

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**

2026-2027

Marriage & Family Therapy Program
Brigham Young University

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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):

Students are expected to abide by [BYU's Dress and Grooming Standards](#) at all times throughout the program. Please be thoughtful and professional in considering how to dress in your therapy sessions. For instance, a pencil skirt in a play therapy session may not be practical, and overly formal dress in a session with a teenager may be off-putting. Use professional common sense and consult with your supervisor as needed. Generally, clothing should be clean without holes, rips, tears, or wording. Students should avoid wearing clothing that is sexually suggestive, revealing, or constrictive. Student therapists should present a polished, undistracting presence with dress and grooming.

*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 in 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 ([link](#))
- Clinical Competence Evaluation Form
- Offsite Placement Evaluation by Supervisor ([link](#))
- Student Evaluation of Supervisor Form ([link](#))
- Offsite Clinical Internship Form ([link](#))
- Semester Clinical Experience Summary

Clinical Hours Spreadsheet

Link to MFT Website: <https://mft.byu.edu/current-students>

Offsite Placement Evaluation by Supervisor

Link: [Offsite Placement Evaluation by Supervisor](#)

Student Evaluation of Supervisor

Link: [Student Evaluation of Supervisor](#)

Offsite Clinical Internship Form

Link: [Offsite Clinical Internship Form](#)

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

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

Semester Clinical Experience Summary

SEMESTER CLINICAL EXPERIENCE 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

Therapy Hour -- 50 minutes. Keep track of therapy minutes and at the end of the semester divide by 50. **Hours must be recorded in hours.**

Supervision:

Individual Live -- Supervision of your cases by an approved faculty supervisor directly observing your work. (Streamed live Via IVS or behind mirror.)

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.

Supervision Hour -- 60 minutes. Keep track of supervision minutes and at the end of the semester divide by 60. **Hours must be recorded in hours.**

THERAPIST'S NAME

SEMESTER / YEAR

SITE

SUPERVISOR'S NAME

THERAPY HOURS

	INDIVIDUAL	COUPLE	FAMILY	TOTAL
INDIVIDUAL				
GROUP				
TOTAL	X	X	X	

SUPERVISOR HOURS

	CASE REPORT	VIDEO (RAW)	LIVE	TOTAL
INDIVIDUAL				
GROUP				
TOTAL	X	X	X	

Beginning/Ending Dates of
Form Hours: (e.g. January 4,
2026-April 16, 2026)

Note: Cumulative hours sections refer to hours outside of just the hours being recorded for this form. They are the calculation of all hours earned in this program to the date stated as the ending date on this form.

Cumulative Therapist Totals: For Therapist to Fill Out

Category	Total Category Hours	% of all Hours (Total Category Hours/ Total Hours)
Couple Hours		
Family Hours		
Individual Hours		
Relational Hours (Couple + Family)		
Total Hours		

Cumulative Therapist Totals: For Therapist to Fill Out (For Comparison Purposes)

Program Requirements	Total Hours	Requirements Total	% Complete (Total Hours /Required Hours)
Total Therapy Hours		400	
Total Relational Hours (Couple + Family)		250	
Total Supervision Hours		100	
Total Live + Video (Raw) Hours		50	

Important Reminder: Only forms signed by a supervisor will be accepted and count toward hours necessary for graduation.

Therapist Signature: _____

Supervisor Signature: _____

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:

- Offsite Practicum Experience Agreement

Offsite Practicum Experience Agreement

Marriage and Family Therapy

School of Family Life

Brigham Young University

Last updated: December 2025

This Agreement is entered into this _____ day of _____, 20____ (“Effective Date”) between Brigham Young University, a Utah nonprofit corporation and educational institution (“BYU”), for and in behalf of its School of Family Life and Marriage and Family Therapy Program (the “Experience Provider” or “Agency”) located at _____.

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

WHEREAS, Brigham Young University has two COAMFTE accredited Marriage and Family Therapy programs (a Master of Marriage and Family Therapy and a Doctorate of Marriage and Family Therapy);

WHEREAS, BYU requires a community agency facility for its Marriage and Family Therapy students to obtain the case management and clinical learning experience required in the curriculum; and

WHEREAS, the above-named Agency has the clinical setting, appropriately licensed professional staff, and equipment necessary for the instruction of selected BYU student(s) and is willing to provide its facility and staff for the in-agency professional supervision and instruction of selected student(s) of the School (“Students”), in pursuit of a professional career in Marriage and Family Therapy community practice. References to “Students” in this Agreement include singular and plural numbers of Students.

THEREFORE now, in consideration of the promises and mutual considerations herein set forth, the parties to this Agreement agree as follows:

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. **Duration of Agreement.** This Agreement is effective as of the Effective Date and shall continue in full force and effect no longer than ten years:
- 2.2.1. By either party at any time, provided that Students currently enrolled in the program at the time of termination shall be given the opportunity to complete their clinical program, provided such completion does not exceed four (4) months beyond the termination date, with notice of termination to be sent by the terminating party to the other party at its normal place of business;
- 2.2.2. As further described herein; or
- 2.2.3. Upon mutual agreement of the parties to this Agreement.
- 2.3. **Administration:** The administration of this Agreement shall be under the direct supervision of the Program's Clinical Director (see Section 3.11 below) in consultation with the Agency's designated contact person.
- 2.4. **Student Supervision:** The clinical oversight and obligations of the Agency instructor for the Students shall be the joint responsibility of the BYU MFT Director of Clinical Training and the Agency Marriage and Family Therapy Supervisor.
- 2.5. 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 or indemnity.
- 2.6. 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 of each party to indemnify the other hereunder shall be limited to the extent of the indemnifying party's respective fault.
- 2.7. 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 performed 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.
- 2.8. **Creative Work of Students:** All original creative work of any Student performed as part of an Agency internship shall be considered a "work made for hire" and

Agency shall be responsible for obtaining that copyright and other intellectual property rights in any such original creative work of the Student and obtaining any necessary transfer signatures or transfer documents from the Student to ensure that copyrights and other intellectual property rights shall be owned entirely by the Agency.

- 2.9. **Use of Name or Logo:** Neither party shall use the other's name or logo in any descriptive or promotional literature or communication of any kind without the other's prior written approval, which shall not be unreasonably withheld.
- 2.10. **Modification:** This Agreement may only be modified by a writing that is signed by all parties to this Agreement.
- 2.11. **Assignment:** Neither this Agreement nor the performance of either party under this Agreement may be assigned by either party (whether in connection with a merger, consolidation, sale, or otherwise) without the written consent thereto of the other party. This Agreement shall be binding upon the successors and assigns of BYU and the Agency, whether or not consent to an assignment has been obtained.
- 2.12. **Liability Risks:** If the Student or Agency Field Instructor engages in activities which are viewed by the Clinical Director, the Director of the School, the University Field Liaison, or the Director of Field Education, to pose unreasonable liability risks to the Agency or the School, the Student's participation may be suspended, pending an investigation.
- 2.13. **Insurance:** Students will be reasonably insured or be covered by the School's program of self-insurance against negligent acts or omissions that may occur in the course of the performance of their duties pursuant to this Agreement. This liability insurance covering damage or harm caused by the Student is currently in the amount of \$1,000,000.00 per person, per occurrence, or \$3,000,000.00 in the aggregate.
- 2.14. **Unlawful Discrimination:** BYU and the Agency agree to abide by the provisions of Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000e) which prohibit unlawful discrimination against any employee or applicant for employment or any applicant or recipient of services, on the basis of race, religion, color, or national origin; 45 C.F.R. § 90, which prohibits unlawful discrimination on the basis of age; and Section 504 of the Rehabilitation Act, which prohibits unlawful discrimination on the basis of disability.
- 2.15. **Compliance with Applicable Professional Law and Licenses:** The parties to this Agreement agree to comply with the applicable statutes, laws, rules, regulations, licenses, certificates, and authorization relating to Marriage and Family Therapy professional responsibilities or licensing in the performance or carrying out of its obligations under this Agreement. This Agreement shall be subject to amendments in the applicable laws and regulations relating to the training of Marriage and Family Therapy students, but only to the extent that any inconsistency is thereby created, and the parties shall use their best efforts to accommodate both the terms and intent of this Agreement and of such

amendments.

Each party to this Agreement will obtain and maintain current (in force) all licenses, certifications, authorizations, and/or permits (and will pay the fees therefore) necessary to carry out its duties and responsibilities under this Agreement.

