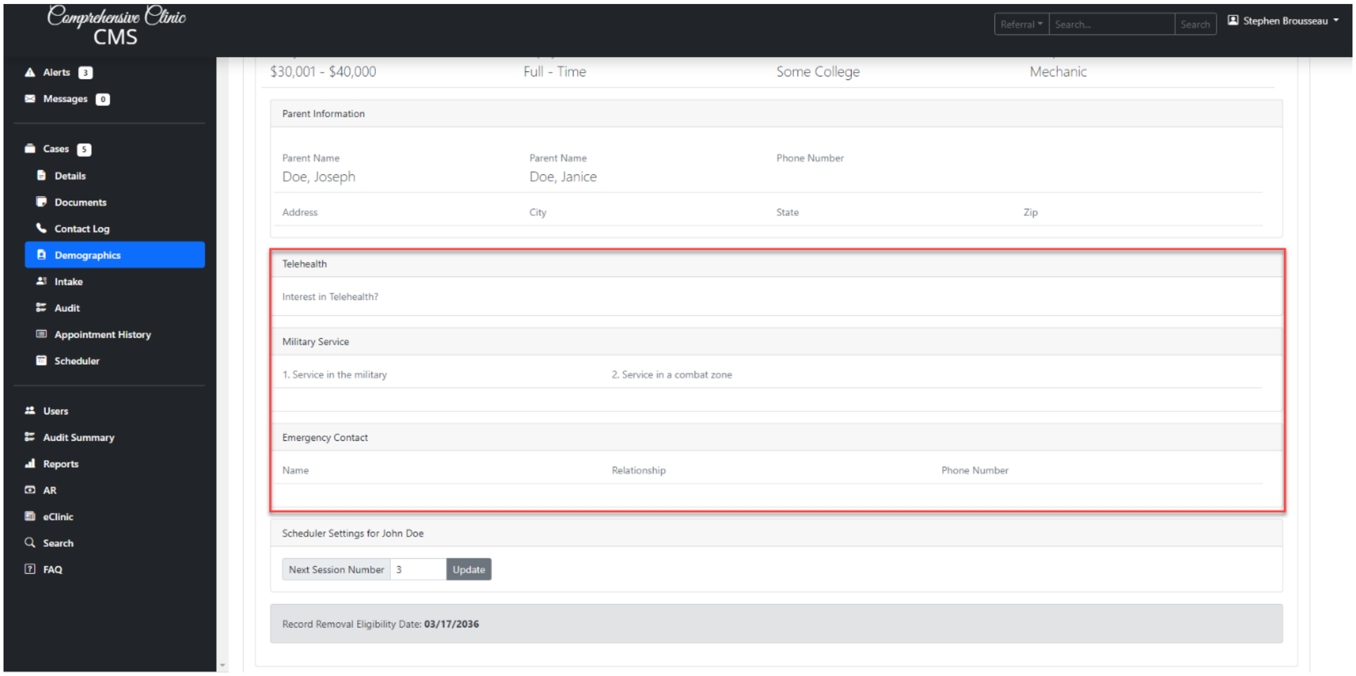




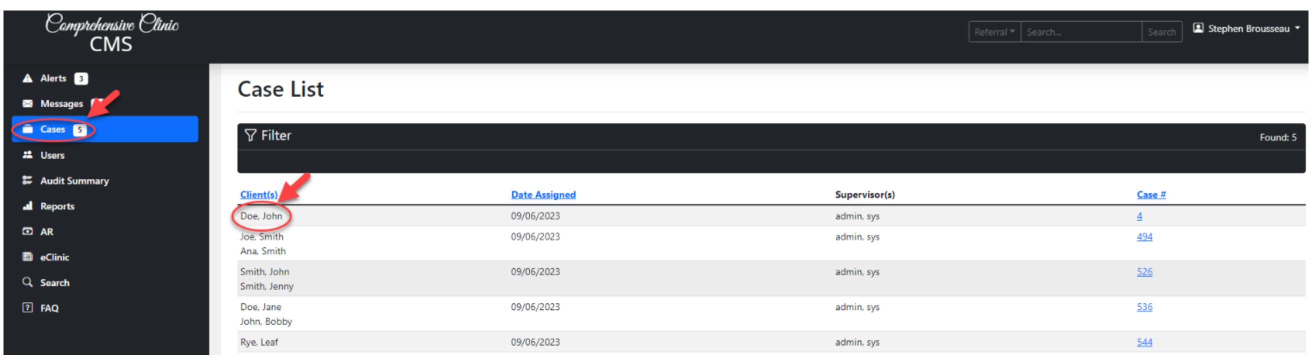
10. Select the "**Demographics**" subtab to see the client's contact information and whether the client has given permission to call or to leave a text message or one-way email messages. This will also have whether they agreed to participate in telemental health therapy, the emergency contact person information, and any research they agreed to participate in. Will have all the individuals in the case.

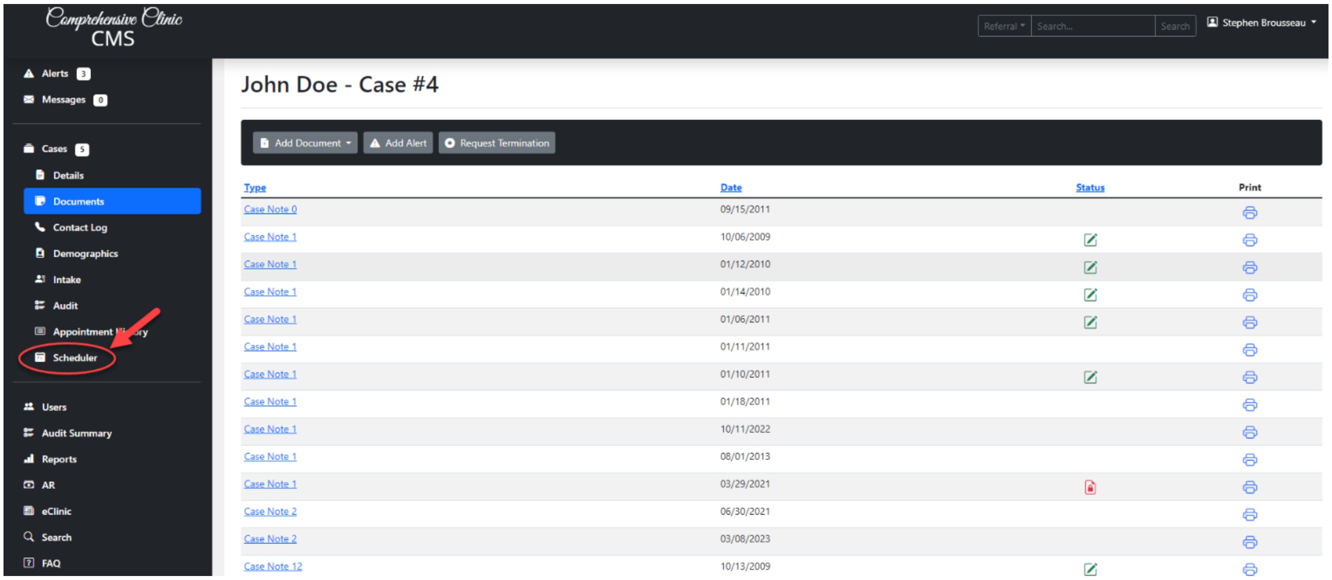

Comprehensive Clinic CMS
Stephen Brousseau
Alerts
Messages
Cases
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
John Doe - Case #4
Request Termination
Demographics
John Doe (Lead Contact)
Print
Medical Record: 1
Client Name
John A Doe
Gender
Male
Date of Birth
08/06/1990
Age
33
Address
123 Fake Street
City
Anytown
State
Utah
Zip
84059
Phone Number
(801) 654-8525 (Cell)
Best Time to Call
Evening
Leave Message
Yes
Allow Text Message
No
Other Phone
Leave Message
Email
test@fake.com
Allow Email Message
Yes
Marital Status
Married
Years
Number Children
Language
English
Ethnicity
Caucasian
Religion
LDS
BYU Affiliation
Not Affiliated
Referred Source
Work
Family Income
$30,001 - $40,000
Employment Status
Full - Time
Education
Some College
Occupation
Mechanic
Parent Information
Parent Name
Doe, Joseph
Parent Name
Doe, Janice
Phone Number
Address
City
State
Zip
Telehealth
Interest in Telehealth?
Military Service
1. Service in the military
2. Service in a combat zone
Emergency Contact
Name
Relationship
Phone Number
Scheduler Settings for John Doe
Next Session Number
Update
Upload Documents
No documents have been uploaded.
Case Document Upload
This is for documents that apply ONLY to this case.
Choose File
No file chosen
Upload
Type
Client
Update
Penelope Import
Legacy CMS Case Id: 0
Penelope Case Id: 0

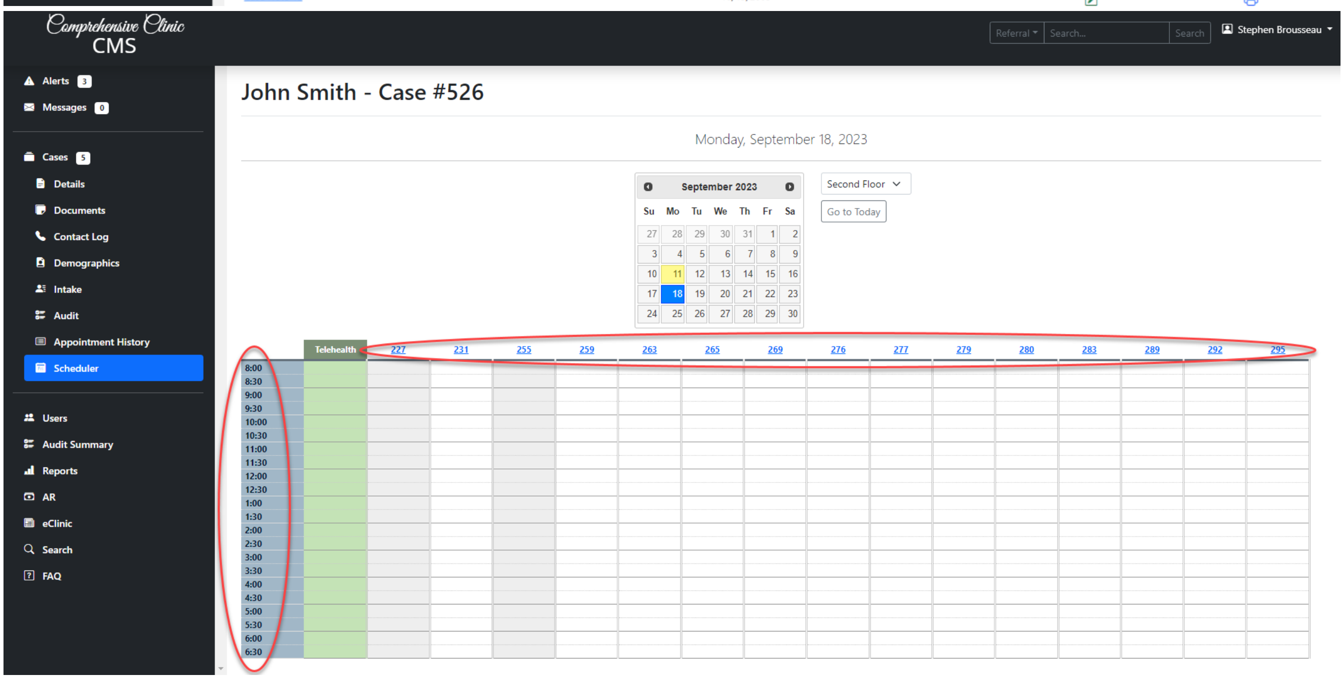

Comprehensive Clinic CMS
Referral
Search...
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
Print
Medical Record: 1
Client Name
John A Doe
Gender
Male
Date of Birth
08/06/1990
Age
33
Address
123 Fake Street
City
Anytown
State
Utah
Zip
84059
Phone Number
(801) 654-8525 (Cell)
Best Time to Call
Evening
Leave Message
Yes
Allow Text Message
No
Other Phone
Leave Message
Email
test@fake.com
Allow Email Message
Yes
Marital Status
Married
Years
Number Children
Language
English
Ethnicity
Caucasian
Religion
LDS
BYU Affiliation
Not Affiliated
Referred Source
Work
Family Income
$30,001 - $40,000
Employment Status
Full - Time
Education
Some College
Occupation
Mechanic
Parent Information
Parent Name
Doe, Joseph
Parent Name
Doe, Janice
Phone Number
Address
City
State
Zip

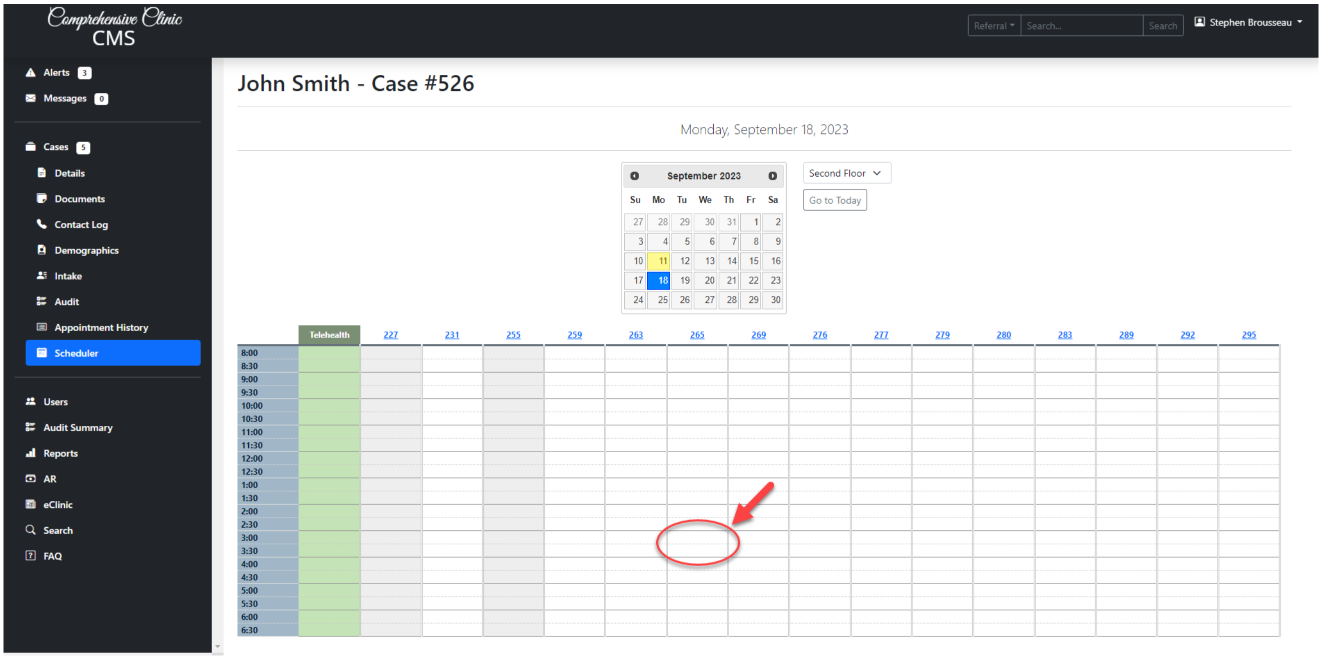


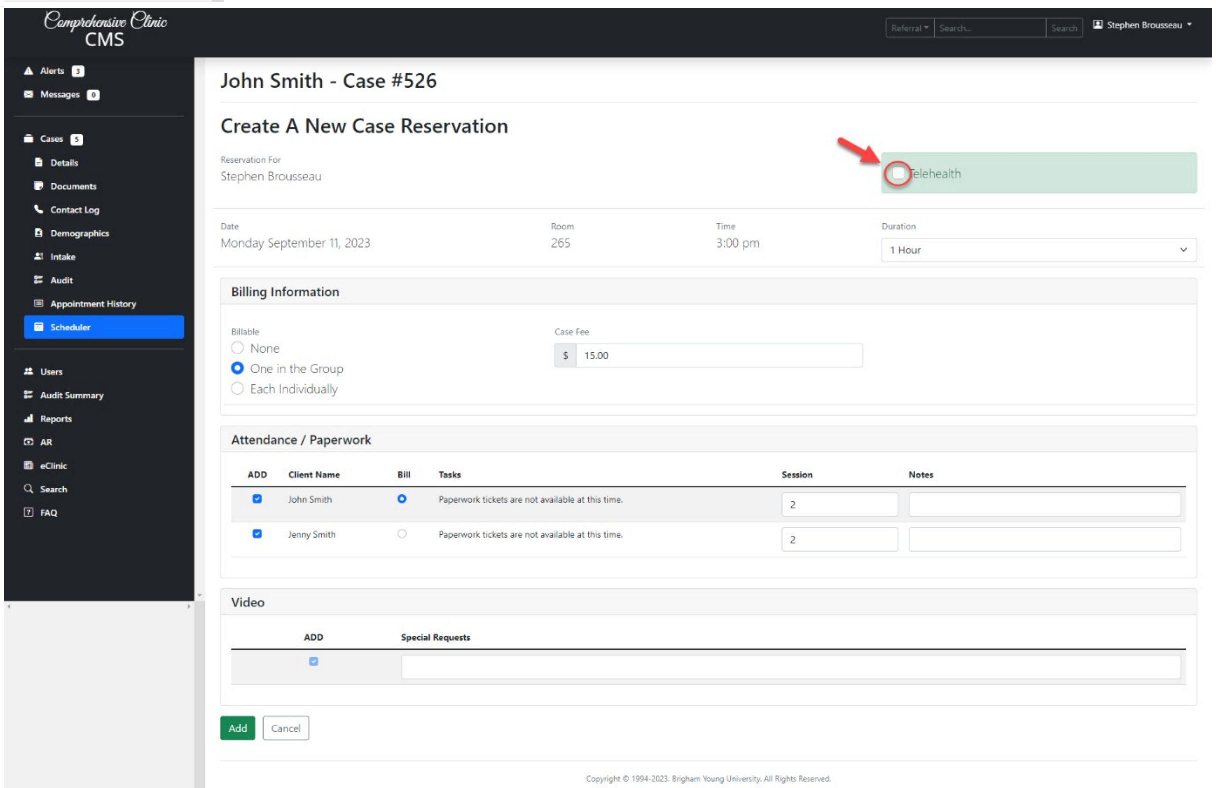
1. Check what rooms are open in the Clinic in CMS. Open the case under the "Cases" tab, select "Scheduler" in the blue ribbon. Select the box in the room desired at the time and day that to see the client. Select the teletherapy box if you need to do teletherapy AND you will need the room. If a room is not needed, select the telehealth column on the left to schedule the session at the desired time. You will be providing teletherapy from your own location.
   Don't schedule 255, 295, or 277. They are classrooms.