- 2.16. **Confidentiality:** The parties to this Agreement expressly agree that they, their employees, and their agents shall not divulge, reveal, or otherwise share with any third party, or use for their own profit, without the other party's prior written consent, any confidential information divulged by any party to the other during the course of this Agreement. For purposes of clarification, "Confidential Information" means any information of a party (including, without limitation, information received from third parties) disclosed to the other party, which is either (a) marked as confidential to the disclosing party or a third party or (b) in connection with the internship opportunities and educational experiences contemplated herein, consists of protected health information, unpublished financial information, treatment information, or any other information reasonably deemed to be personal and/or sensitive. Confidential Information shall not include information that (i) is known to the receiving party at the time it receives Confidential Information; (ii) has become publicly known through no wrongful act of the receiving party; (iii) has been rightfully received by the receiving party from a third party authorized to make such communication without restriction; (iv) has been approved for release by written authorization of the disclosing party; or (v) is required by law to be disclosed.
- 2.17. **Conflict of Interest:** The parties to this Agreement expressly disclaim and disavow any partnership, joint venture, or fiduciary status or relationship between them and expressly affirm they have entered into this Agreement as independent contractors, and that the same is in all respects an "arm's length" transaction.
- 2.18. **Waiver of Provision(s):** Any waiver by any party of any provision of this Agreement, whether in writing or by course of conduct or otherwise shall be valid only in the instance in which it is given, and shall not be deemed a continuing waiver of any provision, nor shall it be considered a waiver of any other provision.
- 2.19. This Agreement covers (check one)
- ☐ **All locations** of the Experience Provider
 - ☐ Single location of Experience Provider—i.e., only that location with address listed above. (Note: a separate agreement will be required for each different location of Experience Provider.)
 - ☐ Multiple locations of Experience Provider—i.e., only those locations listed below. (Attach sheet if additional space needed.)

3. **RESPONSIBILITIES OF SCHOOL.** School shall:

- 3.1. Place into offsite clinical training only those students who have substantially completed the program's prerequisite requirements for offsite experience.
- 3.2. Assume general responsibility for the instruction and evaluation of the students, including establishing and implementing the curriculum of the students' offsite experience and the final designation of their grades and taking into consideration the recommendation of the offsite clinical supervisors. The School further agrees to provide an explanation of and continuing technological consultation for the use of the on-line Learning Agreement and Final Evaluation forms.
- 3.3. Make reasonable efforts to ensure that the Intern participates in the internship during the dates specified unless modified by the Experience Provider and BYU. This includes instructing each Intern about the consequences of not completing the internship.
- 3.4. Inform Students that they are subject to the general rules, policies, and procedures of the Agency; including the specific provisions that
 - 3.4.1. The Agency is ultimately responsible for the quality control, and supervision of client care;
 - 3.4.2. The Agency necessarily retains the right to act in the best interests of its clients in all cases;
 - 3.4.3. The Agency reserves the right when necessary to expel Students from the Agency for cause, after conferring with the School.
 - 3.4.4. Students are expected to abide by the terms of Section 2 above.
- 3.5. Provide to the Agency information relevant to Students' educational expectations, including, but not limited to:
 - 3.5.1. Dates for Offsite Clinical Experience
 - 3.5.2. General objectives and types of experiences desired.
 - 3.5.3. Relevant course information and data on Students to help maximize Students' learning experience.
- 3.6. Orient and assist Students to adequately prepare Students to function effectively in their offsite clinical assignments.
- 3.7. Conduct ongoing integrative seminars for Students during the offsite clinical experience, to assist Students to integrate coursework practice methods and theory, with quality professional practice within the Agency.
- 3.8. Respond in a timely manner to any complaints concerning Students.
- 3.9. Determine, in consultation with the Agency, which BYU students will be placed. (If appropriate Students are not available, the School is not required to make any Agency placements.)

- 3.10. Provide ongoing consultation with offsite placements as needed
 - 3.11. Provide guidelines and assistance to develop learning activities and guidelines that are consistent with national MFT COAMFTE accreditation standards, and respond to Students' needs for professional development.
4. **AGENCY RESPONSIBILITIES.** The parties to this Agreement acknowledge and agree that it shall be the responsibility of the community experience provider Agency to:
- 4.1. Provide Students a qualified Clinical Supervisor who will provide direct supervision and instruction. All offsite clinical supervisors of master's (MFT) level students shall hold a MFT degree from a COAMFTE-accredited Marriage and Family Therapy program or a licensed mental health field equivalent with systemic supervision training, full state licensure, and been practicing for at least 2 years as a fully licensed clinician. In the rare event that qualified field instructors are not available and the School determines to place Students in the internship without the benefit of such instructors, the agency shall allow for the School's facilitation of distance supervision and consultation in order to reinforce a Marriage and Family Therapy perspective. To support appropriate educational objectives, the Agency may engage other Agency personnel in the education of Students to assist the Clinical Director as needed.
 - 4.2. Provide Students with work space, supplies, and staff support sufficient to fulfill Students' assigned service functions at the Agency. This may include, but is not limited to, a desk and chair, therapeutic space, office supplies, and the staff support necessary to complete recording requirements.
 - 4.3. Provide Students with learning experiences that meet suggested minimum guidelines for Students' educational development.
 - 4.4. Accept the ultimate responsibility for the care of the Agency clients.
 - 4.5. Provide orientation and training sufficient for Students' understanding of the Agency's mission and client population, of the Agency's policies and procedures (including emergency/safety procedures), and of the educational objectives of the School's program. In addition to other material, this orientation will include:
 - 4.5.1. Students' obligations with respect to disclosure of information regarding clients of the Agency and disclosure of client's records located on the premises of the Agency.
 - 4.5.2. A description of the Agency's rules and regulations and Students' obligations with respect to adhering to those rules and regulations.
 - 4.5.3. An explanation of the health and safety standards set by the occupational Safety and Health Administration (OSHA) and other applicable law.
 - 4.5.4. Students' responsibility to seek out and receive health care at the time of exposure to infectious agents such as blood-borne pathogens, tuberculosis, and others, while on duty at the Agency facility and provide any copies of medical records of these health care services to the Agency.
 - 4.6. Work with the Agency Field Instructor and the School's Field Liaison in selecting and implementing learning experiences for Students in order to fulfill the

objectives of the field instruction.

- 4.7. Assist the School in the ongoing evaluation of Students' work and to timely notify the School of any significant problems concerning Students and/or the field internship.
 - 4.8. Provide the School with periodic formal evaluations of Students' work performance, including a final on-line Final Evaluation at the end of each semester.
 - 4.9. Notify Students of any additional application requirements as required by law, such as BCI clearances or placement pre-requisite study.
 - 4.10. Advise Students of required participation in additional and reasonable educational assignments, consistent with national accreditation standards, including research and/or the development of written materials to be used by the Agency.
 - 4.11. Ensure that the assignments of Students already placed with and employed by the Agency for field education constitute "new learning experience", separate from their prior regular and routine responsibilities as an employee.
 - 4.12. In those cases where compensation is awarded, notify the School regarding who will receive the compensation, the amount of the compensation, and how the compensation will be disbursed.
 - 4.13. Recommend to the MFT Program the withdrawal of Students if:
 - 4.13.1. Their achievement or progress does not warrant continuation in the School's program.
 - 4.13.2. Their behavior fails to conform to the applicable rules and regulations of the Agency or of the School.
 - 4.13.3. They violate applicable rules of professional ethics.
 - 4.13.4. The student violates the law(s) of the Agency's geographic jurisdiction. The Agency will assist the School, at the School's expense, in implementing this recommendation, as needed.
 - 4.14. If Agency has AmeriCorps members serving at their agency, Agency agrees to notify BYU if agency finds AmeriCorps members violating the prohibited activities regulations listed primarily in Exhibit B of this agreement.
5. **STUDENT RESPONSIBILITIES.** The parties to this Agreement acknowledge and agree that it shall be the responsibility of Students to:
- 5.1. Comply with the Agency experience provider's policies and procedures.
 - 5.2. Report any serious problems related to the Agency, including safety and personnel problems, to the BYU Clinical Director and the Agency Marriage and Family Therapy Supervisor.
 - 5.3. Maintain a health insurance policy in effect during the full period of any internship within the Agency.
 - 5.4. Enter into a separate written agreement with BYU ("Offsite Clinical Placement Form") outlining all details of their offsite clinical placement