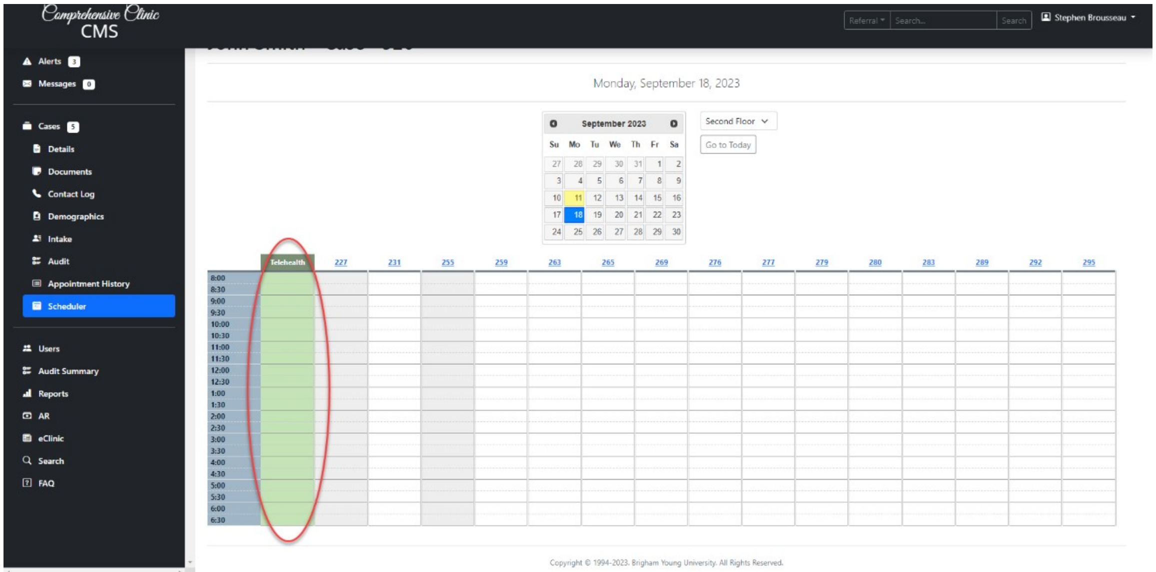


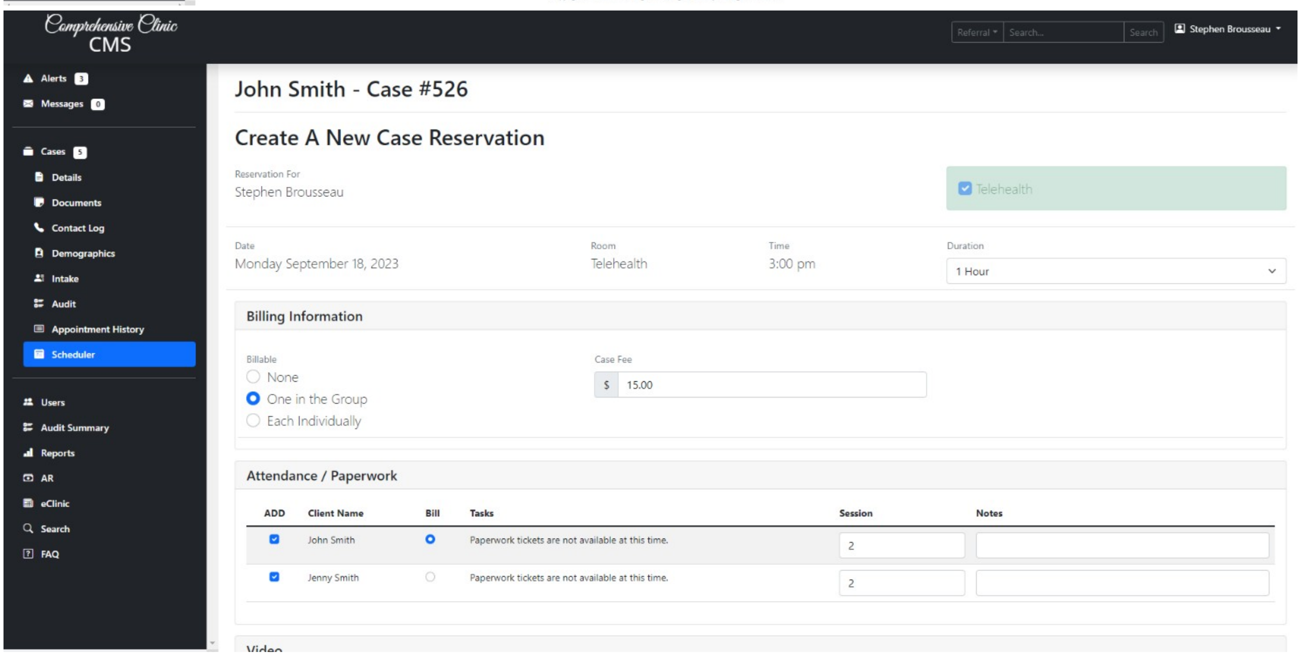

Comprehensive Clinic CMS
Referral
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
John Doe - Case #4
Add Document
Add Alert
Request Termination
Type
Date
Status
Print
Case Note 0 09/15/2011
Case Note 1 10/06/2009
Case Note 1 01/12/2010
Case Note 1 01/14/2010
Case Note 1 01/06/2011
Case Note 1 01/11/2011
Case Note 1 01/10/2011
Case Note 1 01/18/2011
Case Note 1 10/11/2022
Case Note 1 08/01/2013
Case Note 1 03/29/2021
Case Note 2 06/30/2021
Case Note 2 03/08/2023
Case Note 12 10/13/2009


Comprehensive Clinic CMS
Referral
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
John Smith - Case #526
Monday, September 18, 2023
September 2023
Su Mo Tu We Th Fr Sa
Second Floor
Go to Today
Telehealth
227 231 255 259 263 265 269 276 277 279 280 283 289 292 295
8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00 4:30 5:00 5:30 6:00 6:30


Comprehensive Clinic
CMS
Referral
Search...
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
John Smith - Case #526
Monday, September 18, 2023
September 2023
Su Mo Tu We Th Fr Sa
Second Floor
Go to Today
Telehealth
227
231
255
259
263
265
269
276
277
279
280
283
289
292
295


Comprehensive Clinic
CMS
Referral
Search...
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
John Smith - Case #526
Create A New Case Reservation
Reservation For
Stephen Brousseau
Telehealth
Date
Monday September 11, 2023
Room
265
Time
3:00 pm
Duration
1 Hour
Billing Information
Billable
None
One in the Group
Each Individually
Case Fee
$ 15.00
Attendance / Paperwork
ADD
Client Name
Bill
Tasks
Session
Notes
John Smith
Paperwork tickets are not available at this time.
2
Jenny Smith
Paperwork tickets are not available at this time.
2
Video
ADD
Special Requests
Add
Cancel
Copyright © 1994-2023. Brigham Young University. All Rights Reserved.

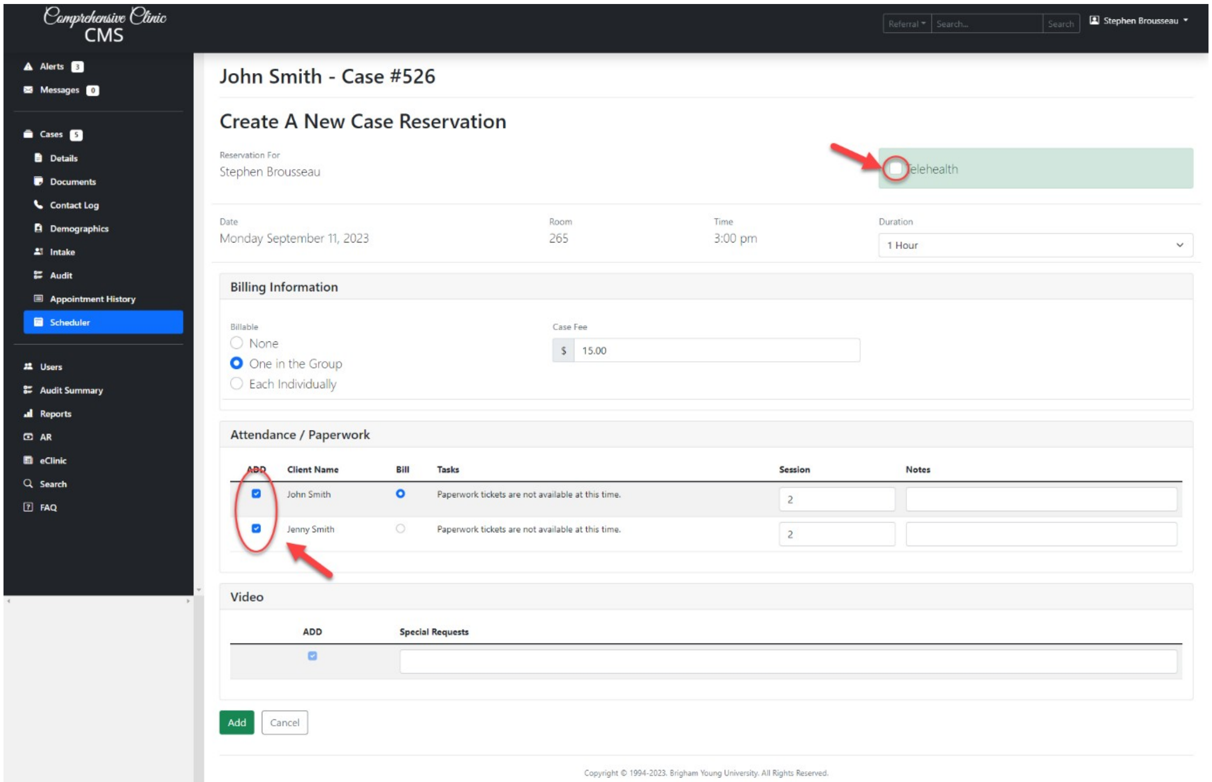


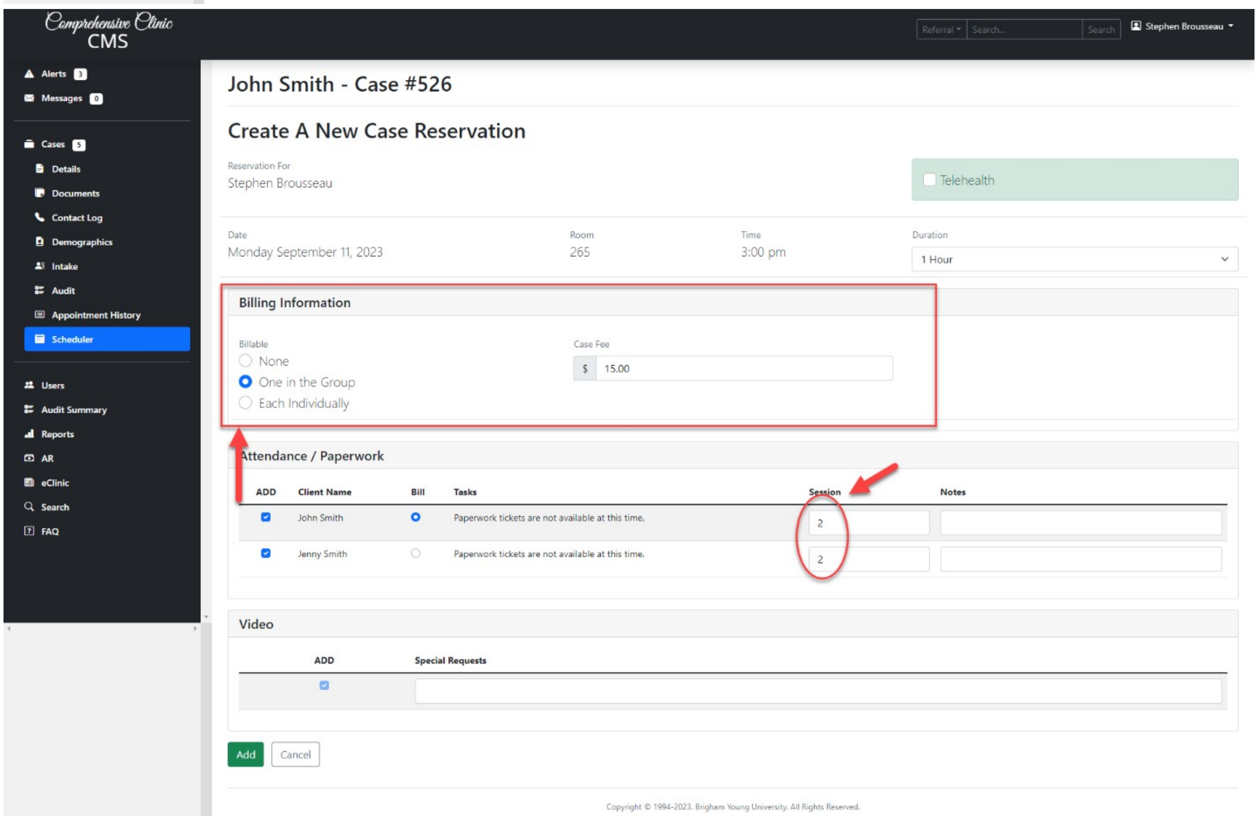


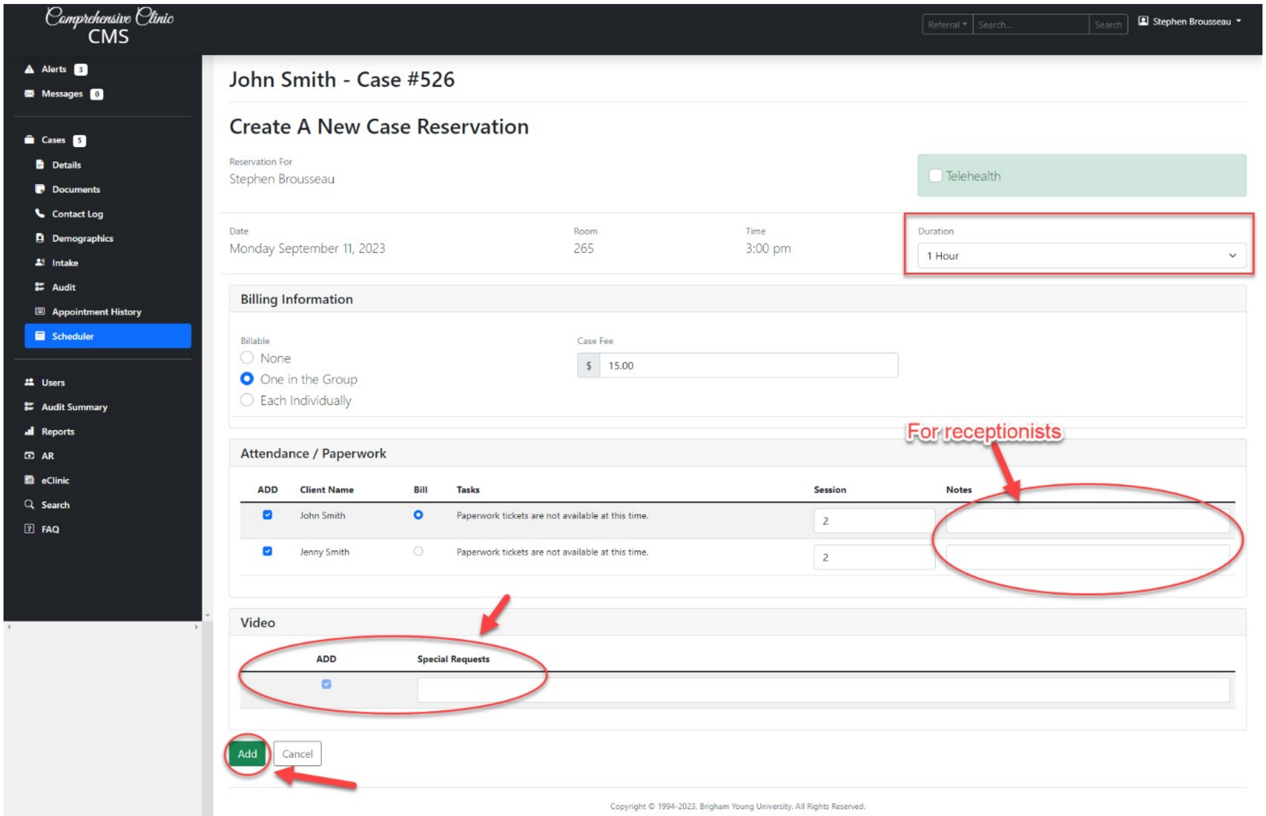
2. Select the clients who will be attending. If you will be using the room for performing teletherapy, select that box.
3. If the session is billable, select the box and be sure that the case fee is correct. **If the client is not paying a fee, uncheck the "Billable" box, or select the "None" button for cases with multiple clients.**
4. Make sure that the session number is correct.
   a. If it's the first session (that is face-to-face), assure the session number says 1 so that CMS will automatically give them the new client paperwork. Be sure that the consents are in the case before you see the client. If it is not, contact the auditor first, and if needed, the client.
   b. Send clients consent forms through [CCMATI]

i. On the right-hand side under Template Messages, click on **Consent Forms/Assessments**
ii. Choose the following forms based on the type of therapy:
1. **Individual**
a. Adult Clinical Services Agreement
b. Adult Clinical Services (MFT)
c. Adult Research Consent
d. In Person Consent
2. **Couple**
a. Adult Clinical Services Agreement
b. Adult Clinical Services (MFT)
c. Adult Research Consent
d. In Person Consent
3. **Family**
a. Adult Clinical Services Agreement
b. Adult Clinical Services (MFT)
c. Adult Research Consent
d. In Person Consent
e. Parent Guardian Research Consent
f. Research Assent Ages 7 to 14 OR Research Assent Ages 15 to 17
g. In Person Consent

5. Duration will always be an hour on the hour. No scheduling on the half hour etc. Select Save.
6. Video will automatically be selected. All sessions are digitally recorded. Give any relevant special instructions to the AV clerk at the bottom. (not necessary for telemental health services.)
7. If consents are collected, CMS will still try to collect consents with the iPad on the first session. Tell the receptionists and the clients NOT to have the clients to sign again in the note if clients have already completed Consent.

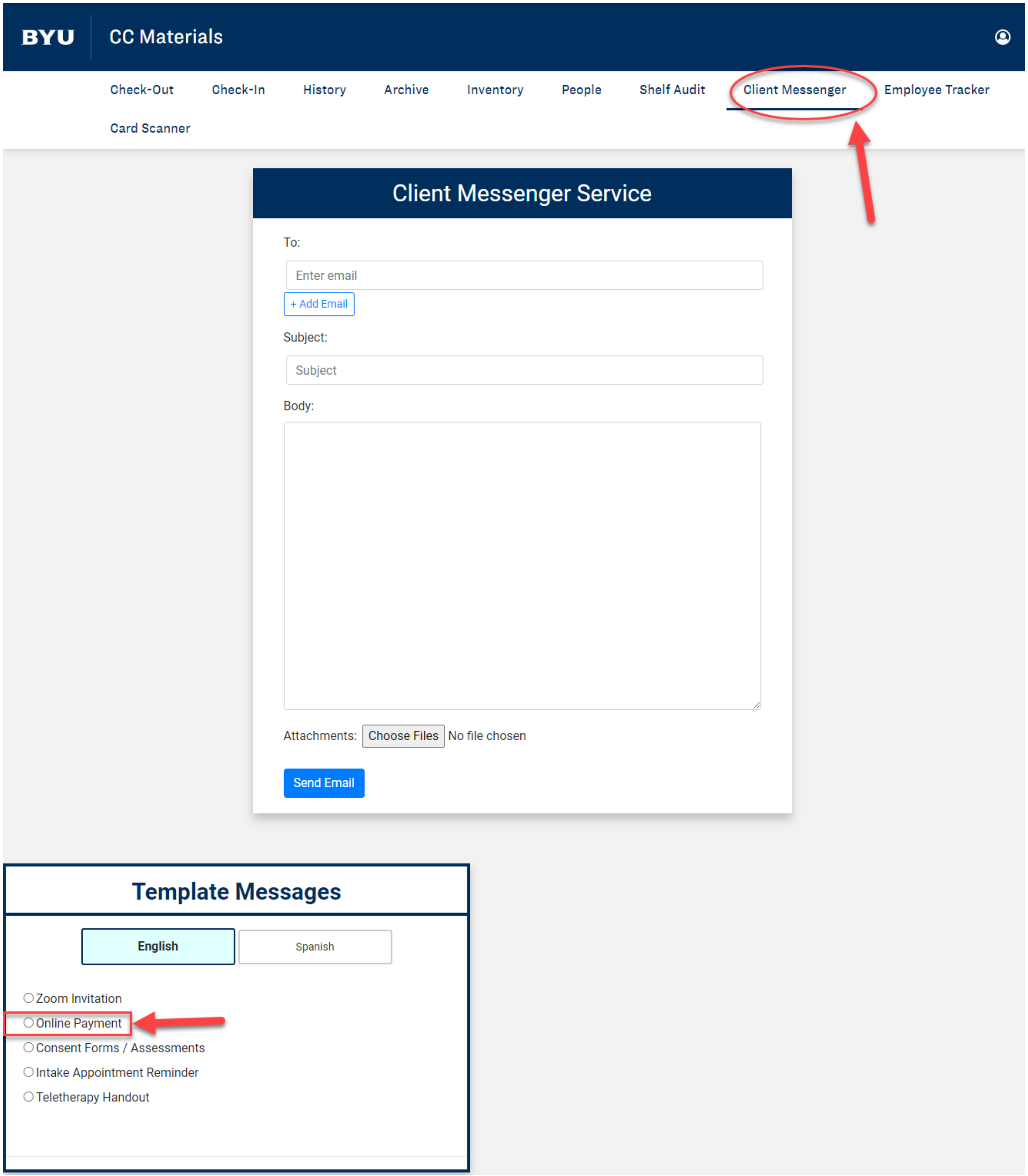

Comprehensive Clinic CMS
John Smith - Case #526
Create A New Case Reservation
Reservation For
Stephen Brousseau
Telehealth
Date
Monday September 11, 2023
Room
265
Time
3:00 pm
Duration
1 Hour
Billing Information
Billable
None
One in the Group
Each Individually
Case Fee
15.00
Attendance / Paperwork
ADD
Client Name
Bill
Tasks
Session
Notes
John Smith
Paperwork tickets are not available at this time.
Jenny Smith
Video
Special Requests
Add
Cancel
Copyright © 1994-2023. Brigham Young University. All Rights Reserved.

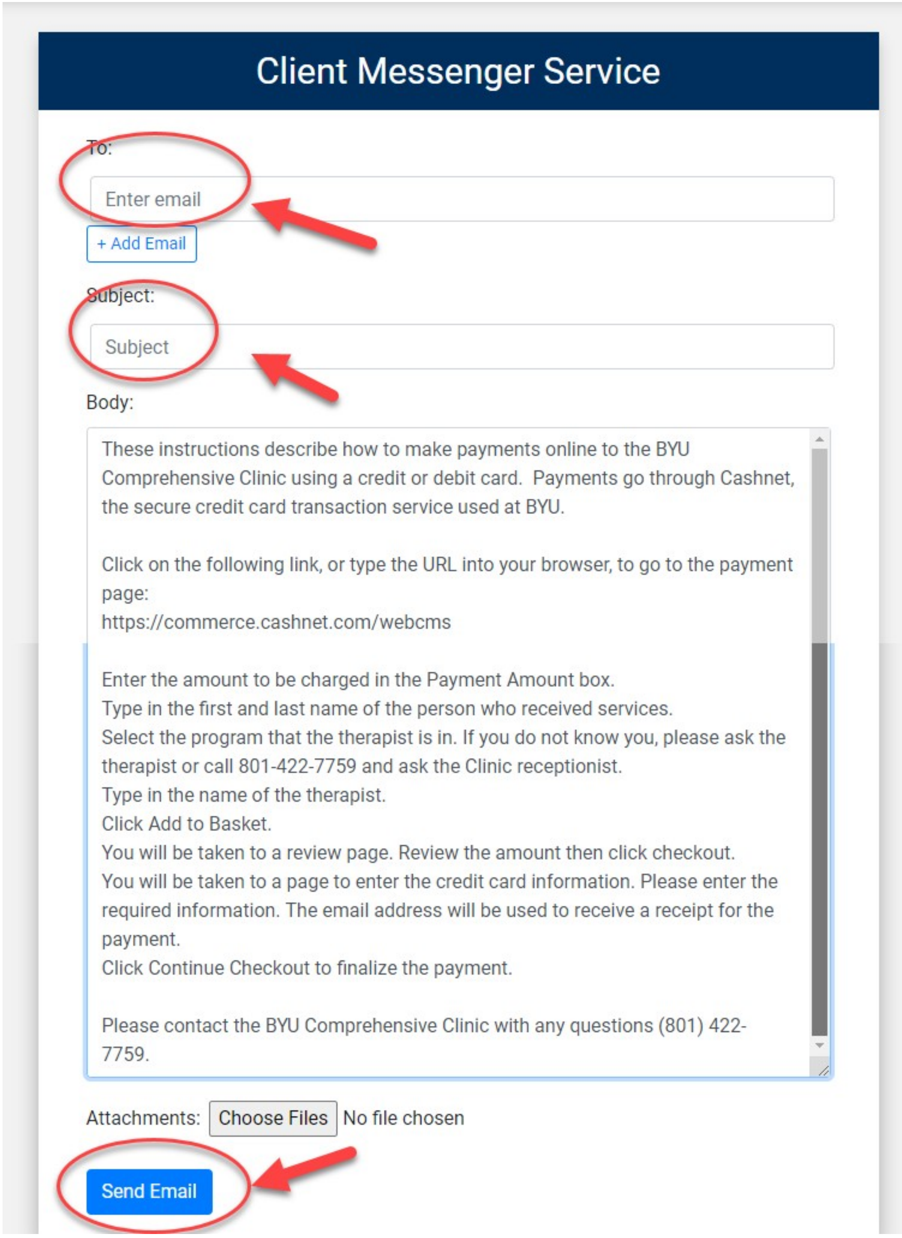

Comprehensive Clinic CMS
John Smith - Case #526
Create A New Case Reservation
Reservation For
Stephen Brousseau
Telehealth
Date
Monday September 11, 2023
Room
265
Time
3:00 pm
Duration
1 Hour
Billing Information
Billable
None
One in the Group
Each Individually
Case Fee
15.00
Attendance / Paperwork
ADD
Client Name
Bill
Tasks
Session
Notes
John Smith
Paperwork tickets are not available at this time.
Jenny Smith
Video
Special Requests
Add
Cancel
Copyright © 1994-2023. Brigham Young University. All Rights Reserved.



8. Call the client and set up the first session as soon as possible
   a. <u>To call</u> the client so that the Clinic's phone number will show on the client's caller ID instead of "blocked", **call** 1-801-317-8835. You will be prompted to enter the client's phone number, then you will be forwarded to the client.
   b. <u>To text</u> the client to alert them that you will be calling (there's a higher probability of them answering), **text** the client's number to 801-317-8835. Both you and the client will receive a text afterwards. The client will respond YES or NO to alert you if they will be available in the next 30 minutes to receive your call. If they respond "YES" you will receive this second message. If they respond "NO" you will receive a message and they will be prompted to call the Clinic to leave you a message through the receptionists about when would be better for you to call.
   c. Give them verbal directions to the Clinic (1190 N 900 East Provo; kitty corner from the BYU Creamery on Ninth), parking is found on the East side of the building where it says "Clinic Visitors Parking."
   d. Tell them they will need a parking pass from the *downstairs* receptionist to hang on their rear-view mirror if they come before 7:00 PM, and they will need to also check in at the *upstairs* receptionist.
   e. Remind them to show up 30 - 45 minutes early on their first session to fill out paperwork <u>if they have not already completed PRN at home</u> otherwise their paperwork time will cut into session.

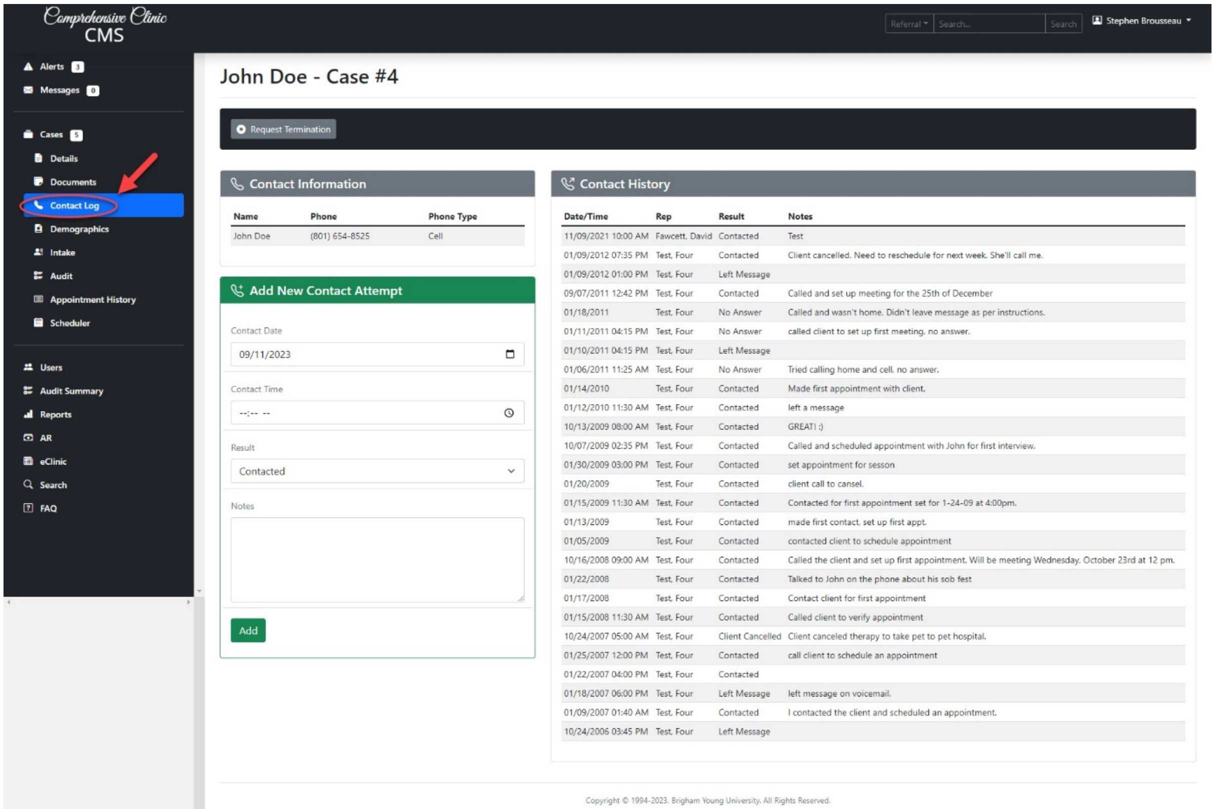
f. Establish the fee for services (usually $30/therapy session). Tell them you will email them instructions and a link on how to pay for services online. Make sure they know your name (First name) and program (MFT).

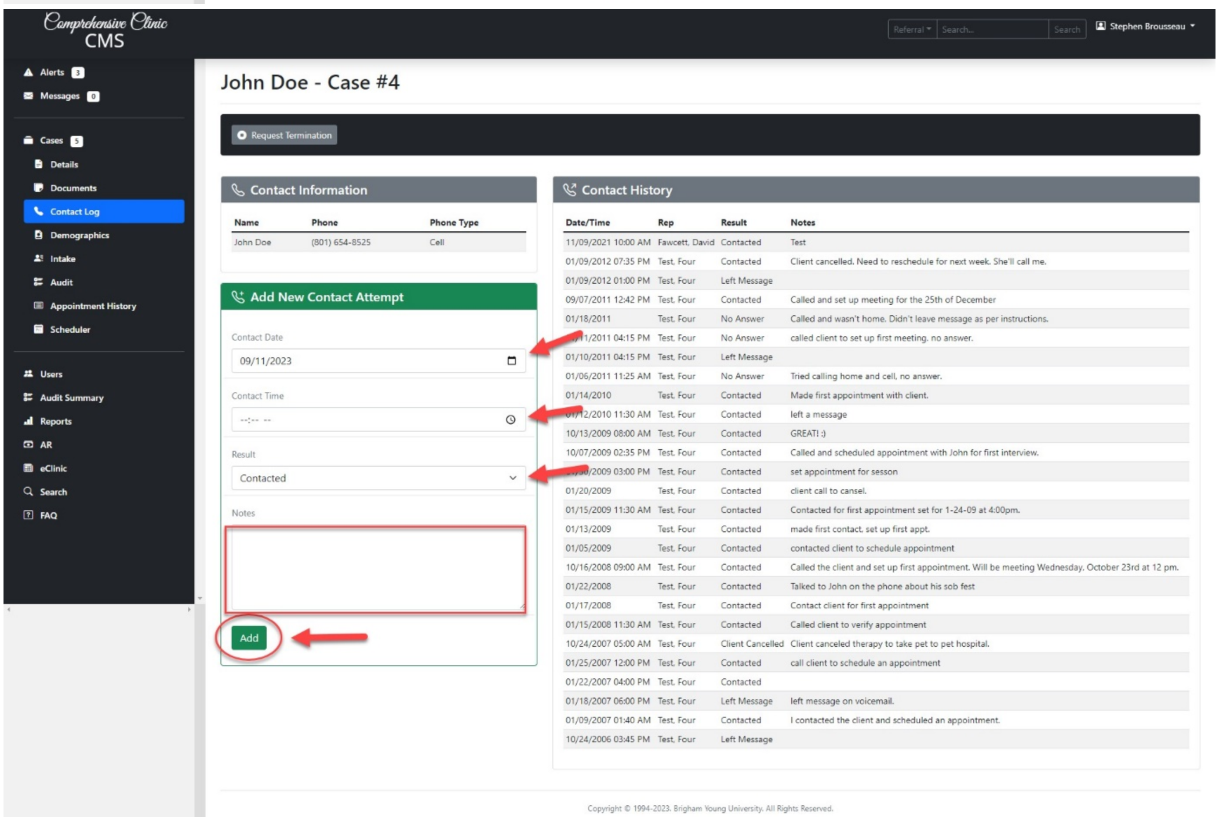




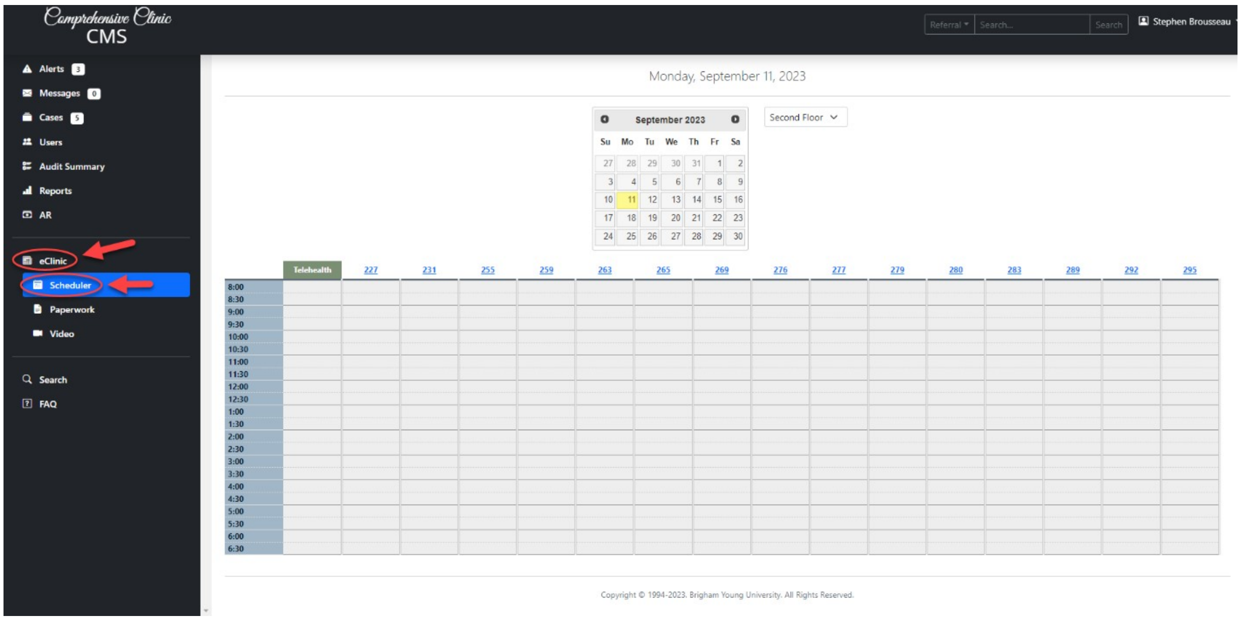
g. Remind them of their agreements in the In-Person Agreement: not to come to the Clinic if sick, call the receptionist when they arrive in the parking lot, meet the therapist downstairs, be screened, and be escorted up to the room by the therapist.

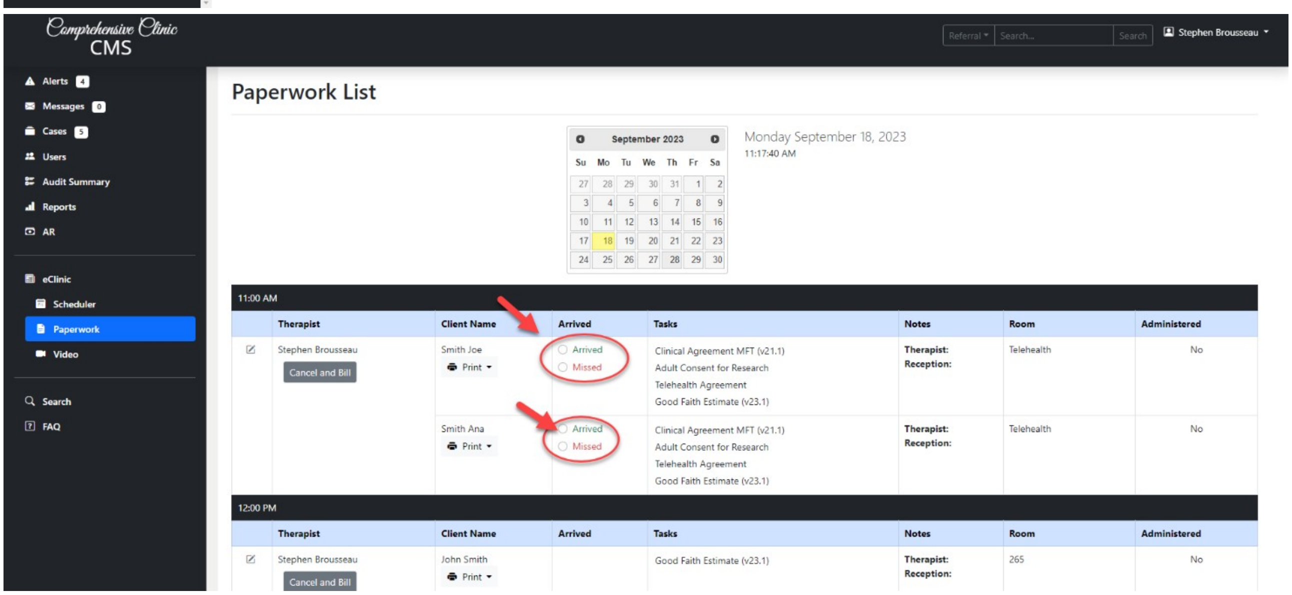
9. Document every contact outside of therapy in the **Contact Log**. Under the "Cases" tab, select the case and "Contact Log" in the blue ribbon. Complete the required boxes: Contact Date, Contact Time, and Result. Fill in what happened in the Notes free text box and select "Save." **If clients aren't contacted <u>every two weeks</u>, students and supervisors will be alerted.**

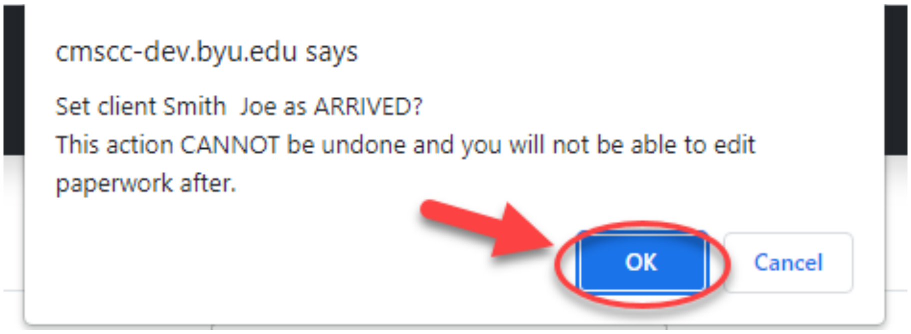

Comprehensive Clinic CMS
Referral
Search...
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
John Doe - Case #4
Request Termination
Contact Information
Name | Phone | Phone Type
John Doe | (801) 654-8525 | Cell
Add New Contact Attempt
Contact Date
09/11/2023
Contact Time
--:-- --
Result
Contacted
Notes
Add
Contact History
Date/Time | Rep | Result | Notes
11/09/2021 10:00 AM | Fawcett, David | Contacted | Test
01/09/2012 07:35 PM | Test, Four | Contacted | Client cancelled. Need to reschedule for next week. She'll call me.
01/09/2012 01:00 PM | Test, Four | Left Message
09/07/2011 12:42 PM | Test, Four | Contacted | Called and set up meeting for the 25th of December
01/18/2011 | Test, Four | No Answer | Called and wasn't home. Didn't leave message as per instructions.
01/11/2011 04:15 PM | Test, Four | No Answer | called client to set up first meeting. no answer.
01/10/2011 04:15 PM | Test, Four | Left Message
01/06/2011 11:25 AM | Test, Four | No Answer | Tried calling home and cell. no answer.
01/14/2010 | Test, Four | Contacted | Made first appointment with client.
01/12/2010 11:30 AM | Test, Four | Contacted | left a message
10/13/2009 08:00 AM | Test, Four | Contacted | GREAT! :)
10/07/2009 02:35 PM | Test, Four | Contacted | Called and scheduled appointment with John for first interview.
01/30/2009 03:00 PM | Test, Four | Contacted | set appointment for sesson
01/20/2009 | Test, Four | Contacted | client call to cansel.
01/15/2009 11:30 AM | Test, Four | Contacted | Contacted for first appointment set for 1-24-09 at 4:00pm.
01/13/2009 | Test, Four | Contacted | made first contact. set up first appt.
01/05/2009 | Test, Four | Contacted | contacted client to schedule appointment
10/16/2008 09:00 AM | Test, Four | Contacted | Called the client and set up first appointment. Will be meeting Wednesday, October 23rd at 12 pm.
01/22/2008 | Test, Four | Contacted | Talked to John on the phone about his sob fest
01/17/2008 | Test, Four | Contacted | Contact client for first appointment
01/15/2008 11:30 AM | Test, Four | Contacted | Called client to verify appointment
10/24/2007 05:00 AM | Test, Four | Client Cancelled | Client canceled therapy to take pet to pet hospital.
01/25/2007 12:00 PM | Test, Four | Contacted | call client to schedule an appointment
01/22/2007 04:00 PM | Test, Four | Contacted
01/18/2007 06:00 PM | Test, Four | Left Message | left message on voicemail.
01/09/2007 01:40 AM | Test, Four | Contacted | I contacted the client and scheduled an appointment.
10/24/2006 03:45 PM | Test, Four | Left Message
Copyright © 1994-2023, Brigham Young University. All Rights Reserved.