6. **NOTICE OR CORRESPONDENCE.** Any notice, report or other correspondence required or permitted by this Agreement shall be deemed to have been properly given or delivered when made in writing and delivered personally, or when sent by United States mail with all necessary postage or charges fully prepaid, return receipt requested, addressed to the party to whom directed at its address specified below.
7. **GOVERNING LAW.** This Agreement, and all matters relating to it, including any matter or dispute arising out of this Agreement shall be interpreted, governed, and enforced according to the laws of the State of Utah.
8. **AmeriCorps Member host sites:** If an AmeriCorps member is serving at this agency, agency agrees to ensure to abide by Exhibit B on page 12-14 of this agreement.
9. **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:

EXHIBIT A
STUDENT AGREEMENT
BRIGHAM YOUNG UNIVERSITY

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. Students who feel they must leave or not start an internship for which they have registered must do the following: (1) Consult the BYU department/college internship coordinator or faculty member supervising the internship and explain their reasons for wanting to discontinue the internship. (2) If the department agrees with the student's decision, the internship provider must be given appropriate, timely notice about the discontinuance. (3) If the decision to discontinue comes after the drop deadline, the student must petition to quit the internship. (4) If the student has received money from a BYU college or department to help defray expenses associated with the internship, the student may be required to give back an amount commensurate with the time not spent in the internship. Students who leave internships early without notifying their BYU supervisor and the internship site supervisor may receive a low or failing grade for the internship and may be blocked from registering for future internships.
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 provide 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.

Exhibit B
AmeriCorps Members

AmeriCorps Members serving at your agency: When an AmeriCorps member is serving at said Agency, Agency agrees to these items:

Reasonable Accommodation. Programs and activities must be accessible to persons with disabilities, and the recipient must provide reasonable accommodation for the known mental or physical disabilities of otherwise qualified members, service recipients, applicants, and staff. All selections and project assignments must be made without regard to the need to provide reasonable accommodation. As such, inquiries about the need for reasonable accommodation should take place after a member has been offered an AmeriCorps position. There may be additional funding available from AmeriCorps to offset the recipients' costs on a first come, first serve basis. Please contact the state commission for more information.

Prohibited Activities Agency agrees to notify BYU if agency finds AmeriCorps members violating the prohibited activities regulations.

AmeriCorps members may not engage in the prohibited activities (see next page) directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed below. Individuals may exercise their rights as private citizens and may participate in the activities listed on the next page on their initiative, on non-AmeriCorps time, and using non-CNCS funds. Individuals should not wear the AmeriCorps logo while doing so.



PROHIBITED ACTIVITIES & PRACTICES



PROHIBITED ACTIVITIES*

45 §CFR 2520.65

While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or the AmeriCorps agency, staff and members may not engage in the following activities:

1. Attempting to influence legislation;
2. Organizing or engaging in protests, petitions, boycotts, or strikes;
3. Assisting, promoting, or deterring union organizing;
4. Impairing existing contracts for services or collective bargaining agreements;
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;

8. Providing a direct benefit to—
 - a. A business organized for profit;
 - b. A labor union;
 - c. A partisan political organization;
 - d. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
 - e. An organization engaged in the religious activities described in paragraph 7 above, unless AmeriCorps assistance is not used to support those religious activities;
9. Conducting a voter registration drive or using AmeriCorps funds to conduct a voter registration drive;
10. Providing abortion services or referrals for receipt of such services; and
11. Such other activities as AmeriCorps may prohibit*.

In addition to the above activities, the below activities are additionally prohibited:

1. **Census Activities*.** AmeriCorps members and volunteers associated with AmeriCorps grants may not engage in census activities during service hours. Being a census taker during service hours is categorically prohibited. Census-related activities (e.g., promotion of the Census, education about the importance of the Census) do not align with AmeriCorps State and National objectives. What members and volunteers do on their own time is up to them, consistent with program policies about outside employment and activities.
2. **Election and Polling Activities*.** AmeriCorps member may not provide services for election or polling locations or in support of such activities.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-AmeriCorps funds. Individuals should not wear the AmeriCorps logo while doing engaging in any of the above activities on their personal time.
3. **Fundraising limitations**:** Members cannot serve more than 10% of their hours on fundraising. They also may not raise funds for living allowances or an organization's general (as opposed to project/program) operating expenses or endowment.
4. **Grant writing**:** Members cannot serve hours while writing grant applications for any Federal agency including AmeriCorps.

All locations where members serve should post a list of the prohibited activities, when possible.

***As prohibited in the 2023 Terms and Conditions for AmeriCorps State and National Grants**

****As prohibited in the UServeUtah AmeriCorps Program Directors Manual**

SUPPLANTATION

45 §CFR 2540.100

Supplantation. Corporation assistance may not be used to replace State and local public funds that had been used to support programs of the type eligible to receive Corporation support. For any given program, this condition will be satisfied if the aggregate non-Federal public expenditure for that program in the fiscal year that support is to be provided is not less than the previous fiscal year.

NONDUPLICATION

45 §CFR 2540.100

Nonduplication. Corporation assistance may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of paragraph (f – Nondisplacement) of this section are met, Corporation assistance will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.

NONDISPLACEMENT

45 §CFR 2540.100

1. An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a participant in a program receiving Corporation assistance.
2. An organization may not displace a volunteer by using a participant in a program receiving Corporation assistance.
3. A service opportunity will not be created under this chapter that will infringe in any manner on the promotional opportunity of an employed individual.
4. A participant in a program receiving Corporation assistance may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.
5. A participant in any program receiving assistance under this chapter may not perform any services or duties, or engage in activities, that:
 - i. Will supplant the hiring of employed workers; or
 - ii. Are services, duties, or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures.
6. A participant in any program receiving assistance under this chapter may not perform services or duties that have been performed by or were assigned to any:
 - i. Presently employed worker;
 - ii. Employee who recently resigned or was discharged;
 - iii. Employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;
 - iv. Employee who is on leave (terminal, temporary, vacation, emergency, or sick); or
 - v. Employee who is on strike or who is being locked out.

MARRIAGE & FAMILY THERAPY GRADUATE STUDENT

NAME

SIGNATURE

DATE

OFFSITE CLINICAL EXPERIENCE PROVIDER

ADDRESS SUPERVISOR NAME

SUPERVISOR EMAIL

SUPERVISOR SIGNATURE

BYU CLINICAL DIRECTOR

Lauren Barnes

Dr. Lauren A. Barnes, PhD., LMFT

Clinical Professor

Director of Clinical Training

Marriage & Family Therapy School of Family Life

Brigham Young University Provo, UT

MFT.byu.edu

Marriage and Family Therapy: 234 TLRB, Provo, Utah 84602; 801-422-5680 (office); E-mail: mftptsec@byu.edu

Appendix G: Clinical Services Forms

The following Clinic forms can be found at this link: <https://byu.box.com/s/259gsp0klrmf1x0umn90g4vp0014wlpp>

- Consent Form
- Consent Form – Child
- Release of Information
- Collateral Agreement
- Good Faith Estimate Template

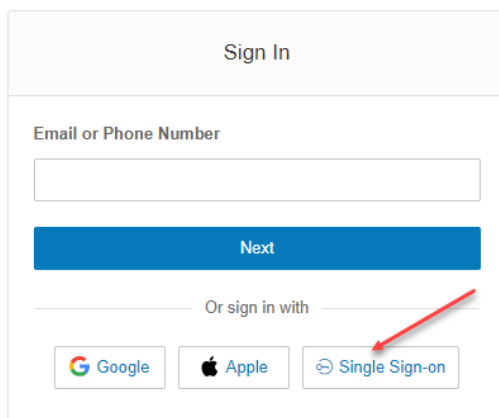
Appendix H: Documenting AmeriCorps Service Hours

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 I: 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

A screenshot of the RingCentral "Sign In" page. At the top, it says "Sign In". Below that is a label "Email or Phone Number" followed by a text input field. Under the input field is a blue button labeled "Next". Below the button is a separator line and the text "Or sign in with". Under this text are three buttons: "Google" with the Google logo, "Apple" with the Apple logo, and "Single Sign-on" with a blue icon of a person. A red arrow points to the "Single Sign-on" button.

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

Single Sign-on

Confirm your email to sign in

netID@byu.edu

☐ Remember email

Back Submit

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

BYU

Overview Messages Call Log Contacts Settings More

David Fawcett
Ext. 27818

Outbound Calls/Faxes

Meetings

Notifications

^ User Details

General Settings & Permissions Security Meetings

Regional Settings

GMT-07:00, English (U.S.)