Comprehensive Clinic CMS
Referral
Search...
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
John Doe - Case #4
Request Termination
Contact Information
Name | Phone | Phone Type
John Doe | (801) 654-8525 | Cell
Add New Contact Attempt
Contact Date
09/11/2023
Contact Time
--:-- --
Result
Contacted
Notes
Add
Contact History
Date/Time | Rep | Result | Notes
11/09/2021 10:00 AM | Fawcett, David | Contacted | Test
01/09/2012 07:35 PM | Test, Four | Contacted | Client cancelled. Need to reschedule for next week. She'll call me.
01/09/2012 01:00 PM | Test, Four | Left Message
09/07/2011 12:42 PM | Test, Four | Contacted | Called and set up meeting for the 25th of December
01/18/2011 | Test, Four | No Answer | Called and wasn't home. Didn't leave message as per instructions.
01/11/2011 04:15 PM | Test, Four | No Answer | called client to set up first meeting. no answer.
01/10/2011 04:15 PM | Test, Four | Left Message
01/06/2011 11:25 AM | Test, Four | No Answer | Tried calling home and cell. no answer.
01/14/2010 | Test, Four | Contacted | Made first appointment with client.
01/12/2010 11:30 AM | Test, Four | Contacted | left a message
10/13/2009 08:00 AM | Test, Four | Contacted | GREAT! :)
10/07/2009 02:35 PM | Test, Four | Contacted | Called and scheduled appointment with John for first interview.
01/30/2009 03:00 PM | Test, Four | Contacted | set appointment for sesson
01/20/2009 | Test, Four | Contacted | client call to cansel.
01/15/2009 11:30 AM | Test, Four | Contacted | Contacted for first appointment set for 1-24-09 at 4:00pm.
01/13/2009 | Test, Four | Contacted | made first contact. set up first appt.
01/05/2009 | Test, Four | Contacted | contacted client to schedule appointment
10/16/2008 09:00 AM | Test, Four | Contacted | Called the client and set up first appointment. Will be meeting Wednesday, October 23rd at 12 pm.
01/22/2008 | Test, Four | Contacted | Talked to John on the phone about his sob fest
01/17/2008 | Test, Four | Contacted | Contact client for first appointment
01/15/2008 11:30 AM | Test, Four | Contacted | Called client to verify appointment
10/24/2007 05:00 AM | Test, Four | Client Cancelled | Client canceled therapy to take pet to pet hospital.
01/25/2007 12:00 PM | Test, Four | Contacted | call client to schedule an appointment
01/22/2007 04:00 PM | Test, Four | Contacted
01/18/2007 06:00 PM | Test, Four | Left Message | left message on voicemail.
01/09/2007 01:40 AM | Test, Four | Contacted | I contacted the client and scheduled an appointment.
10/24/2006 03:45 PM | Test, Four | Left Message
Copyright © 1994-2023, Brigham Young University. All Rights Reserved.

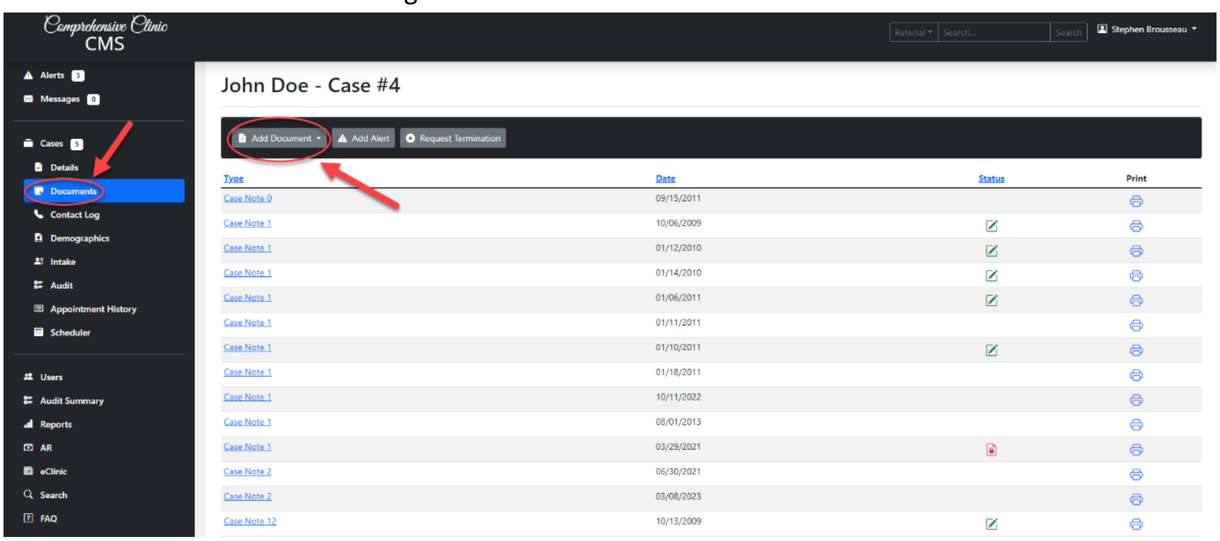
10. When your client arrives for face to face and has checked in, **you will receive a text message** alert from CMS assuming you have given permission in your CMS profile. Clients will be upstairs. When the receptionists marks them as arrived, it will trigger a case note and an invoice in CMS. To indicate that the teletherapy session occurred go to the eClinic tab and select the “Paperwork” button. Then indicate that the client arrived and documents will be created.



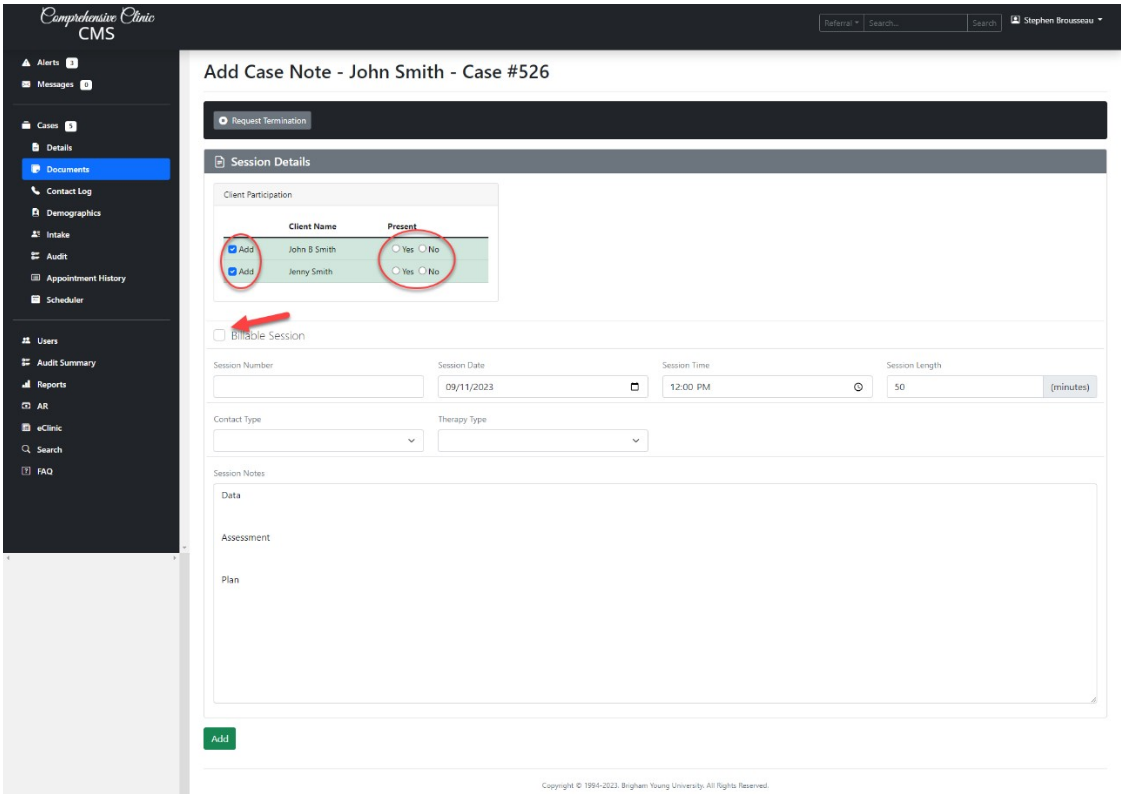


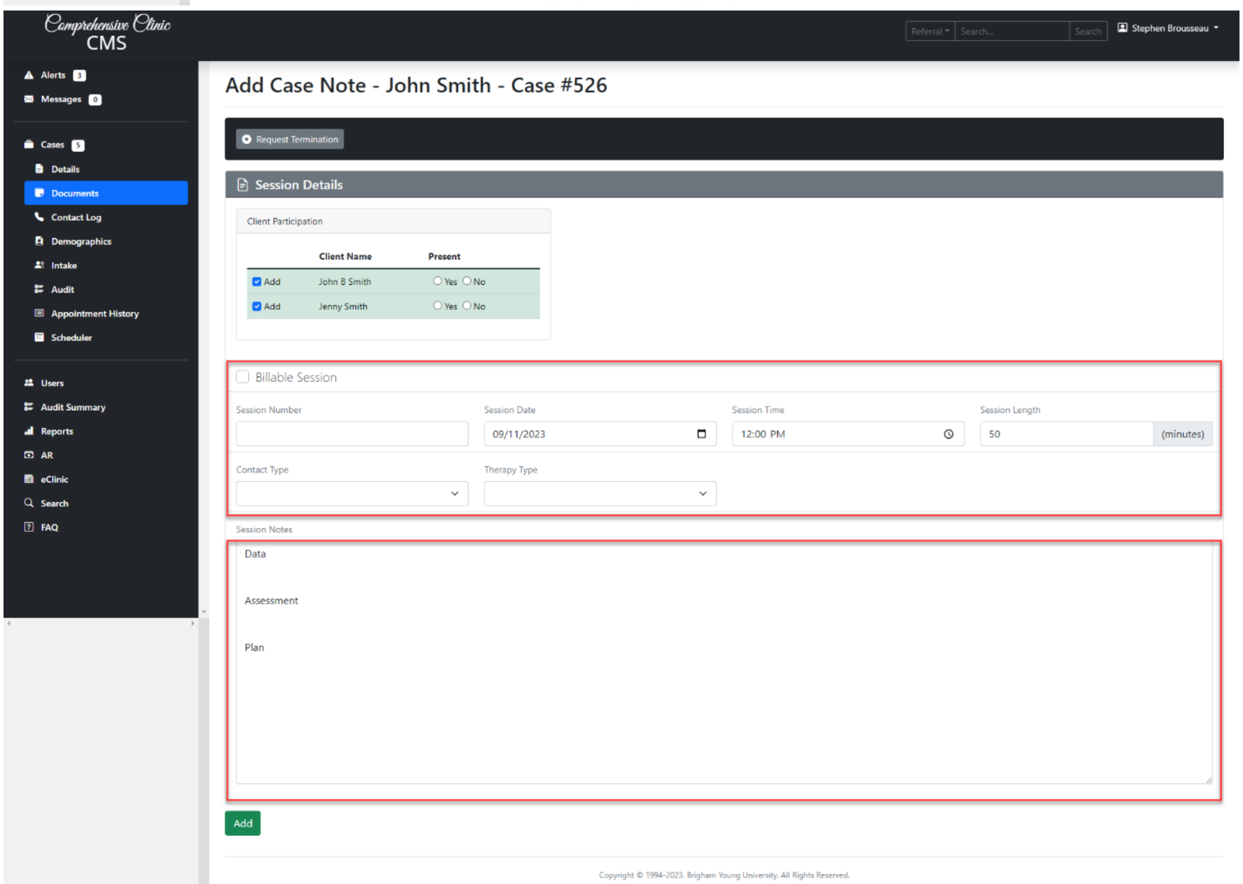


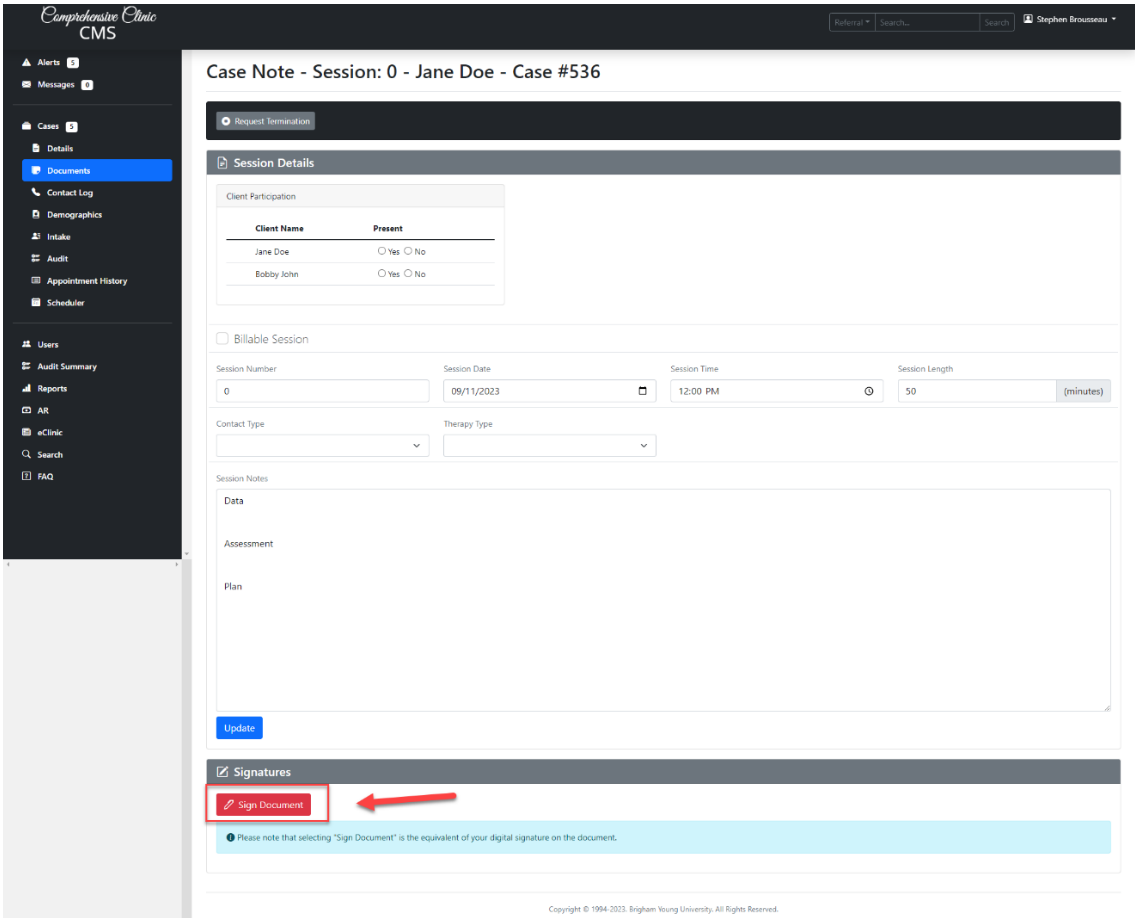
11. **NEVER SEE A CLIENT UNTIL THEIR CONSENT FORMS (paper or iPad) HAVE BEEN FILLED OUT.** ***If you have questions about whether the consent forms have been completed or not, talk to the Auditor or message Joe Fair through CMS.
12. Following the session, schedule a time for the next session in CMS. Please remind the clients to pay online and remind them of the fee. **Make sure they know your name and program (MFT).**
13. **Write your case note for each session within 24 hours.** Select "Documents" under the "Cases" tab. CMS will automatically have created a case note for the session that you completed (after the receptionist checked the client in for face-to-face clients; for teletherapy clients, the students will have indicated that the client attended as stated above).
    If there are circumstances where you need to add a case note, Select "Add Document" from the dark blue ribbon on the right under the client name. Select "Case Note."



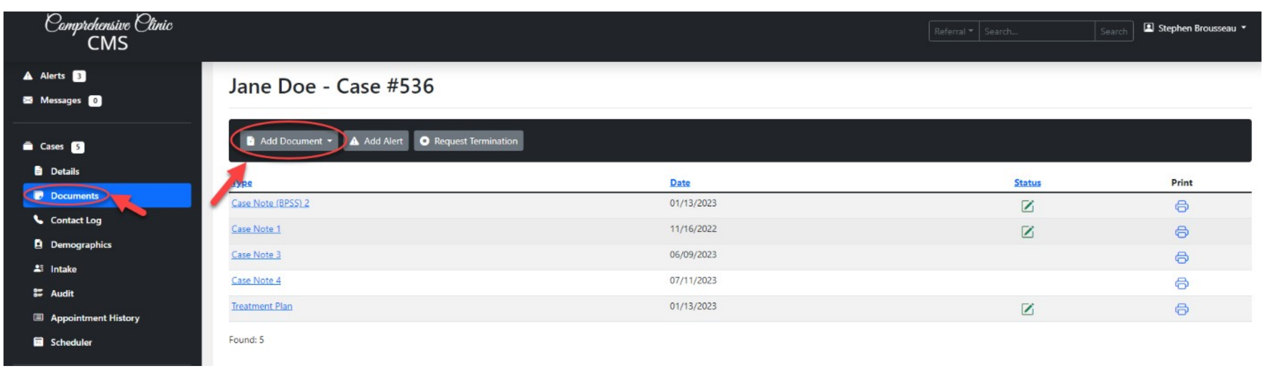
   a. **<u>Completing the Case Note</u>**. Check the button on the right of the clients who you want to be included as part of the case note. Select whether or not the session is billable. Complete the other boxes (Session Number, Date, Contact type, etc.) if needed. Write your Session Notes according to program/supervisor guidelines. It is wise to save your work frequently so you don't lose a note in progress if CMS closes. Select the + box beside signatures and enter your CMS password. This will alert your supervisor to sign the document. Select Save. Case notes cannot be deleted.
   If there are ever extra case notes that were accidentally made, write in the case note that it was an error and sign and lock the case note. Or write another case note after it explaining it.


Comprehensive Clinic CMS
Add Case Note - John Smith - Case #526
Request Termination
Session Details
Client Participation
Client Name
Present
John B Smith
Jenny Smith
Billable Session
Session Number
Session Date
Session Time
Session Length
Contact Type
Therapy Type
Session Notes
Data
Assessment
Plan
Add

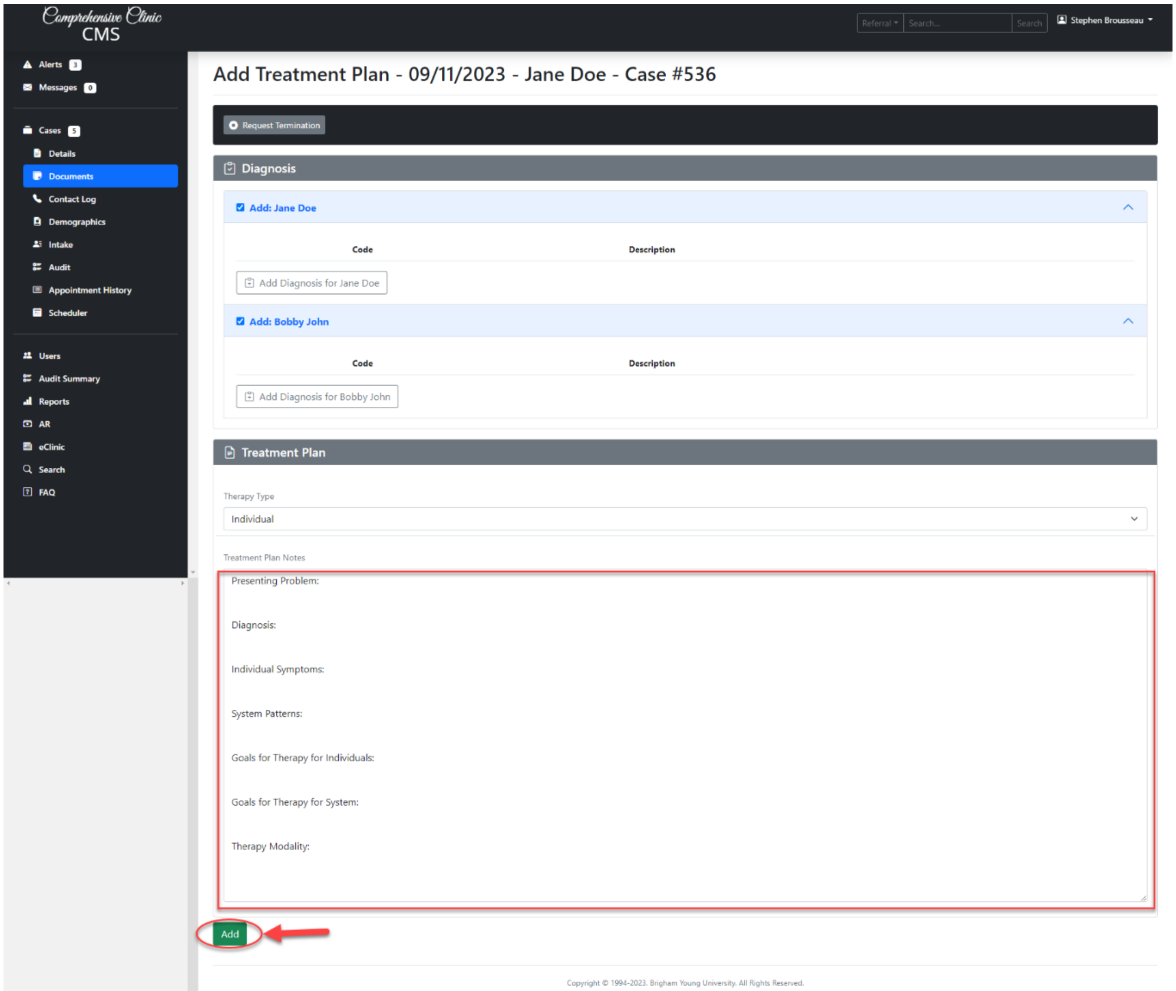

Comprehensive Clinic CMS
Add Case Note - John Smith - Case #526
Request Termination
Session Details
Client Participation
Client Name
Present
John B Smith
Jenny Smith
Billable Session
Session Number
Session Date
Session Time
Session Length
Contact Type
Therapy Type
Session Notes
Data
Assessment
Plan
Add

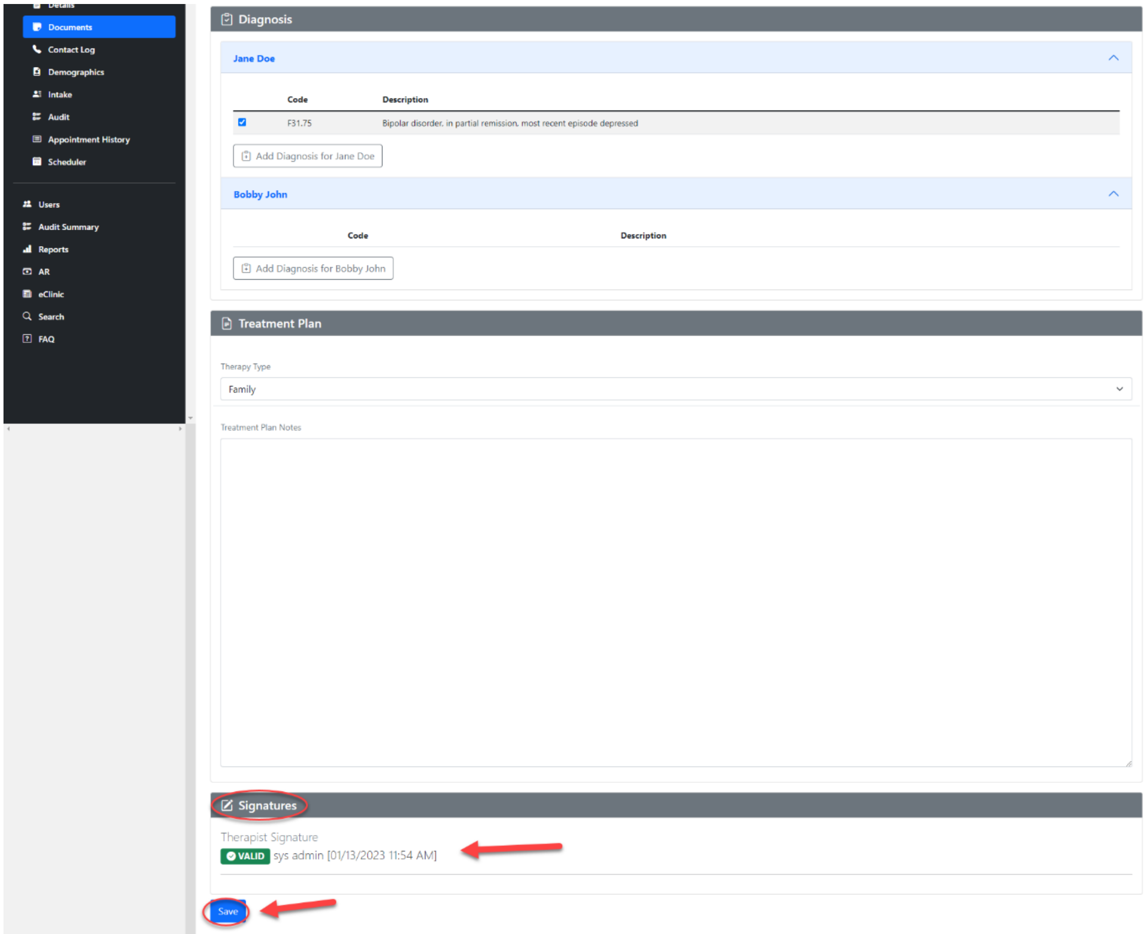


14. <u>Treatment Plan</u> **-** After the **third** session you are required to create a treatment plan. Under the "Case" tab select the case. Select "+Add Document" and select "Treatment Plan."

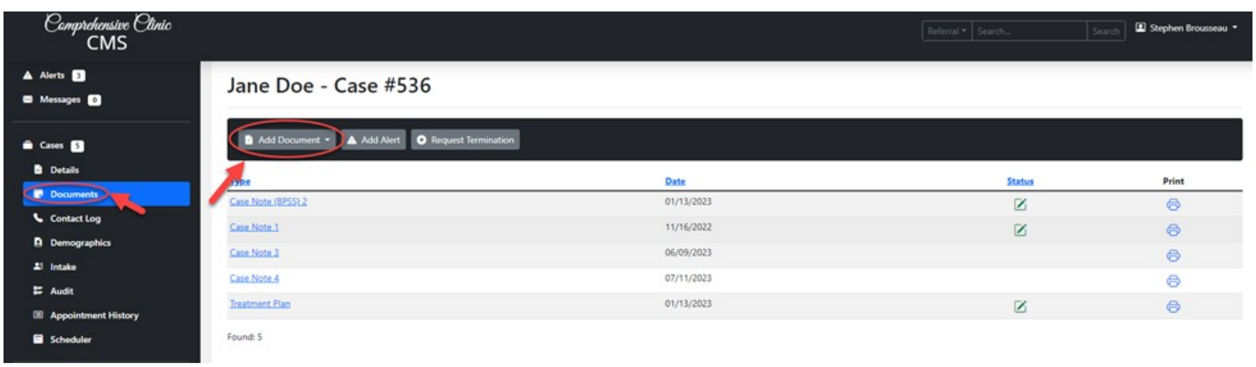


a. Under each client select the diagnosis using the filter from the drop-down list "+Add Diagnosis for…" Select therapy type.
b. Compose the treatment plan according to program requirements in the "Treatment Plan Notes" open text box. Select Save. Be sure to sign it by entering your password. This will send an alert to your supervisor to sign and lock the document.

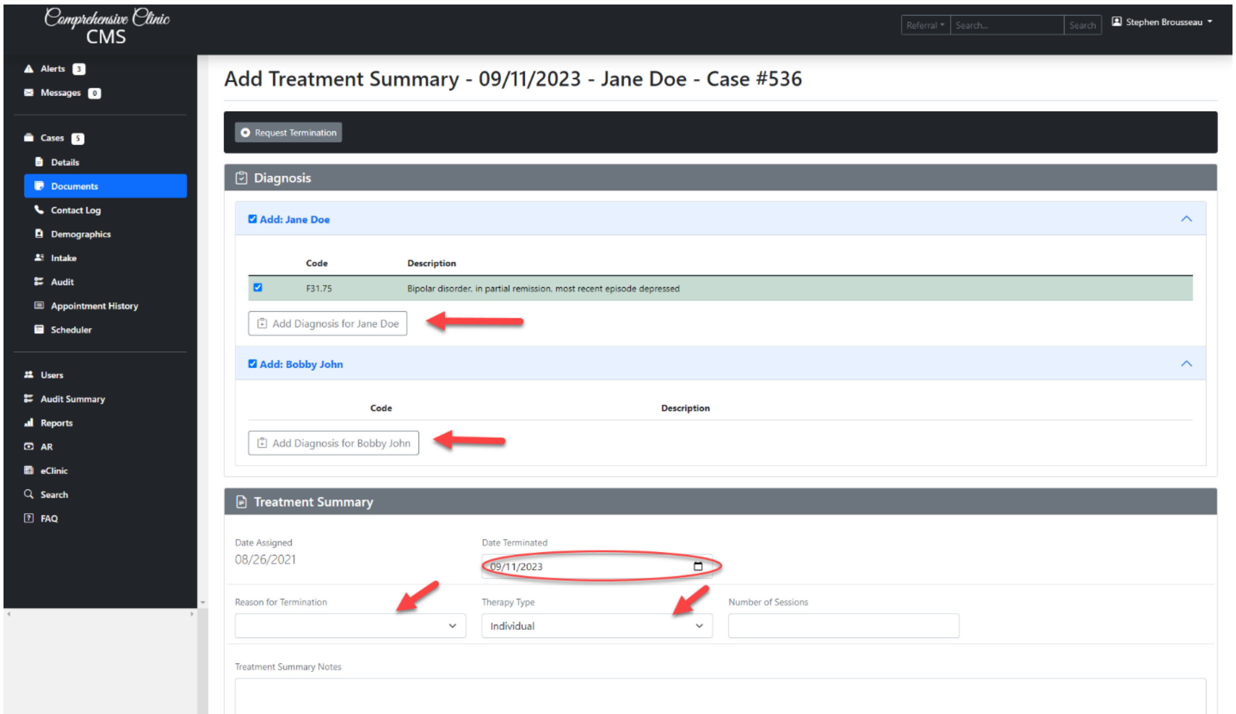

Comprehensive Clinic
CMS
Referral
Search...
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
Add Treatment Plan - 09/11/2023 - Jane Doe - Case #536
Request Termination
Diagnosis
Add: Jane Doe
Code
Description
Add Diagnosis for Jane Doe
Add: Bobby John
Code
Description
Add Diagnosis for Bobby John
Treatment Plan
Therapy Type
Individual
Treatment Plan Notes
Presenting Problem:
Diagnosis:
Individual Symptoms:
System Patterns:
Goals for Therapy for Individuals:
Goals for Therapy for System:
Therapy Modality:
Add
Copyright © 1994-2023. Brigham Young University. All Rights Reserved.

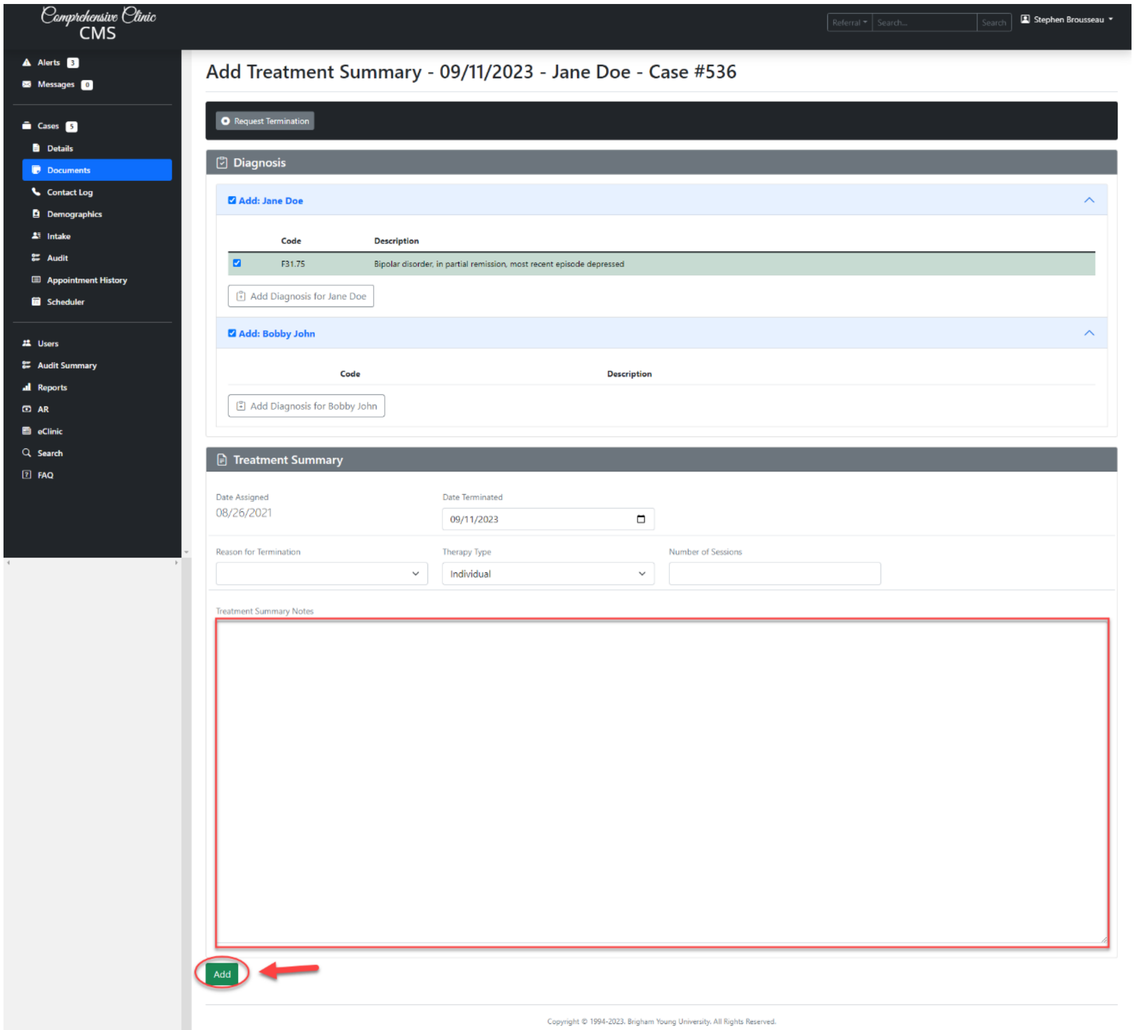


15. **<u>Treatment Summary:</u>** Request to terminate your case when all alerts have been resolved, a treatment summary is complete, and once all documents have been signed and locked
   a. **A case MUST include a treatment summary if it is a therapy case. Only then will the case be cleared for termination.**
   b. To write the treatment summary: select the case under the "Cases" tab. Select Documents and "+Add Document." Choose "Treatment Summary" from the drop-down list.