-
- Under Schedule, click Edit

Schedule

24 hours, 7 days a week

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)

←  Work hours

Configure how incoming calls will be handled - what callers will hear, which devices will ring, and what happens if the call is not answered.

 Mon, Tue, Wed, Thu, Fri from 09:00 AM - 06:00 PM >

-
- 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.



Welcome greeting

 Greet caller with a message ☐

 Screen callers ⓘ ☐

 Tell caller they're being connected ☐

 Play music while connecting ☒

 Ring Tones >

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



Welcome greeting

 Greet caller with a message

☐

 Screen callers 

☐

 Tell caller they're being connected

☐

 Play music while connecting

☒

 Ring Tones



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

← **Call rules and voicemail**

 [Add rule](#)

 Forward all calls

☒



All calls forward to (801) 712-4966.

 Do not disturb

☐

My work day 

 Work hours



 Mon, Tue, Wed, Thu, Fri from 09:00 AM - 06:00 PM 

Apps and devices ring all together.
If no one answers, calls are sent to voicemail.

 After hours



 Mon, Tue, Wed, Thu, Fri after 06:00 PM

All calls are sent to voicemail.

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

← After hours

Set where you would like calls to be forwarded after hours.

🕒 Mon, Tue, Wed, Thu, Fri after 06:00 PM >

📞

↓

Incoming calls

Play announcement ▾

▶ "Announcement. No one is available to take your call. Thank you for calling. Goodbye!" >

Delete rule

Save

-
- Change the Announcement greeting from Default to Custom

Play announcement

Announcement greeting

▶ "Announcement. No one is available to take your call. Thank you for calling. Goodbye!"

▶ 00:00 ● 00:00

Default

Custom

Cancel

Done

-
- 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

Play announcement

Announcement greeting Custom ▾

Computer Microphone Phone **Importing**

Upload .WAV or .MP3 file ⓘ

Drag and drop or upload .WAV or .MP3 file

Cancel Done

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

Press ▶ to listen and ● to re-record your custom greeting.

▶ 00:00 ————— 00:31 ● ⬇

Your custom greeting was uploaded and successfully activated.

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

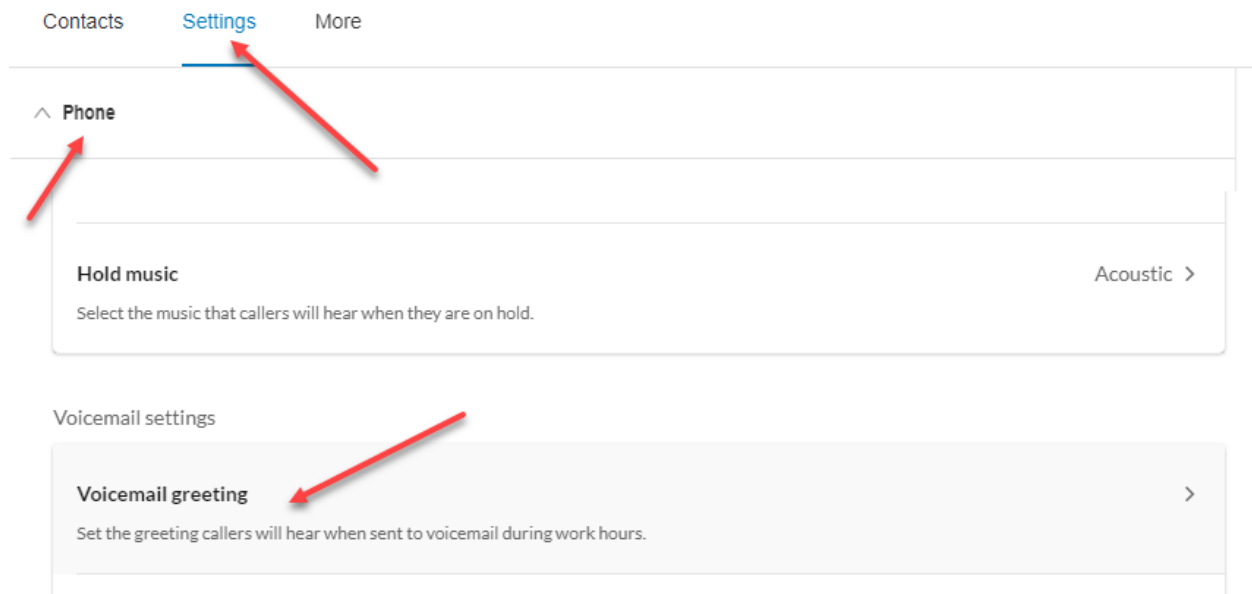
📞

↓

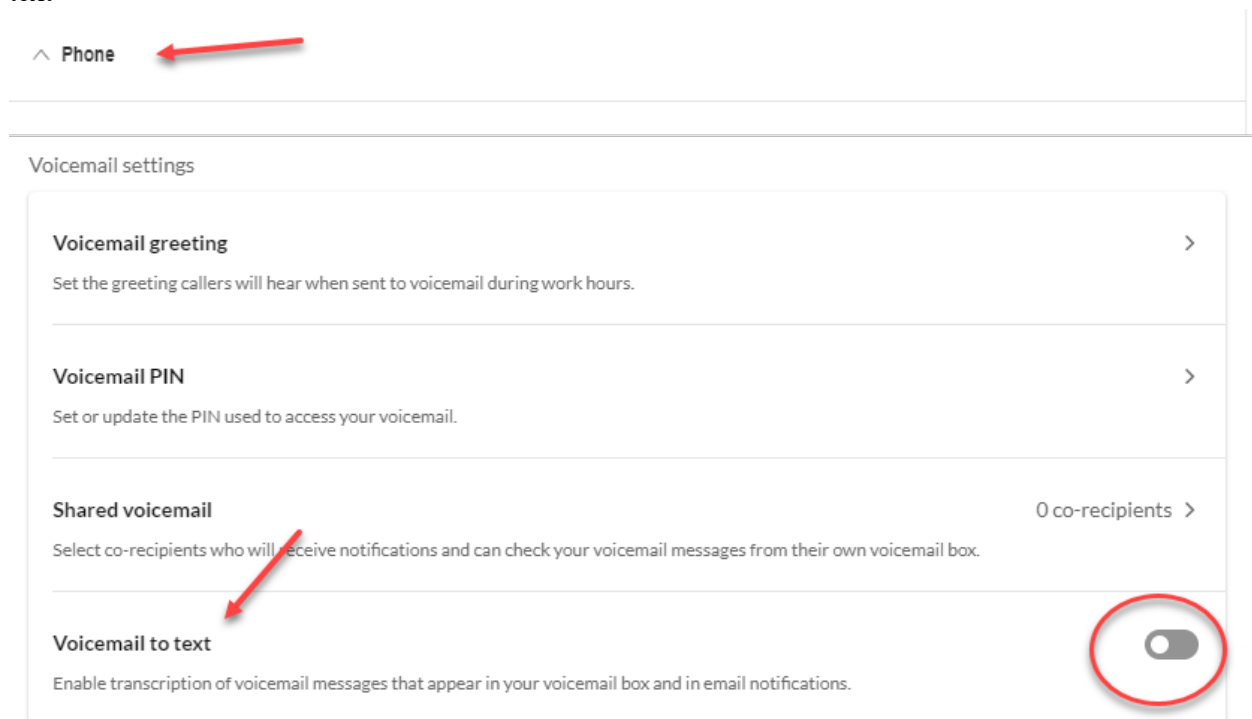
Incoming calls Play announcement ▾

▶ Custom >

-
- 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.
-
- RingCentral 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.

Overview Messages Call Log Contacts **Settings** More

David Fawcett
Ext. 27818

Outbound Calls/Faxes

Meetings

Notifications

^ Messaging Notifications

Advanced Settings ▾

	By Email	By SMS	Actions
Voicemail Messages	☐	☐	
Received Faxes	☐	☐	
Missed Calls	☒	☐	Customize Notifications
Fax Transmission Results	☐	☐	
Received Text Messages	☐	☐	

Cancel Save

-
-
- 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 J: 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.

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts

Filter Found: 3

Date	Task	Days Between
09/06/2023	A consent is needed on Case# 4.	NA
09/06/2023	A consent is needed on Case# 544.	NA
09/06/2023	A consent is needed on Case# 526.	NA

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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.”

Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

Alerts 1 Messages 2

Cases 1

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Leaf Rye - Case #544

Request Termination

Client Name: Rye, Leaf Case Status: Active

Billing

Case Fee \$ 30.00 Bill To: Leaf Rye Update

Case Balance Total: \$0.00

- b. Assignment.
- c. [Consents are signed electronically]

Billing

Case Fee \$ 30.00 Bill To: Leaf Rye Update

Case Balance Total: \$0.00

Assignments

Department(s)	Supervisor(s)	Therapist(s)
MFT	admin. sys	Brousseau, Stephen

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

9. Select the “Intake” subtab in the blue ribbon. Read the intake.

Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

Alerts 1 Messages 2

Cases 1

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Leaf Rye - Case #544

Request Termination

Client Name: Rye, Leaf Case Status: Active

Billing

Case Fee \$ 30.00 Bill To: Leaf Rye Update

Case Balance Total: \$0.00

Comprehensive Clinic CMS

Referral Search Search Stephen Brousseau

Alerts 1 Messages 1

Cases 1

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

Leaf Rye - Case #544

Request Termination

Referral Information

Receptionist	Date Client Called	Time Client Called	Children Ages	Adult Ages
Development, Propel	04/22/2022	12:00 PM		
Reception Notes				
Test				

Intake Information

Therapy Requested	Intake Worker	Intake Worker Gender	Intake Date
Individual	Dave Intake	Doesn't Matter	04/22/2022
Intake Notes			
Presenting Problem(s):			

Background Information:

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

Alerts 1

Messages 1

Cases 1

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

Referral

Search

Search

Stephen Brousseau

John Doe - Case #4

Report Template

Demographics

John Doe (Lead Contact)

Print

Medical Record: 1

Client Name John A. Doe	Gender Male	Date of Birth (06/06/1990)	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			
Interested in Telehealth?			
Military Service			
1. Service in the military2. Service in a combat zone			
Emergency Contact			
Name	Relationship	Phone Number	
Scheduler Settings for John Doe			
Next Session Number	3	Update	
Record Removal Eligibility Date: 03/17/2036			

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
Penelope Case ID

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Comprehensive Clinic
CMS

Alerts 1

Messages 1

Cases 1

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

Referral

Search

Search

Stephen Brousseau

Medical Record: 1

Print

Client Name John A. Doe	Gender Male	Date of Birth 06/06/1990	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

Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages

Cases 3

Details Documents Contact Log

Demographics

Intake Audit Appointment History Scheduler

Users Audit Summary Reports AR eClinic Search FAQ

\$30,001 - \$40,000 Full - Time Some College Mechanic

Parent Information

Parent Name Doe, Joseph 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 3 Update

Record Removal Eligibility Date: 03/17/2036

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 Messages

Cases 3

Users Audit Summary Reports AR eClinic Search FAQ

Case List

Filter Found: 5

Client(s)	Date Assigned	Supervisor(s)	Case #
Doe, John	09/06/2023	admin. sys	4
Joe, Smith	09/06/2023	admin. sys	494
Ana, Smith	09/06/2023	admin. sys	526
Smith, John	09/06/2023	admin. sys	536
Smith, Jenny	09/06/2023	admin. sys	544
Doe, Jane	09/06/2023	admin. sys	
John, Bobby	09/06/2023	admin. sys	
Rye, Leaf	09/06/2023	admin. sys	

Comprehensive Clinic
CMS

Referral Search... Search Stephen Brousseau

Alerts 1
Messages 1

Cases 3
Details
Documents
Contact Log
Demographics
Intake
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John Smith - Case #526

Monday, September 18, 2023

September 2023

Second Floor
Go to Today

8:00	Telehealth	227	231	255	259	263	265	269	276	277	279	280	283	289	292	295
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 1
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John Smith - Case #526

Create A New Case Reservation

Reservation For
Stephen Brousseau

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

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

Referral Search Search Stephen Brousseau

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John Smith - Case #526

Create A New Case Reservation

Reservation For
Stephen Brousseau

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

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Comprehensive Clinic
CMS

Referral Search Search Stephen Brousseau

Alerts 1

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Cases 1

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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

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Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

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
☒	

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8. Call the client and set up the first session as soon as possible
 - a. To call 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. To text 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 if they have not already completed PRN at home otherwise their paperwork time will cut into session.

- f. Establish the fee for services (usually \$20/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).

BYU CC Materials 

Check-Out Check-In History Archive Inventory People Shelf Audit **Client Messenger** Employee Tracker

Card Scanner

Client Messenger Service

To:

Enter email

+ Add Email

Subject:

Subject

Body:

Attachments:

Choose Files

 No file chosen

Send Email

Template Messages

English

Spanish

☐ Zoom Invitation

☐ Online Payment

☐ Consent Forms / Assessments

☐ Intake Appointment Reminder

☐ Teletherapy Handout

Client Messenger Service

To:

Enter email

+ Add Email

Subject:

Subject

Body:

These instructions describe how to make payments online to the BYU Comprehensive Clinic using a credit or debit card. Payments go through Cashnet, the secure credit card transaction service used at BYU.

Click on the following link, or type the URL into your browser, to go to the payment page:
<https://commerce.cashnet.com/webcms>

Enter the amount to be charged in the Payment Amount box.
Type in the first and last name of the person who received services.
Select the program that the therapist is in. If you do not know you, please ask the therapist or call 801-422-7759 and ask the Clinic receptionist.
Type in the name of the therapist.
Click Add to Basket.
You will be taken to a review page. Review the amount then click checkout.
You will be taken to a page to enter the credit card information. Please enter the required information. The email address will be used to receive a receipt for the payment.
Click Continue Checkout to finalize the payment.

Please contact the BYU Comprehensive Clinic with any questions (801) 422-7759.

Attachments:

Choose Files

No file chosen

Send Email

- 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 every two weeks, students and supervisors will be alerted.**

Comprehensive Clinic
CMS

Referral * Search... Search Stephen Brousseau

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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 session
01/20/2009	Test, Four	Contacted	client call to cancel.
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	

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Comprehensive Clinic
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Referral * Search... Search Stephen Brousseau

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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 session
01/20/2009	Test, Four	Contacted	client call to cancel.
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	

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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.

The screenshot shows the 'Comprehensive Clinic CMS' interface. On the left sidebar, the 'eClinic' tab is selected, and the 'Scheduler' sub-tab is highlighted with a red arrow. The main area displays a calendar for 'Monday, September 11, 2023'. A calendar widget for 'September 2023' is shown, with the 11th highlighted. Below the calendar is a grid for scheduling, with columns for rooms (227, 231, 235, 239, 263, 265, 269, 276, 277, 279, 280, 283, 289, 292, 293) and rows for time slots from 8:00 to 6:30. The 'Telehealth' column is highlighted in green.

The screenshot shows the 'Comprehensive Clinic CMS' interface with the 'Paperwork List' tab selected. The main area displays a list of paperwork items for 'Monday, September 18, 2023' at '11:17:40 AM'. A calendar widget for 'September 2023' is shown, with the 18th highlighted. The list is organized into two sections: '11:00 AM' and '12:00 PM'. Each section has a table with columns: Therapist, Client Name, Arrived, Tasks, Notes, Room, and Administered. Red arrows point to the 'Arrived' column, which has radio buttons for 'Arrived' and 'Missed'. The 'Arrived' option is selected for both clients in the 11:00 AM section.

Therapist	Client Name	Arrived	Tasks	Notes	Room	Administered
Stephen Brousseau	Smith Joe	☒ Arrived ☐ Missed	Clinical Agreement MFT (v21.1) Adult Consent for Research Telehealth Agreement Good Faith Estimate (v23.1)	Therapist: Reception:	Telehealth	No
	Smith Ana	☒ Arrived ☐ Missed	Clinical Agreement MFT (v21.1) Adult Consent for Research Telehealth Agreement Good Faith Estimate (v23.1)	Therapist: Reception:	Telehealth	No
Stephen Brousseau	John Smith		Good Faith Estimate (v23.1)	Therapist: Reception:	265	No

cmscc-dev.byu.edu says

Set client Smith Joe as ARRIVED?

This action CANNOT be undone and you will not be able to edit paperwork after.



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.”

The screenshot shows the 'Comprehensive Clinic CMS' interface. On the left is a dark sidebar with a menu including Alerts, Messages, Cases, Details, Documents (highlighted with a red circle and arrow), Contact Log, Demographics, Intake, Audit, Appointment History, Scheduler, Users, Audit Summary, Reports, AR, eClinic, Search, and FAQ. The main area is titled 'John Doe - Case #4' and features a dark blue ribbon with buttons for 'Add Document' (circled in red with an arrow), 'Add Alert', and 'Request Termination'. Below the ribbon is a table of case notes with columns for Type, Date, Status, and Print. The table lists 12 case notes, mostly 'Case Note 1', with dates ranging from 09/15/2011 to 10/13/2009. The status column shows checkmarks for most entries and a red 'X' for one entry dated 03/29/2021.

- a. **Completing the Case Note.** 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

Referral

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Stephen Brousseau

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FAQ

Add Case Note - John Smith - Case #526

Request Termination

Session Details

Client Participation

	Client Name	Present
Add	John B Smith	Yes No
Add	Jenny Smith	Yes No

Billable Session

Session Number

Session Date

Session Time

Session Length

Contact Type

Therapy Type

Session Notes

Data

Assessment

Plan

Add

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Comprehensive Clinic
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Stephen Brousseau

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Add Case Note - John Smith - Case #526

Request Termination

Session Details

Client Participation

	Client Name	Present
Add	John B Smith	Yes No
Add	Jenny Smith	Yes No

Billable Session

Session Number

Session Date

Session Time

Session Length

Contact Type

Therapy Type

Session Notes

Data

Assessment

Plan

Add

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Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages Cases Details Documents Contact Log Demographics Intake Audit Appointment History Scheduler Users Audit Summary Reports AR eClinic Search FAQ

Case Note - Session: 0 - Jane Doe - Case #536

[Request Termination](#)

Session Details

Client Participation

Client Name	Present
Jane Doe	☐ Yes ☐ No
Bobby John	☐ Yes ☐ No

☐ Billable Session

Session Number: 0 Session Date: 09/11/2023 Session Time: 12:00 PM Session Length: 50 (minutes)

Contact Type: Therapy Type:

Session Notes

Data

Assessment

Plan

[Update](#)

Signatures

[Sign Document](#)

Please note that selecting "Sign Document" is the equivalent of your digital signature on the document.

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14. Treatment Plan - 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.”

Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages Cases Details Documents Contact Log Demographics Intake Audit Appointment History Scheduler

Jane Doe - Case #536

[Add Document](#) [Add Alert](#) [Request Termination](#)

Type	Date	Status	Print
Case Note (RPSS) 2	01/13/2023	☒	Print
Case Note 1	11/16/2022	☒	Print
Case Note 3	06/09/2023	☒	Print
Case Note 4	07/11/2023	☒	Print
Treatment Plan	01/13/2023	☒	Print

Found: 5

- Under each client select the diagnosis using the filter from the drop-down list “+Add Diagnosis for...” Select therapy type.
- 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 Broussseau

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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

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Diagnosis

Jane Doe

Code	Description
☒ F31.75	Bipolar disorder, in partial remission, most recent episode depressed

Bobby John

Code	Description
------	-------------

Treatment Plan

Therapy Type: Family

Treatment Plan Notes

Signatures

Therapist Signature: **VALID** sys admin [01/13/2023 11:54 AM]

15. **Treatment Summary:** 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 case **MUST** include a treatment summary if it is a therapy case. Only then will the case be cleared for termination.
 - 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.

Comprehensive Clinic CMS

Referral Search Search Stephen Brouseau

Jane Doe - Case #536

Type	Date	Status	Print
Case Note /BPSSQ 2	01/13/2023	☒	Print
Case Note 1	11/16/2022	☒	Print
Case Note 3	06/09/2023	☒	Print
Case Note 4	07/11/2023	☒	Print
Treatment Plan	01/13/2023	☒	Print

Found: 5

- 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

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Search

Stephen Brousseau

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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

Number of Sessions

Treatment Summary Notes

Comprehensive Clinic
CMS

Referral *

Search...

Search

Stephen Brousseau

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Messages 1

Cases 1

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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

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Comprehensive Clinic
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Referral * Search... Search Stephen Brasseau

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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

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Case Note - Session: 0 - Jane Doe - Case #536

Request Termination

Session Details

Client Participation

Client Name	Present
Jane Doe	☐ Yes ☐ No
Bobby John	☐ Yes ☐ No

☐ Billable Session

Session Number: 0 Session Date: 09/11/2023 Session Time: 12:00 PM Session Length: 50 (minutes)

Contact Type: Therapy Type:

Session Notes

Data

Assessment

Plan

Jane Doe - Case #536

Add Document Add Alert Request Termination

Type	Date	Status	Print
Case Note (BPS) 2	01/13/2023	☒	
Case Note 0	09/11/2023	☒	
Case Note 1	11/16/2022	☒	
Case Note 3	06/09/2023	☒	
Case Note 4	07/11/2023	☒	
Treatment Plan	01/13/2023	☒	
Treatment Summary	09/11/2023	☒	

Found: 7

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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.

The screenshot displays the Comprehensive Clinic CMS interface. On the left is a dark sidebar with navigation options: Alerts, Messages, Cases, Details, Documents, Contact Log, Demographics, Intake, **Audit** (highlighted with a red arrow), Appointment History, Scheduler, Users, Audit Summary, Reports, AR, eClinic, Search, and FAQ. The main content area is titled "Jane Doe - Case #536" and shows "Client Consents". It lists three consent forms, each with a red circle around the "Audit" icon and a "View Consent Form" link:

- Clinical Services Agreement Form MFT (v21.1)** [07/11/2023 9:15 AM]
 - SECTION: Electronic Communication
RESPONSE: I agree to receive one-way email and text messages for routine administrative purposes (such as scheduling, appointment reminders, completing forms and assessments, or instructions for exchanging documents).
 - SECTION: Custody Disputes
RESPONSE: I agree not to involve the Clinic therapists, supervisors, or records in custody disputes.
 - SECTION: Session Fee Agreement
RESPONSE: I agree to pay for services at \$30.00 a session.
 - SECTION: By checking this box, you indicate that you have read this information, understand and agrees.
RESPONSE: Yes
 - SECTION: If you are filling out this form on behalf of someone under the age of 18 or who is legally incapable of authorizing services on their own behalf, please check the box above and type your name into this box below.
RESPONSE: I
- Adult Consent to Participate in Research** [07/11/2023 9:15 AM]
 - SECTION: Consent #1: We would like your permission to analyze your Clinic written and electronic records for research purposes under future IRB approval. Please select the button to indicate your choice.
RESPONSE: I agree to allow my written and electronic records to be analyzed in research
 - SECTION: Consent #2: We would like your permission to analyze video recordings of your services at a future date for research purposes under future IRB approved protocols. Please select the button to indicate your choice.
RESPONSE: I agree to allow video recordings of services received to be analyzed in research
 - SECTION: Consent #3: We would like your permission to contact you in the future about research studies. Please select the button to indicate your choice.
RESPONSE: I agree to be contacted in the future about research studies
- Good Faith Estimate (v21.1)** [07/11/2023 9:15 AM]
 - SECTION: By checking this box, you indicate that you have read and understand the Good Faith Estimate.
RESPONSE: Yes

Below this, the same structure is shown for "Bobby John - Consents Complete [07/11/2023 9:20 AM]".

Case Notes Numbers

2	Days since last case note
5	Number of case notes written
2	Number of case notes needed to be signed by therapist
5	Number of case notes needed to be signed by supervisor

Client Contact Log

No contact history.

Alerts

Date	User	From	Client(s)	Task
01/13/2023	Supervisor, SocialWork	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (11/16/2022)
01/13/2023	Supervisor, SocialWork	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (01/13/2023)
01/13/2023	Supervisor, SocialWork	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Treatment Plan (01/13/2023)
06/09/2023	Department, Dave	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (11/16/2022)
06/09/2023	Department, Dave	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (01/13/2023)
06/09/2023	Department, Dave	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Treatment Plan (01/13/2023)
09/06/2023	admin, sys	CMS	Doe, Jane John, Bobby	Sign: Case #536 - Case Notes (06/09/2023)
09/06/2023	admin, sys	CMS	Doe, Jane John, Bobby	Sign: Case #536 - Case Notes (07/11/2023)
09/11/2023	Brousseau, Stephen	CMS	Doe, Jane John, Bobby	Sign: Case #536 - Treatment Summary (09/11/2023)
09/11/2023	admin, sys	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (09/11/2023)

Audit Comments

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20. **“Messages” tab.** Use this to communicate with other CMS users confidentially about clients. These messages are not part 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.

Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

Alerts

Messages

Sent Messages

New Message

Cases

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

Received Messages

User Messages

You currently have no user messages.

Phone Messages

You currently have no phone messages.

Clinic Announcement

There are no current announcements.