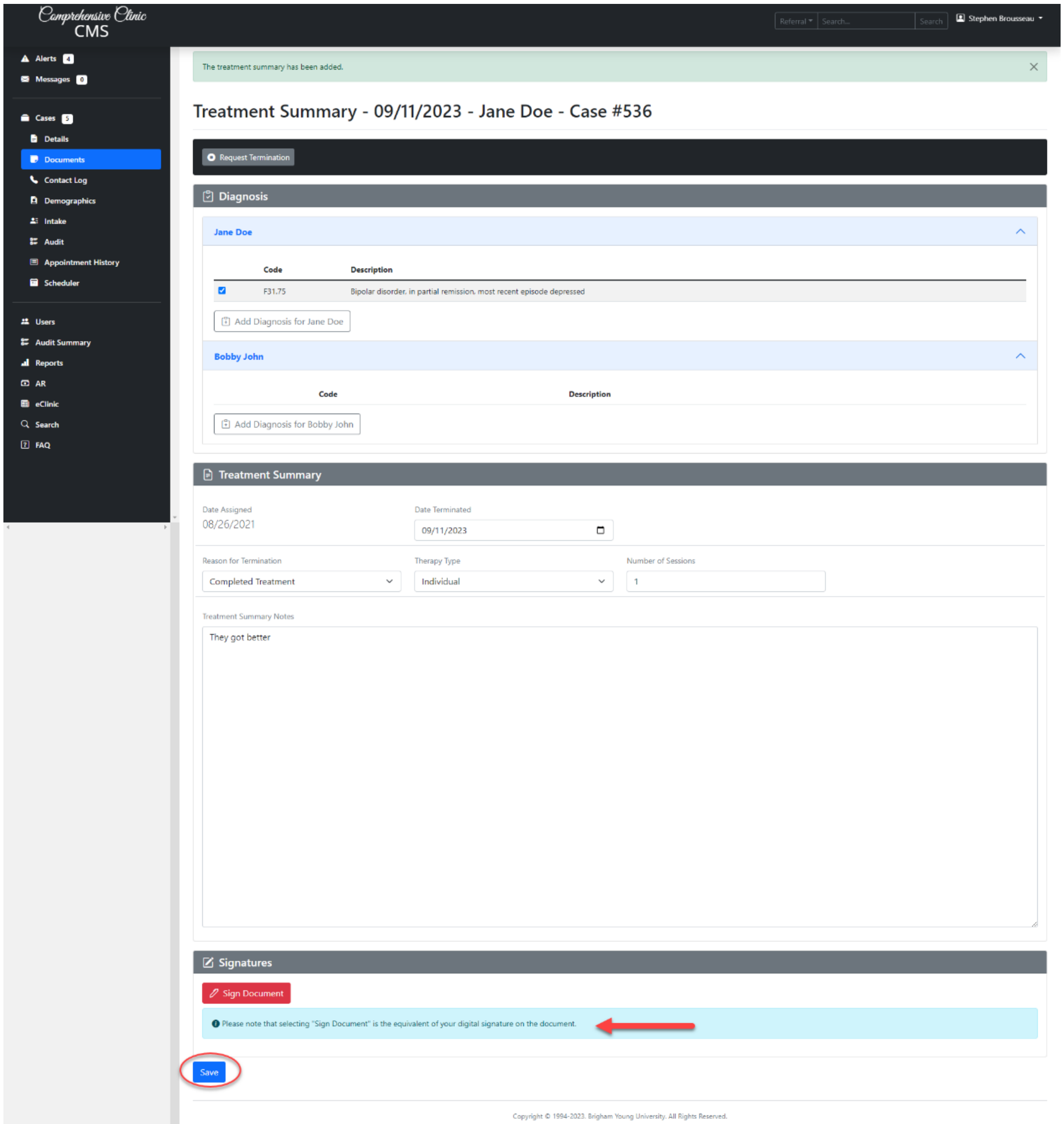


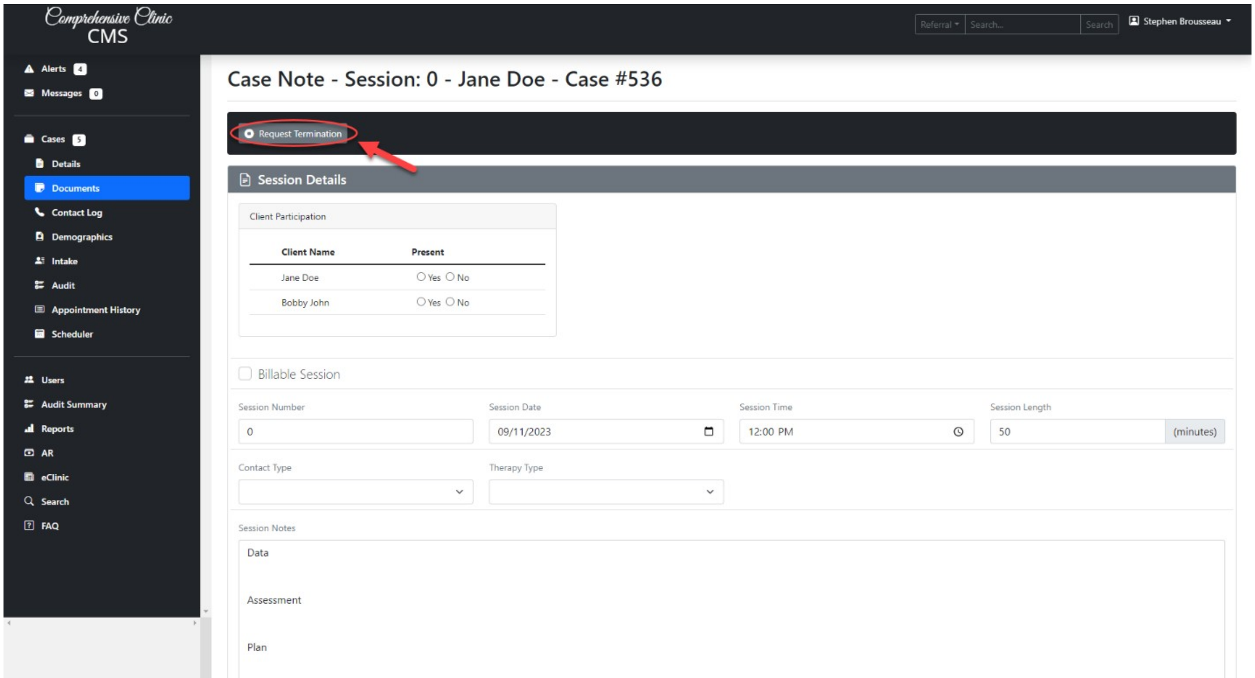
   c. Complete the diagnosis for each client, if needed. Select date, the "Reason for Termination," and the "Therapy Type" from the drop-down boxes. Compose the treatment summary in the “Treatment Summary Notes” free text box according to program guidelines. Select “Save” and enter your CMS password to sign the document, which will send an alert to your supervisor. Wait for your supervisor to sign the Treatment Summary, then select the “-> Request Termination” button in the dark blue ribbon under the case name.

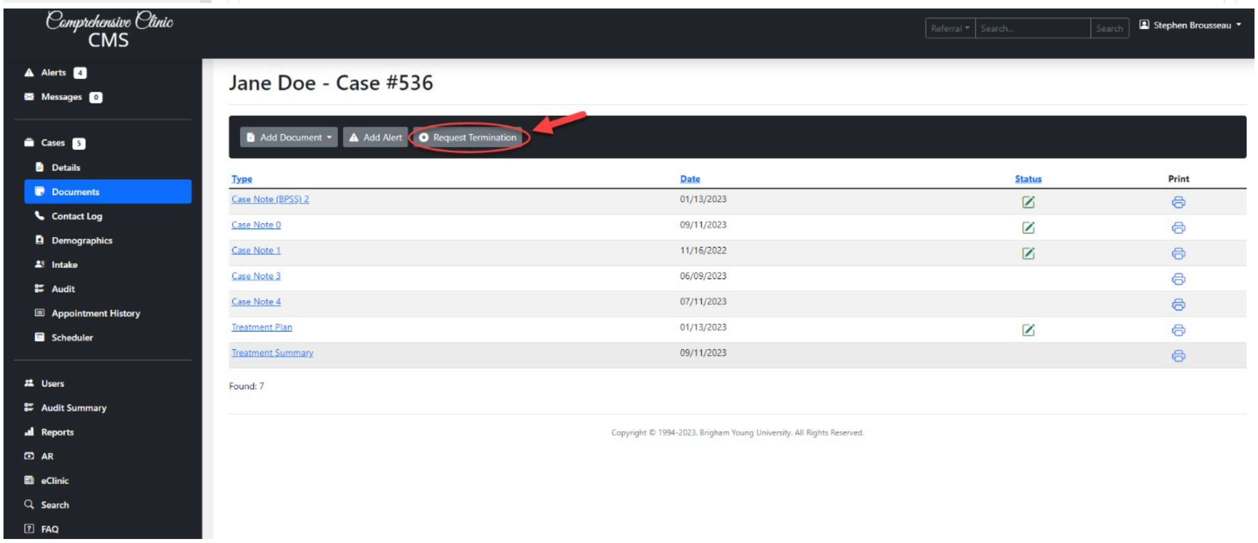




Comprehensive Clinic CMS
Referral
Search...
Search
Stephen Brousseau
Alerts 3
Messages 0
Cases 5
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
Add Treatment Summary - 09/11/2023 - Jane Doe - Case #536
Request Termination
Diagnosis
Add: Jane Doe
Code
Description
F31.75
Bipolar disorder, in partial remission, most recent episode depressed
Add Diagnosis for Jane Doe
Add: Bobby John
Code
Description
Add Diagnosis for Bobby John
Treatment Summary
Date Assigned
08/26/2021
Date Terminated
09/11/2023
Reason for Termination
Therapy Type
Individual
Number of Sessions
Treatment Summary Notes
Add
Copyright © 1994-2023. Brigham Young University. All Rights Reserved.


Comprehensive Clinic
CMS
Referral
Search...
Search
Stephen Brousseau
Alerts
Messages
Cases
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ
The treatment summary has been added.
Treatment Summary - 09/11/2023 - Jane Doe - Case #536
Request Termination
Diagnosis
Jane Doe
Code
Description
F31.75
Bipolar disorder, in partial remission, most recent episode depressed
Add Diagnosis for Jane Doe
Bobby John
Code
Description
Add Diagnosis for Bobby John
Treatment Summary
Date Assigned
08/26/2021
Date Terminated
09/11/2023
Reason for Termination
Completed Treatment
Therapy Type
Individual
Number of Sessions
1
Treatment Summary Notes
They got better
Signatures
Sign Document
Please note that selecting "Sign Document" is the equivalent of your digital signature on the document.
Save
Copyright © 1994-2023, Brigham Young University. All Rights Reserved.





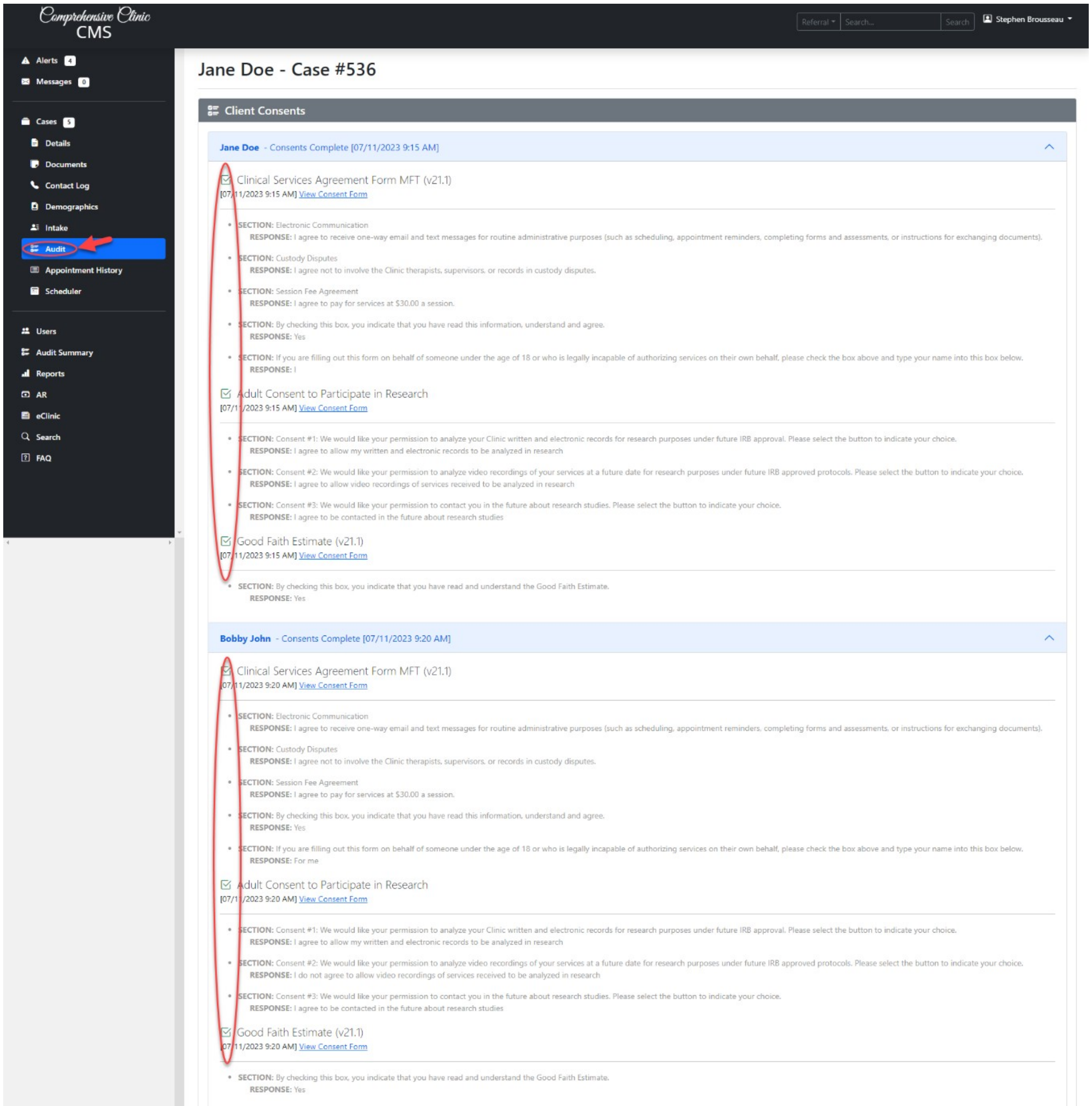
16. **To transfer a case:** 1) get permission from your supervisor and 2) the receiving therapist's supervisor, 3) resolve any alerts for the case, 4) write a treatment summary and have it signed and locked by your supervisor, and then send an email/CMS message to the Clinical Director, Lauren Barnes, with the case number or name and the therapist it is being transferred to.
17. **To add new clients to a case**, make sure that they meet Clinic criteria for acceptance and verify this in a message to Joe Fair in CMS along with the new client(s) demographic information. If you're not sure, have them call the Clinic to schedule a phone intake and alert Joe Fair so he can alert the receptionists to let them through. Joe will see that they are added to the case (if already an existing family case), or that a new case is created (i.e creating a new couple case

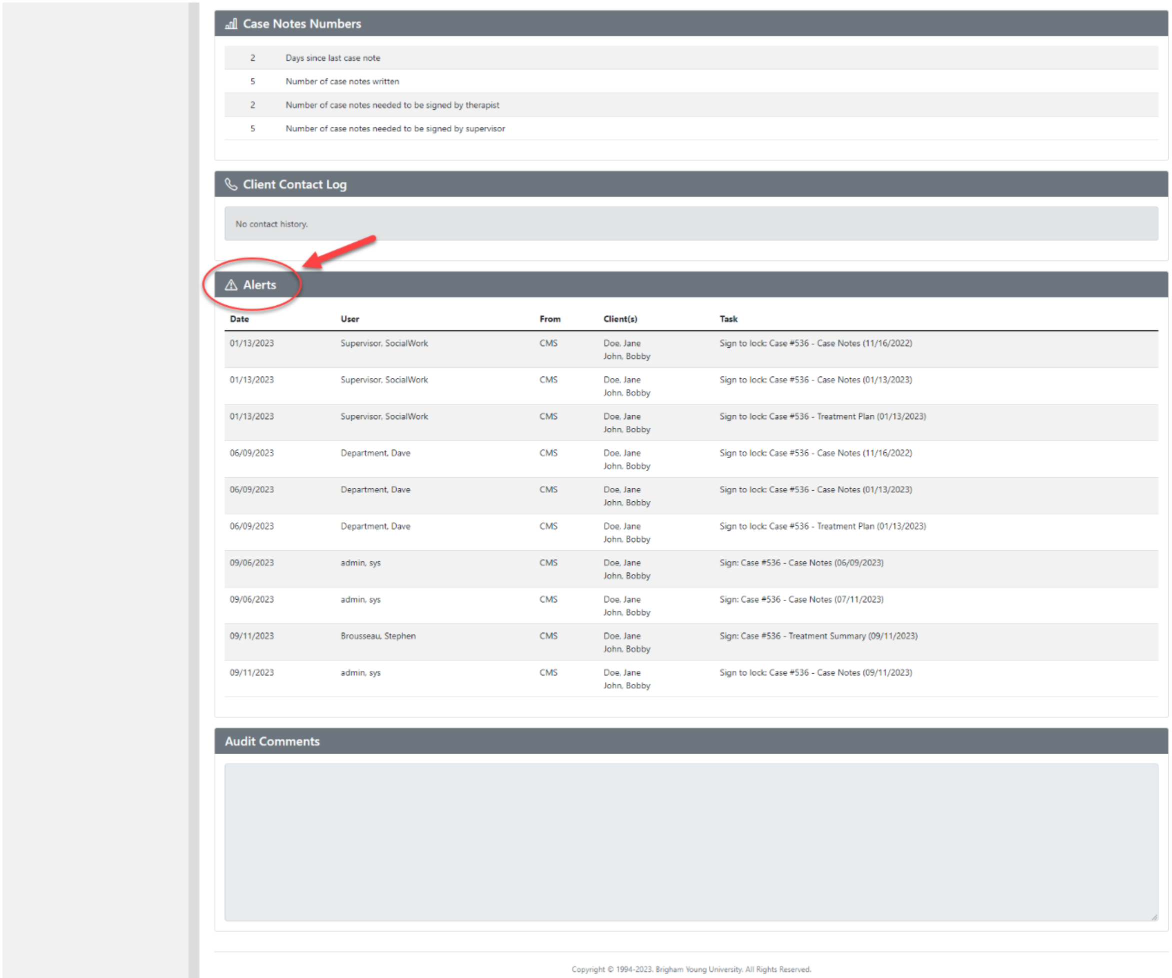
when a spouse is joining an individual already in therapy, or creating a family case when a couple has been coming in for marital therapy and now wishes to have children participate in services with them). If it's face to face, have the clients sign all necessary consent forms when they arrive for the next session, which will be their **first session for that new case** [be sure to make that clear to the receptionists and in scheduling in CMS**].**

MFT students will need to be sure that PRN session number is consistent with this new case schedule. The prior client will also have to sign new consent forms because this is a new service for them (unless the auditor can copy over the consents from the prior case). This could be done by selecting session 1 for the clients and putting in a note for the receptionists to be sure the correct paperwork is given.

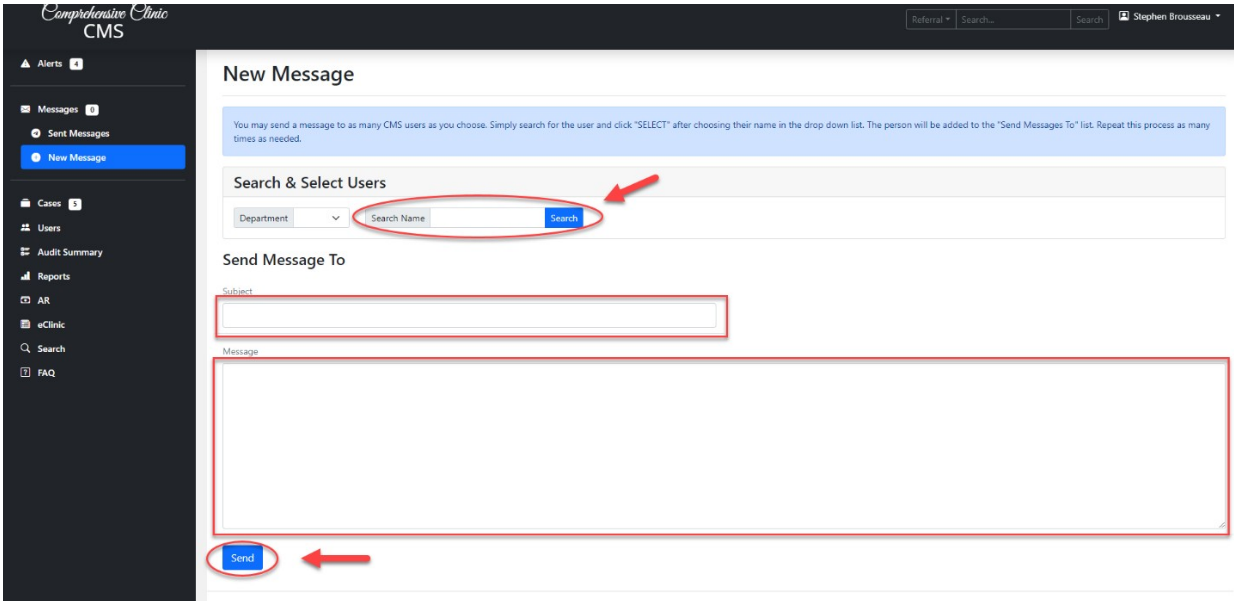
18. **To pull an individual from a case for individual therapy** (e.g. create an individual case from a couple or family case) email or CMS message Joe Fair.

19. “Audit” tab - under “Cases” tab. This lists whether there are alerts or unresolved tasks with the case.

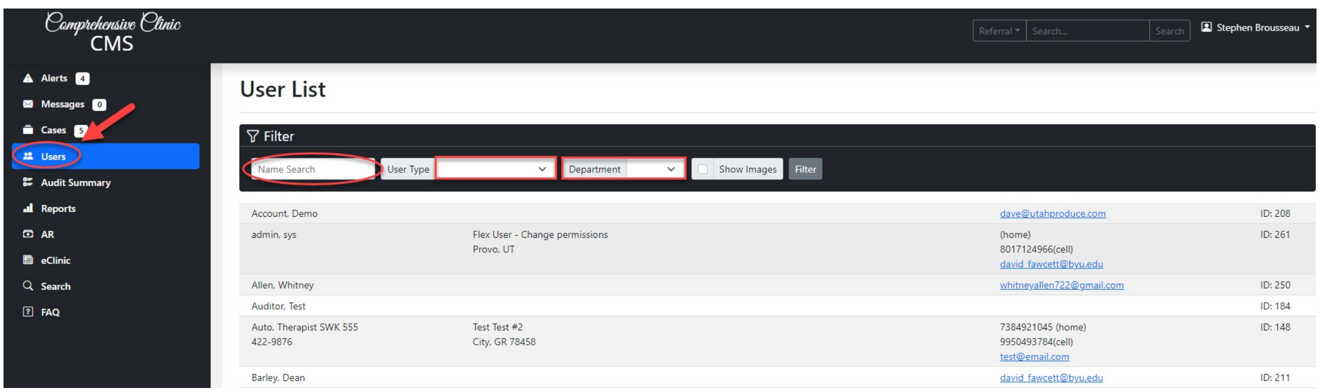




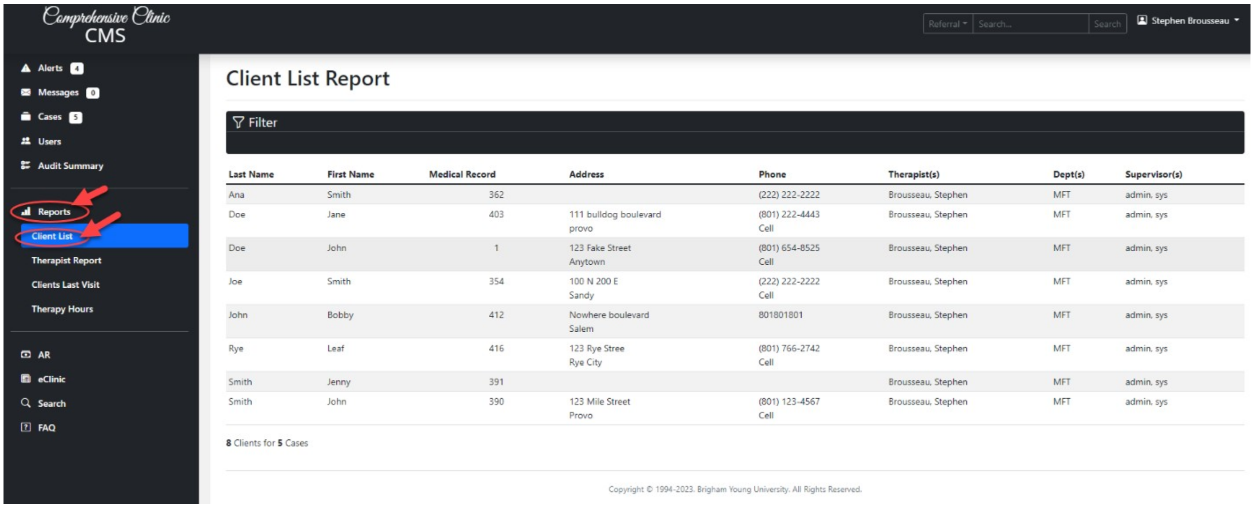
20. **<u>"Messages" tab.</u>** Use this to communicate with other CMS users confidentially about clients. These messages are <u>not part</u> of the client record. Select the "+New Message" button. Search the user in the search box, and select the user to whom to send the message. Put in a subject and a message and select send. When you receive messages, the messages can be forwarded to others different than the originator by searching and selecting their name.



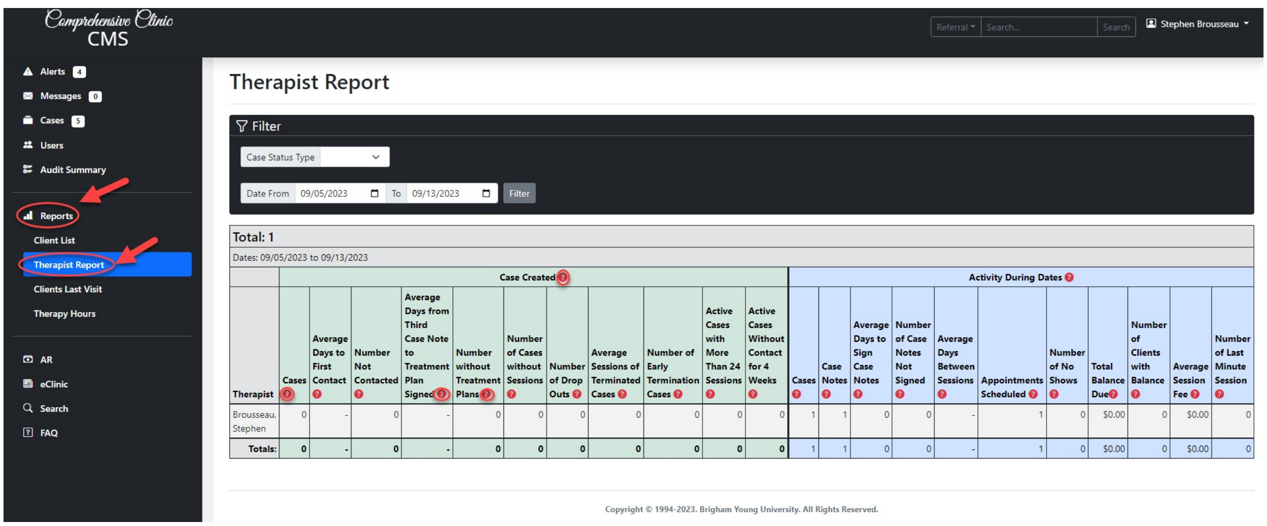
21. **<u>"Users" tab.</u>** Type the person's name in the first box and CMS will generate potentials. Select "User Type" or "Department" to filter the user list.



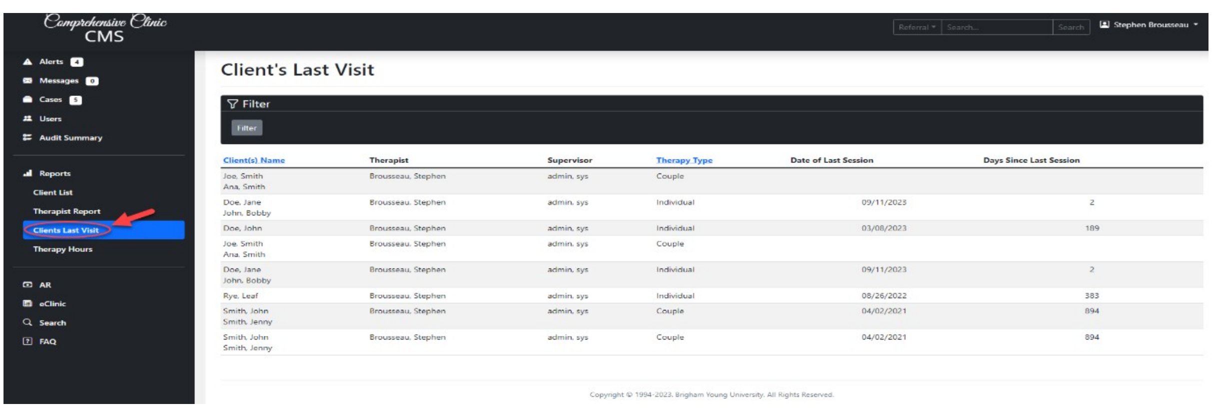
22. **<u>Reports tab –</u>**
    a. Client list – a list of your clients with contact info



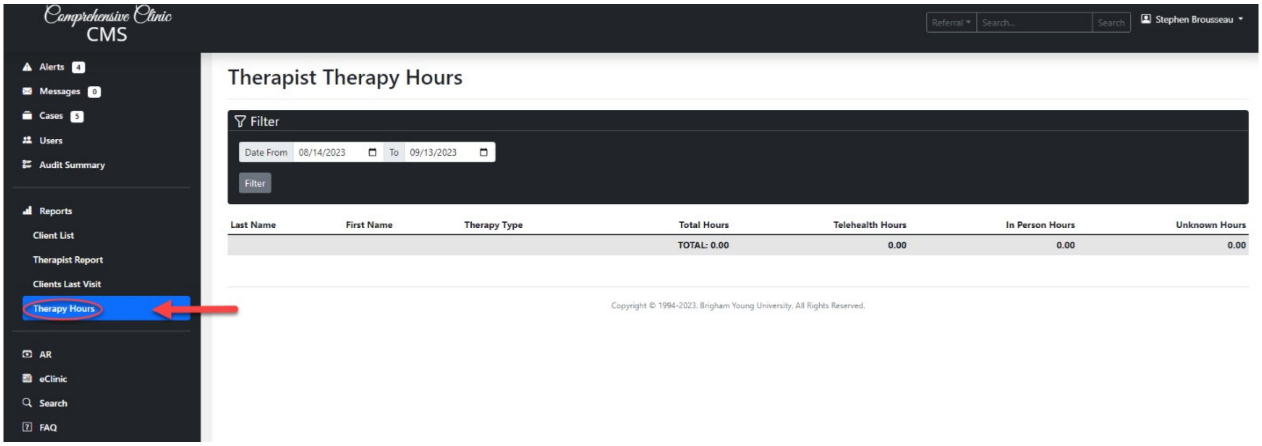
b. **Therapist Report -** review the therapist's performance on selected indicators. Practicum Supervisors often use these to quantify a therapist's paperwork performance. Select the red circled question mark to learn what each indicator means.



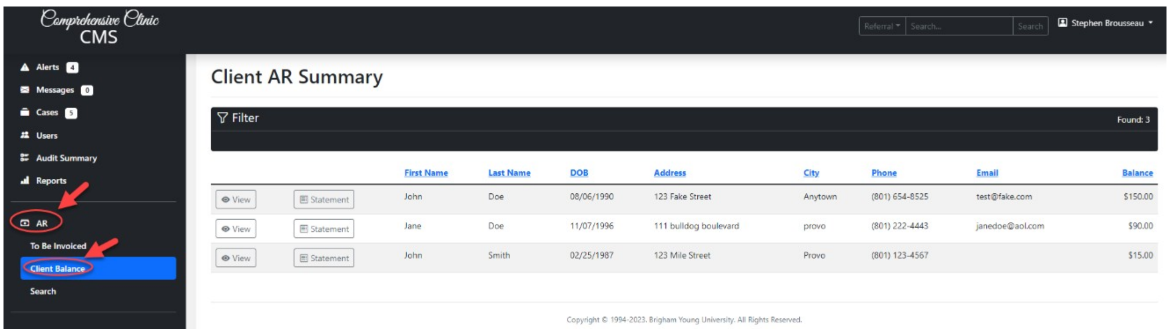
c. Select client's last visit to see when your clients were last seen.



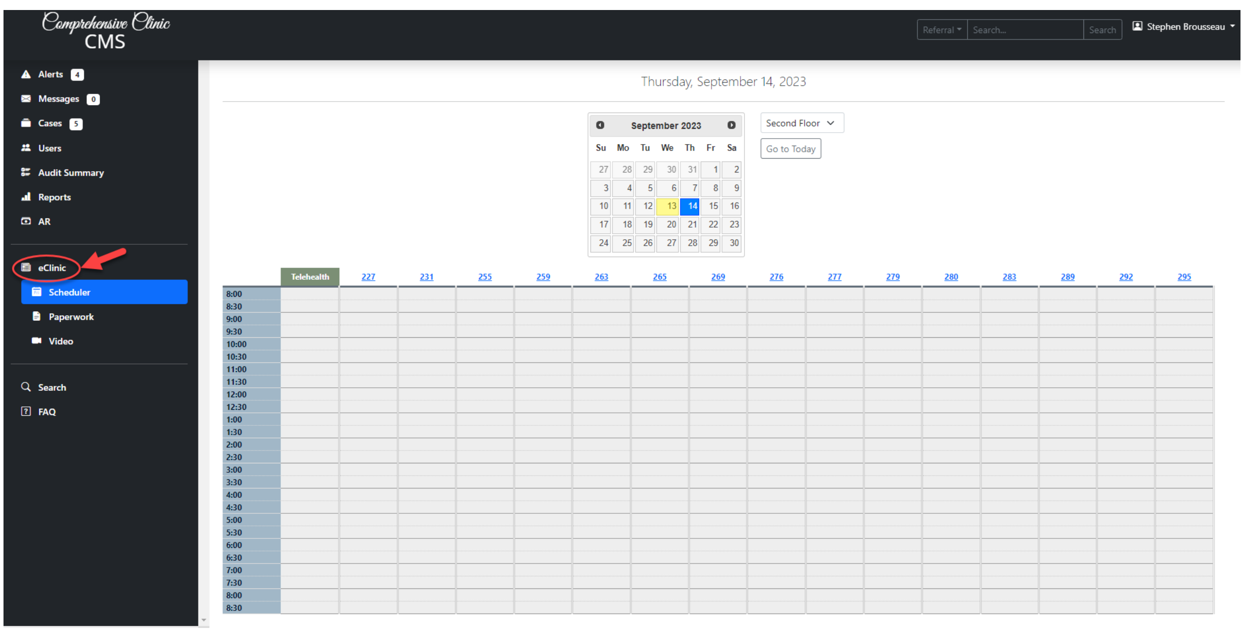
d. Select the therapy hours tab to see how many therapy hours you completed to date.



e. Select the **AR** tab (Accounts Receivable) to see the outstanding balances for your clients.

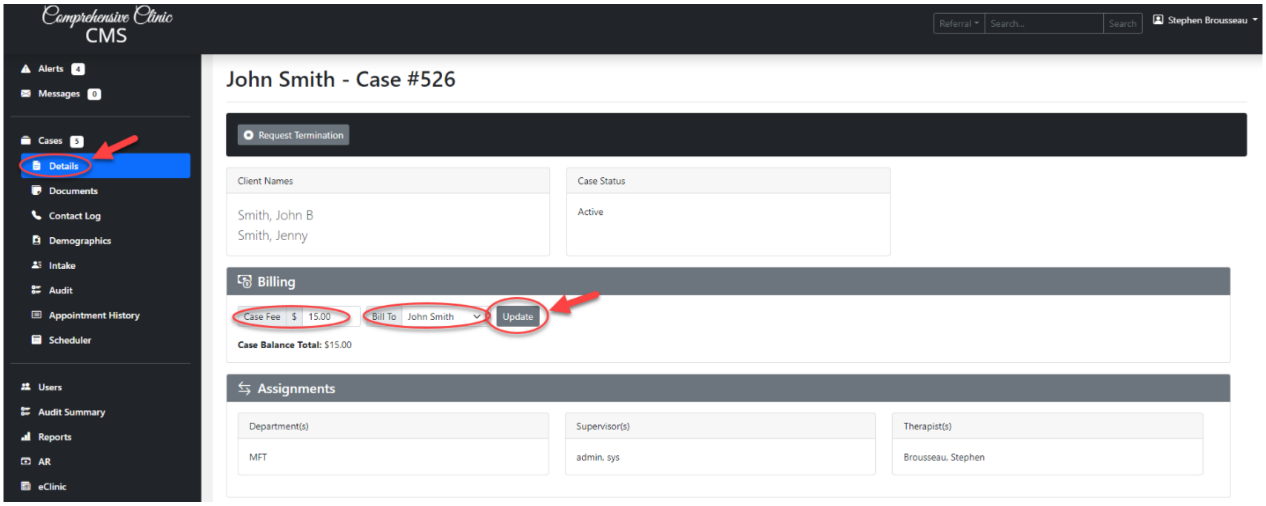


f. <u>**The eClinic Scheduler**</u> tab shows what rooms are scheduled



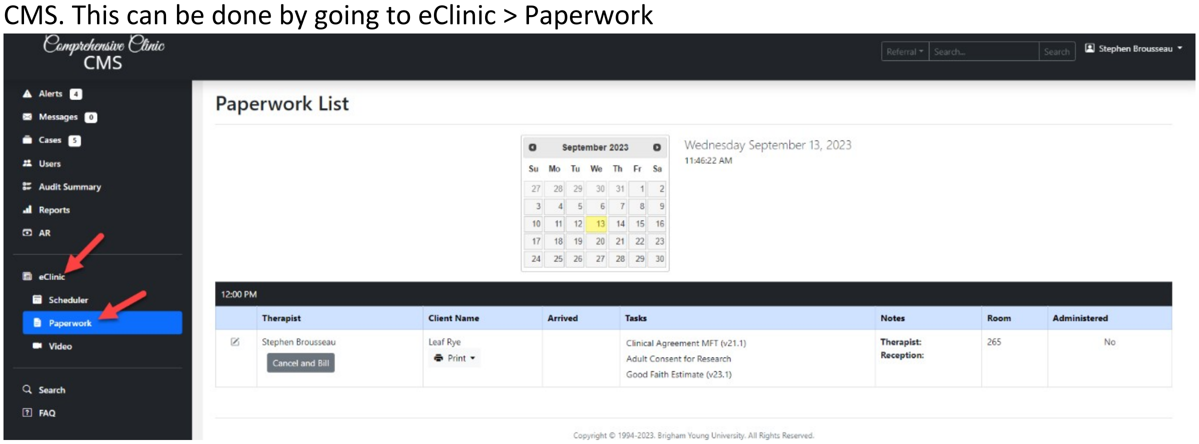
23. <u>**The search box**</u> at the upper right allows you to search CMS for cases, clients, and referrals of clients you serve or supervise.
24. Tasks to be completed:

a. Login into CMS the first time. Be sure that you have your contact information correct. Give permission for CMS to contact you via text and email so you can receive notifications of new cases and client arrivals for sessions. This can be updated by selecting "Profile" at the upper right.

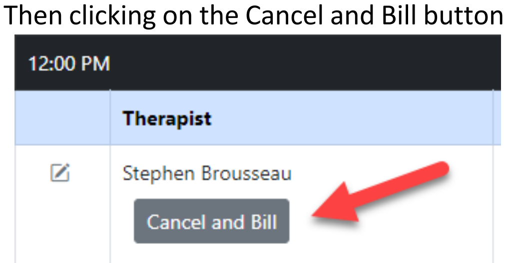


Late cancellations (MFT)

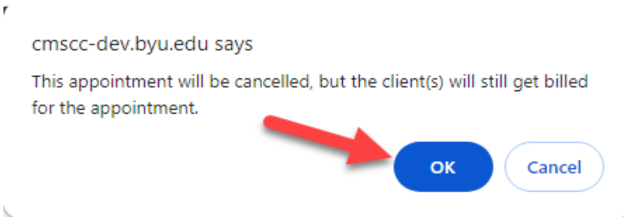
The MFT program is utilizing a late cancellation and no-show billing policy. <u>When clients do not cancel within 24 hours, or do not show up for a session, they are still billed the fee for their session</u>. If an MFT client is marked as missed for a session, that is processed as a no-show by the system and an invoice is automatically created. If a client cancels last minute, the therapist needs to cancel the appointment in CMS. This can be done by going to eClinic > Paperwork



Then clicking on the Cancel and Bill button for the session



If a therapist wishes to cancel the session *without* creating the invoice, that can be done using the eClinic > Scheduler, click on the appointment, then choose "Delete Reservation"


cmscc-dev.byu.edu says
This appointment will be cancelled, but the client(s) will still get billed for the appointment.
OK
Cancel

Appendix L: Using Box for Highly Confidential Data

BYU has a signed HIPAA Business Associate Agreement with box. However, BYU prefers to use the label HIPAA only when referring to HIPAA covered entities on campus. Currently, the only two HIPAA entities on campus are Y Fit and the BYU Health Center. The BYU Comprehensive Clinic is HIPAA exempt, as we do not intact with health insurance companies or any electronic transmission of health insurance information. While we are not a HIPAA covered entity, we are still required to maintain strict data security standards per Federal and State laws and per BYU policy. Such data is being referred to as Highly Confidential.

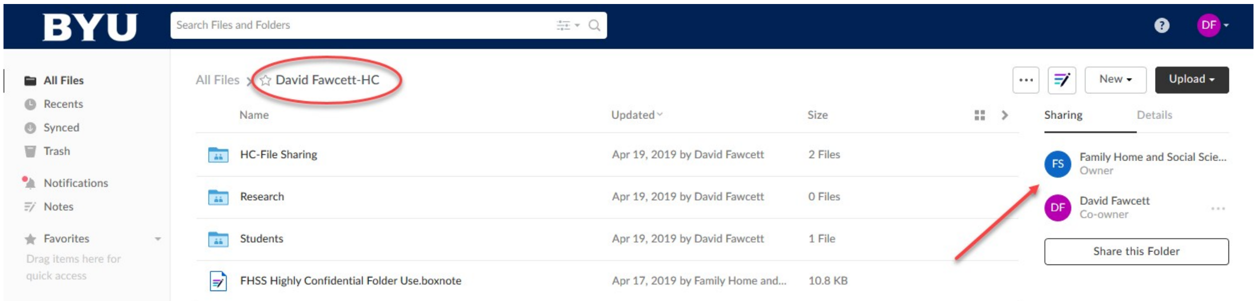
Security for all Box folders meets BYU OIT requirements and standards. However, because of the way Box accounts are set up at BYU, only certain folders should be used to store Highly Confidential data, which may include limited client or research participant information.

Faculty have been assigned a folder in their Box account that has the following format: Faculty Name-HC

This folder has been designated for Highly Confidential data and should be used to store data that may have any identifiable client or research participant information. Data within this folder can be shared with others including other faculty, students, and even off-campus collaborators. It is critical to set sharing and folder access with care to preserve data security within these folders (and all Box folders.) While Box meets security requirements, using certain share settings allows for vulnerabilities. Each faculty is responsible for setting the sharing for data in their HC folder. No one else has access to this folder. Here are some guidelines and recommendations for sharing and storing data in the HC folders.

Do not share your –HC root folder with anyone.

You can view sharing for any folder by going into a folder and looking at the sharing section on the right. The example below shows a –HC folder. It will have Family Home and Social Sciences as the Owner and the Faculty as the Co-owner. It should not have any others listed at this level.

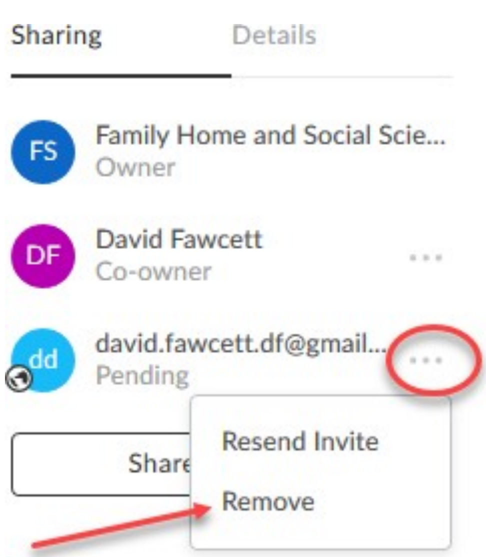


Create sub-folders for sharing.

When sharing data, it is recommended that folders be set up that are specific to that project. In Box, folder and data sharing flow down through folders. If the research folder in the example above were shared with a student, then that student would have access to all data and sub- folders in that research folder. It is recommended that each separate research project be given a separate folder within the research folder. A collaborator could then be given access to just the one project. Also, sub folders can be set up to provide some collaborators access to parts (such as blank consent forms) but not to other parts (such as access to data). Organizing folders with this in mind can help improve data security by allowing access to only those who need it.

Audit sharing settings periodically

With students and other collaborators frequently rotating, it is important to periodically audit the sharing settings in all folders. It is recommended that at least once per semester, sub-folders in the –HC Box folder be reviewed and collaborators who are no longer on a project, or who no longer need access, be removed. To remove a collaborator, click on the three dots to the right of the name, and click Remove.

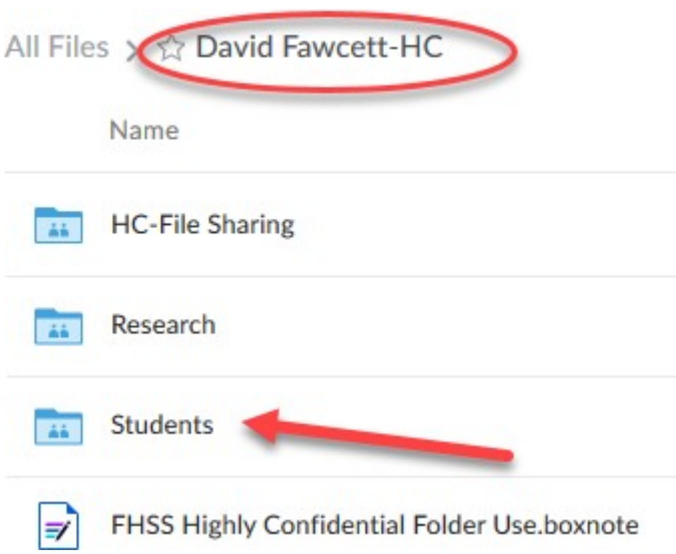


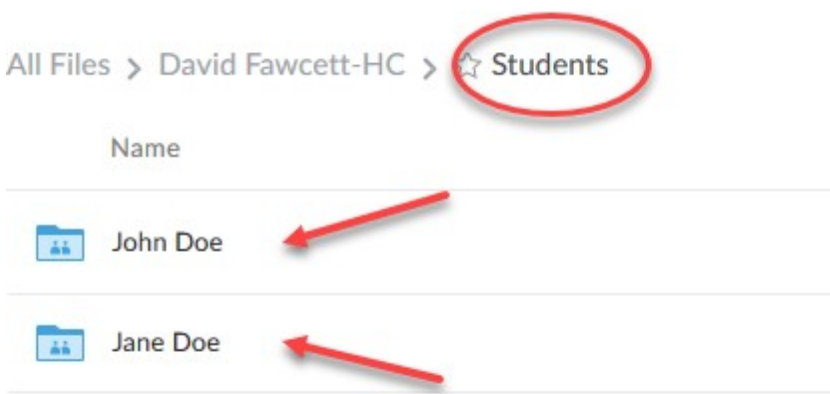
Secure Collaborations

The –HC folders provide the possibility of collaborating on documents that may contain Highly Confidential information without the need to ever store such data on a personal computer or transmitting such data via email or other non-secure means. One example of this is psychological evaluations. A student can complete evaluations, share them with their supervisor, receive feedback, make revisions, and submit for final approval – all without the file ever leaving the secure folder. (The final evaluation should also be uploaded into CMS). All of these steps can be completed through the Box –HC folder without the file being sent through email or residing on a personal computer. Here are instructions for doing this:

Create a folder for all students

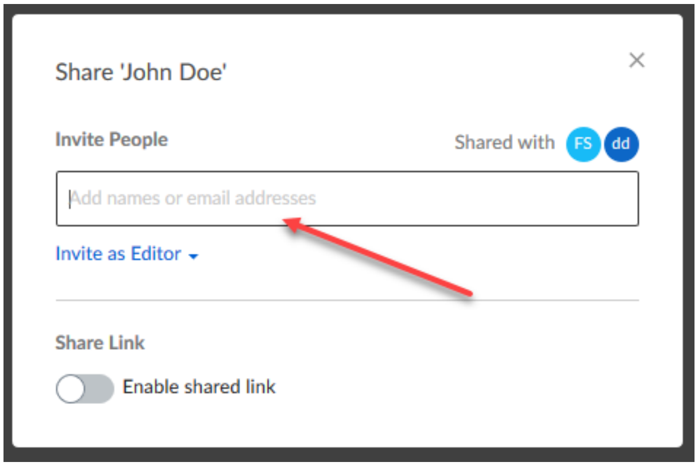
In the –HC folder, create a folder labeled Students



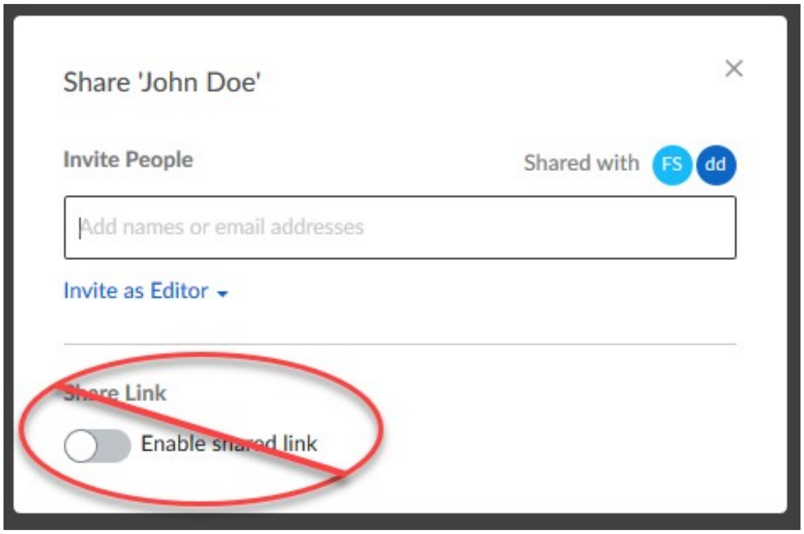


In the Students folder, create a folder for each individual student.

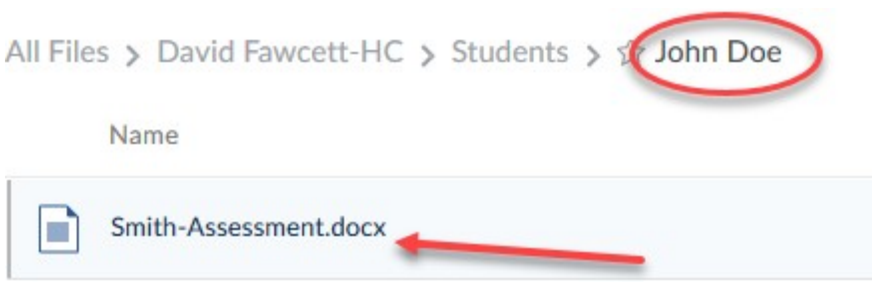
In the student folder, set the sharing to include the student. Use the student’s BYU email address as the student has a Box account through BYU. Select the option to Invite as Editor.



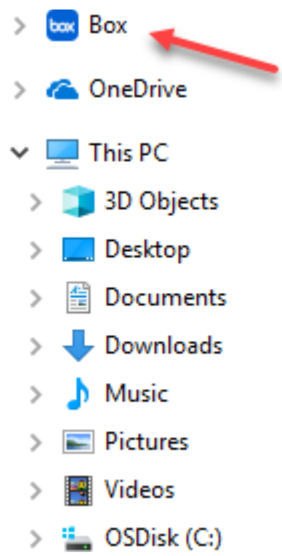
Do NOT set the Enable shared link option in any –HC folder. Enabling the shared link option allows anyone with the link to access that folder or file. It is a potential security issue. Only share –HC files and folders with specified people. Use student BYU email addresses.



Within the student folder, create a file for each assessment. The student has access to the files and can work on them through Box.



When the assessment is complete and approved, it can be uploaded to Penelope directly using Box Drive, which is an add-on that puts the Box file structure as an option in Windows. As long as Box Drive is installed, you can upload the files directly from Box into Penelope.



There are not limitations on the amount of space that you can use in the –HC folder. We have unlimited storage in Box. There are limitations on individual file size. The web access to box limits individual file upload size to 32GB and in Box Drive it is 15 GB for a single file. Any individual file larger than those sizes would have to be truncated prior to being uploaded.

According to the BYU Box page, we still cannot store credit card information (PCI-DSS) or federally protected research data such as CUI. We can store data designated as Highly Confidential in the –HC folders.

Appendix M: Telehealth Training Checklists

Your Name:
Your Supervisor Name:

BYU MFT Telehealth 1st Year Masters Student Training Checklist

To ensure that you are aware of how technology-assisted therapy or supervision occurs in an ethical and legal manner, complete the following readings. This document should be reviewed and approved by faculty during pre-practicum during your first semester.
*Note: If you do telehealth therapy during your masters program, you will complete a different checklist prior to beginning those sessions.

Click the box next to each item after you have completed that step.

☐ 1. Read Online Professionalism & Netiquette

☐ 2. Review the Informed Consent form for the BYU Comprehensive Clinic

☐ 3. Read AAMFT Best Practices for Online Therapy (pages 11-15)

☐ 4. Read BYU Clinic Manual for Telemental Health

☐ 5. Read the *Cliff Notes* from the APA Teletherapy Best Practice Training

**Please note, this is about 6 hours of video content from 2020.. We have provided the "cliff notes" so you do not need to watch the videos unless you are interested.*

☐ 6. Review Elements to Consider for Program Guidelines

Submit this document to mftptsec@byu.edu.
After final review by the faculty, a digital copy will be kept in your student file and you will receive permission to begin teletherapy.

Your Name:
Your Supervisor Name:

BYU MFT Telehealth Training Checklist

*To ensure that you are aware of how technology-assisted therapy or supervision occurs in an ethical and legal manner, complete the following steps and outline your supervision plan.

*This document should be reviewed and approved by the faculty prior to meeting with clients by phone or online.

Click the box next to each item after you have completed that step.

☐ 1. Read Online Professionalism & Netiquette

☐ 2. Review the Informed Consent form for the BYU Comprehensive Clinic

☐ 3. Read AAMFT Best Practices for Online Therapy (pages 11-15)

☐ 4. Read BYU Clinic Manual for Telemental Health

☐ 5. Read the *Cliff Notes* from the APA Teletherapy Best Practice Training

**Please note, this is about 6 hours of video content from 2020.. We have provided the "cliff notes" so you do not need to watch the videos unless you are interested.*

☐ 6. Review Elements to Consider for Program Guidelines

☐ 7. With your supervisor, discuss policies for scheduling, communication, technology failure, document transfer, case documentation, payment, crisis response.

☐ 8. With your supervisor, discuss your plan for continued supervision.

☐11. Review and discuss any additional requirements by your practicum supervisor Describe the supervision plan you have created with your supervisor:

Questions	Type your answer into the boxes below
How will you record sessions?	
How will you complete case documentation?	
How will your supervisor observe your therapy?	

When and where will you and your supervisor meet?	
How will you track client progress?	

Submit this document to mftptsec@byu.edu.
After final review by the faculty, a digital copy will be kept in your student file and you will receive permission to begin teletherapy.

Appendix N: Student Self-Evaluation Forms

In this section you will find the following form

- Semi-Annual Student Evaluation Form

MFT Semi-Annual Student Evaluation

Start of Block: Default Question Block

On average, how many RA hours have you worked each pay period?

____

____

How many total clinical hours do you have at the BYU Comprehensive Clinic according to CMS' Hours Report?

____

____

How many total clinical hours do you have as of THIS SURVEY'S DATE (according to your own record)? Differentiate on-site vs. offsite, if applicable (E.g. 375 total as of 12/20/2024, 356 at Comp Clinic 18 at Grace healing)

____

____

PRN Compliance:

- ◯ I am compliant (I am using the PRN with all my clinic cases and using the data to inform my practice)
- ◯ I am partially compliant (I am using the PRN with some/most, but not all of my cases and/or I am occasionally using the data to inform my practice)
- ◯ I am not compliant

MS Thesis, MS Clinical Project, or PhD Dissertation Progress: For reference, as to what is "on track", please see the MS handbook or PhD handbook

- ◯ On track
- ◯ Delayed

PhD Portfolio: Please list citations below for all publications and presentations completed or in progress (e.g., under review). Leave blank if not applicable

____

____

Please review the following indicators of satisfactory performance in the program, and rate yourself for each statement as: (a) satisfactory, b) marginal, or (c) unsatisfactory.

	I believe I am.... in this particular indicator		
	Satisfactory (1)	Marginal (2)	Unsatisfactory (3)
Timely communication with all MFT program faculty and staff (i.e. within 1 business day)	○	○	○
Performance in assistantship (e.g., 18-20 hours/pay period as a MS Student, 20 hours/week as PhD)	○	○	○
Ethical, and Professional Case Management	○	○	○
Case Management (e.g. utilizing PRN, timely case notes and documentation, timely interactions with clients scheduling, terminations etc.)	○	○	○
Self-of-therapist growth according to supervisors, faculty, and therapist	○	○	○
Program participation and involvement (e.g. on time to classes, contributing well to discussion, completing coursework)	○	○	○
Passing all clinical courses with B or higher grade	○	○	○

If you are NOT "satisfactory" in any category, please explain (in the text box below): (a) what leads you to make this judgment and (b) what your plans are to remedy this shortcoming. If you are deficient in several categories, it will be a good idea to discuss this further with your advisor.

____

____

Page Break

What are your areas of strength (as the relate to program performance)?

____

____

What are the areas that you are working on to improve (as they relate to program performance)

____

____

Are there any contextual factors your advisor (and/or other faculty) should be aware of that influences your performance as a student during the last 6 months?

____

____

____

____

____

End of Block: Block 2

Appendix O: Professional Development Internship Plan and Evaluation Form

Professional Development Internship Plan and Evaluation Form

MFT PhD students will demonstrate competence in at least three of the following professional activities:

1. Research and Scholarly Activity: Application of qualitative or quantitative research and writing skills to produce publications beyond the requirement for the portfolio.
2. Program Development and Evaluation: Apply principles from program development course in a supervised work setting. The program needs to be fully prepared for implementation and evaluation. Then conduct planned evaluation of the program.
3. MFT Licensure: Complete all requirements to become a professionally licensed marriage and family therapist in the state of Utah.
4. Specialized Clinical Expertise: Develop expertise in working with a particular clinical population or with a particular treatment approach under an AAMFT approved supervisor or equivalent.
5. Teaching: Take major responsibility for teaching undergraduate or graduate students in courses related to the field of Marriage and Family Therapy. Document teaching responsibilities, student and supervisor's evaluation of teaching excellence
6. Administration: Assume oversight of a clinical program or service component in a supervised work setting. Student must document successful completion of job description through a supervisor's evaluation and in their own written report.
7. MFT Supervision: Supervise trainees and receive supervision mentoring to become an AAMFT approved supervisor. Completion of requirements to become an AAMFT supervisor is one way of accomplishing this competence area.
8. Grant Writing: Take major responsibility for writing a service delivery grant in a supervised work setting. Student must post the final application.
9. Other: details to be worked out and approved with one's advisor.

Name:

Date:__________

3 Competencies	Activities	Expected Outcome(s)	Supervisor/Advisor

Advisory Chair Approval: Date: __________

Clinical Director Approval: Date:__________

Clinical Site Approval (if needed): Date:__________
Name, Position, and Signature of Site Official

Appendix P: Travel Authorization Form

BYU School of Family Life

Travel Authorization Request Form and Estimates

Student Name: **BYU ID:** **Email:**

Location(s): **Trip Purpose** **(example: Presenting at NCFR):**

Dates of Travel: Departure: **Return:**

Is Personal Time Included with this Trip? **Yes** ☐ **No** ☐

If yes, please list dates and purpose:

Faculty Advisor:

Are they attending conference? Yes ☐ **No** ☐

Meals (Please Indicate which mealsyou will be needing)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	☐	☐	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐	☐	☐
Dinner	☐	☐	☐	☐	☐	☐	☐

Flight/Airfare: $

Hotel/Lodging: $

Are you sharing with another student? **Yes** ☐ **No** ☐

If Yes, please list names:

Ground Transportation: Public Transportation ☐ **Shared Ride/Shuttle** ☐ **Rental Car** ☐

Cost Estimates:

Conference Registration: $

Other:

Faculty Signature: **Date:**