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts

Messages

Sent Messages

New Message

Cases

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

New Message

You may send a message to as many CMS users as you choose. Simply search for the user and click "SELECT" after choosing their name in the drop down list. The person will be added to the "Send Messages To" list. Repeat this process as many times as needed.

Search & Select Users

Department Search Name Search

Send Message To

Subject

Message

Send

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

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts

Messages

Cases

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

User List

Filter

Name Search User Type Department Show Images Filter

Account, Demo		dave@utahproduce.com	ID: 208
admin, sys	Flex User - Change permissions Provo, UT	(home) 8017124966(cell) david.fawcett@byu.edu	ID: 261
Allen, Whitney		whitneyallen722@gmail.com	ID: 250
Auditor, Test			ID: 184
Auto. Therapist SWK 555 422-9876	Test Test #2 City, OR 78458	7384921045 (home) 9950493784(cell) test@email.com	ID: 148
Barley, Dean		david.fawcett@byu.edu	ID: 211

22. **Reports tab –**
- Client list – a list of your clients with contact info

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts Messages Cases Users Audit Summary

Reports Client List Therapist Report Clients Last Visit Therapy Hours

AR eClinic Search FAQ

Client List Report

Filter

Last Name	First Name	Medical Record	Address	Phone	Therapist(s)	Dept(s)	Supervisor(s)
Ana	Smith	362		(222) 222-2222	Brousseau Stephen	MFT	admin, sys
Doe	Jane	403	111 bulldog boulevard provo	(801) 222-4443 Cell	Brousseau Stephen	MFT	admin, sys
Doe	John	1	123 Fake Street Anytown	(801) 654-8525 Cell	Brousseau Stephen	MFT	admin, sys
Joe	Smith	354	100 N 200 E Sandy	(222) 222-2222 Cell	Brousseau Stephen	MFT	admin, sys
John	Bobby	412	Nowhere boulevard Salem	801801801	Brousseau Stephen	MFT	admin, sys
Rye	Leaf	416	123 Rye Stree Rye City	(801) 766-2742 Cell	Brousseau Stephen	MFT	admin, sys
Smith	Jenny	391			Brousseau Stephen	MFT	admin, sys
Smith	John	390	123 Mile Street Provo	(801) 123-4567 Cell	Brousseau Stephen	MFT	admin, sys

8 Clients for 8 Cases

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- 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.

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts Messages Cases Users Audit Summary

Reports Client List Therapist Report Clients Last Visit Therapy Hours

AR eClinic Search FAQ

Therapist Report

Filter

Case Status Type

Date From 09/05/2023 To 09/13/2023 Filter

Total: 1
Dates: 09/05/2023 to 09/13/2023

Therapist	Case Created										Activity During Dates											
	Cases	Average Days to First Contact	Number Not Contacted	Average Days from Third Case Note to Treatment Plan Signed	Number without Treatment Plans	Number of Cases without Sessions	Number of Drop Outs	Average Sessions of Terminated Cases	Number of Early Termination Cases	Active Cases with More Than 24 Sessions	Active Cases Without Contact for 4 Weeks	Cases	Case Notes	Average Days to Sign Case Notes	Number of Case Notes Not Signed	Average Days Between Sessions	Appointments Scheduled	Number of No Shows	Total Balance Due	Number of Clients with Balance	Average Session Fee	Number of Last Minute Session
Brousseau, Stephen	0	-	0	-	0	0	0	0	0	0	0	1	1	0	0	-	1	0	\$0.00	0	\$0.00	0
Totals:	0	-	0	-	0	0	0	0	0	0	0	1	1	0	0	-	1	0	\$0.00	0	\$0.00	0

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

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts Messages Cases Users Audit Summary

Reports Client List Therapist Report Clients Last Visit Therapy Hours

AR eClinic Search FAQ

Client's Last Visit

Filter

Clients Name	Therapist	Supervisor	Therapy Type	Date of Last Session	Days Since Last Session
Joe, Smith	Brousseau, Stephen	admin, sys	Couple		
Ana, Smith	Brousseau, Stephen	admin, sys	Individual	09/11/2023	2
Doe, Jane	Brousseau, Stephen	admin, sys	Individual	03/08/2023	189
Doe, John	Brousseau, Stephen	admin, sys	Couple		
Joe, Smith	Brousseau, Stephen	admin, sys	Individual	09/11/2023	2
Ana, Smith	Brousseau, Stephen	admin, sys	Individual		
Doe, Jane	Brousseau, Stephen	admin, sys	Individual	09/11/2023	2
John, Bobby	Brousseau, Stephen	admin, sys	Individual		
Rye, Leaf	Brousseau, Stephen	admin, sys	Couple	05/26/2022	383
Smith, John	Brousseau, Stephen	admin, sys	Couple	04/02/2021	894
Smith, Jenny	Brousseau, Stephen	admin, sys	Couple	04/02/2021	894

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

Therapist Therapy Hours

Filter: Date From 08/14/2023 To 09/13/2023

Last Name	First Name	Therapy Type	Total Hours	Telehealth Hours	In Person Hours	Unknown Hours
TOTAL:			0.00	0.00	0.00	0.00

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

Client AR Summary

Filter: Found: 3

	First Name	Last Name	DOB	Address	City	Phone	Email	Balance
View	John	Doe	08/06/1990	123 Fake Street	Anytown	(801) 654-6525	test@fake.com	\$150.00
View	Jane	Doe	11/07/1996	111 building boulevard	provo	(801) 222-4443	janedoe@aol.com	\$90.00
View	John	Smith	02/25/1987	123 Mile Street	Provo	(801) 123-4567		\$15.00

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f. **The eClinic Scheduler** tab shows what rooms are scheduled

eClinic Scheduler

Thursday, September 14, 2023

September 2023

Second Floor

Go to Today

	227	231	235	239	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															
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3:00															
3:30															
4:00															
4:30															
5:00															
5:30															
6:00															
6:30															
7:00															
7:30															
8:00															
8:30															

23. **The search box** 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.

Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

John Smith - Case #526

Request Termination

Client Names: Smith, John B; Smith, Jenny

Case Status: Active

Billing

Case Fee \$ 15.00 Bill To John Smith Update

Case Balance Total: \$15.00

Assignments

Department(s): MFT Supervisor(s): admin. sys Therapist(s): Brousseau, Stephen

Late cancellations (MFT)

The MFT program is utilizing a late cancellation and no-show billing policy. 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. 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

Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

Paperwork List

September 2023 Wednesday September 13, 2023 11:46:22 AM

Therapist	Client Name	Arrived	Tasks	Notes	Room	Administered
Stephen Brousseau Cancel and Bill	Leaf Rye Print		Clinical Agreement MFT (v21.1) Adult Consent for Research Good Faith Estimate (v23.1)	Therapist: Reception:	265	No

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Then clicking on the Cancel and Bill button for the session

12:00 PM

Therapist

Stephen Brousseau

Cancel and Bill

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 K: 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 interact 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

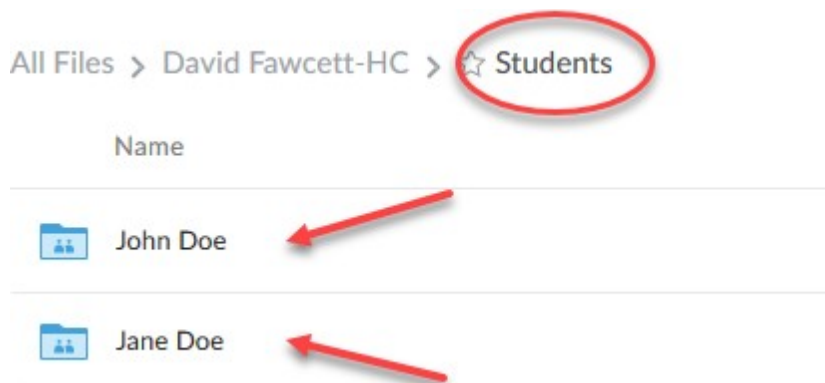
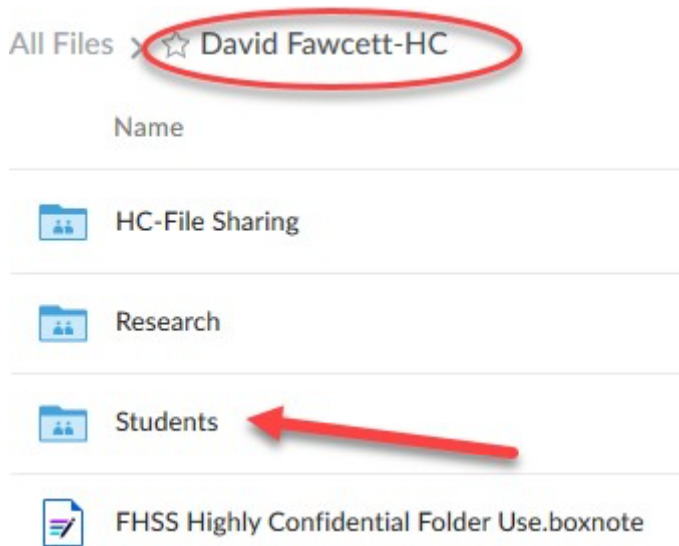
With students and other collaborators frequently rotating, it is important to periodically audit the sharing settings in all folders. It is recommended that at least once per semester, sub-folders in the –HC Box folder be reviewed and collaborators who are no longer on a project, or who no longer need 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:

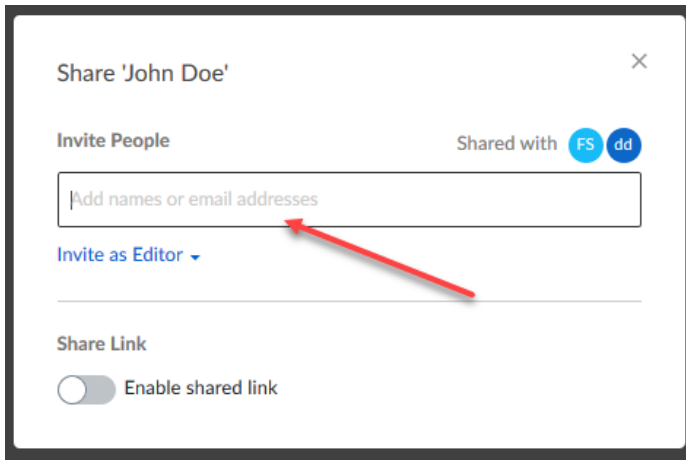
Create a folder for all students

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.



Share 'John Doe' ×

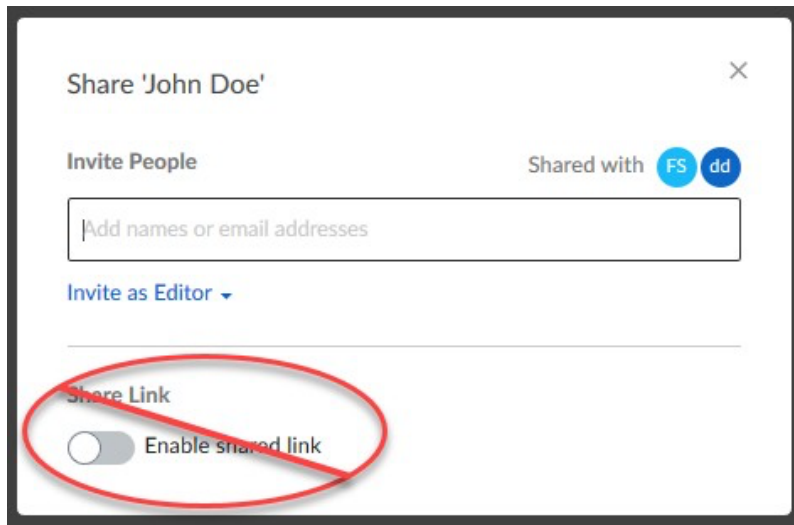
Invite People Shared with FS dd

Invite as Editor ▾

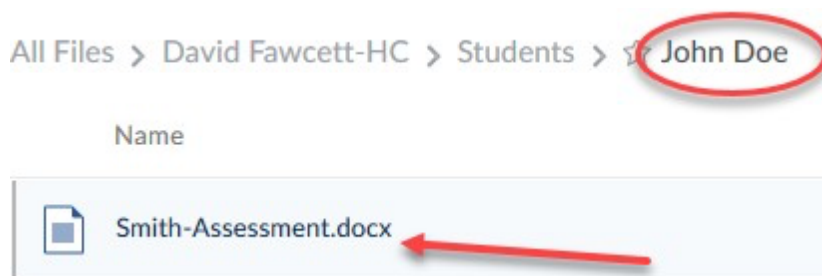
Share Link

☐ Enable shared link

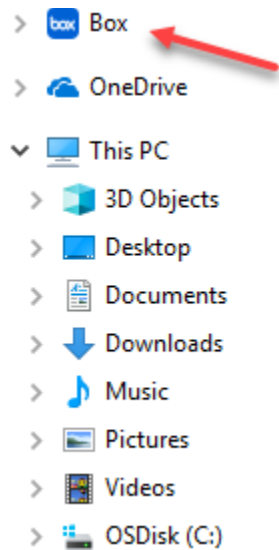
Do NOT set the Enable shared link option in any –HC folder. Enabling the shared link option allows anyone with the link to access that folder or file. It is a potential security issue. Only share –HC files and folders with specified people. Use student BYU email addresses.



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 CMS 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 CMS .



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.

Teletherapy session recordings are also stored in a Box-HC folder, however, these HC folders will be assigned to you through the clinic.

Please see the Comprehensive Clinic teletherapy manual for additional information and reach out to David Fawcett to ensure this is set up properly.

Appendix L: Telehealth Training Checklist

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. Read [BYU Clinic Manual for Telemental Health](#)
- ☐ 3. Review [BYU Plan for Teletherapy.](#)
- ☐ 4. Review the [Informed Consent form for the BYU Comprehensive Clinic](#)
- ☐ 5. Read [AAMFT Best Practices for Online Therapy](#)
- ☐ 6. Review [Directions for Administering PRN via Email](#)
- ☐ 7. Watch Modules, 1, 2 and 3 of the [APA Teletherapy Best Practice Training](#)
- ☐ _____ **Please note, this is about 6 hours of video content. [Cliff Notes](#)*

Answer the following questions briefly:

- ☐ What system(s) will you utilize to record sessions?
- ☐ How will you ensure client has completed relevant intake paperwork for the clinic and PRN?
- ☐ How will you collect client payment?
- ☐ How will you confirm client identity and location before starting telehealth?
- ☐ What steps will you take to maintain HIPAA compliance during sessions?
- ☐ How will you handle technology failures during a session?

- ☐ What is your plan for emergency situations during telehealth?
- ☐ In what location(s) will you conduct telehealth as a student?

Submit this document during MFT 625 your first semester via LearningSuite as an assignment. <mailto: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 M: Student Self-Evaluation Form

[Semi-Annual Student Evaluation Form](#)

Appendix N: Advanced Practical Experience Component (APEC) Plan Form

Advanced Practical Experience Component Plan Form

The Advanced Practical Experience Component (APEC) of the doctoral education is a mentored experience that lasts a minimum of 9 months with a focus on at least TWO of the areas listed below. Students generally complete this experience during their third or fourth year in the program as part of the 18-credit Area of Specialization. The experience must be approved by the major advisor and mentors. In addition, if an off-site internship is included in the plan, the student must also complete the Doctoral Internship Proposal form. The plan and all required forms and signatures must be in place before the start date of the experience.

APEC Area	Description of Experience & Expected Outcomes or Deliverables	Proposed Dates (9 month minimum)		Mentor for the Experience
Advanced Research				
Grant Writing				
Teaching				
Supervision				
Clinical Theory				
Clinical Practice/Innovation				
Program Development				
Leadership				
Policy				

Student:

Signature

Mentor:

Signature

Advisor:

Signature

Mentor:

Signature

*Additional mentor signatures are only needed if the Advisor is not serving as the mentor for the experience

Appendix O: Travel Authorization Forms

Before planning any university related travel, please first consult with your advisory chair and communicate your travel plans with the graduate coordinator, Terri Robertson. Please be advised that students need to pay for travel expenses (e.g., conference registration, flights, hotel, etc.) beforehand and plan to be reimbursed upon returning.

In this section you will find:

Travel Authorization – Travel Expenses

Travel Authorization – Airfare Only

BYU School of Family Life

Travel Authorization Request Form and Estimates

Name:

Email:

Complete Mailing Address:

Trip Purpose:

Phone Number:

Dates of Travel: Departure:

Return:

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

If yes, please list dates and purpose:

Flight/Airfare \$

Destination

Hotel/Lodging: \$

Ground Transportation: Public Transportation ☐ Shared Ride ☐ Rental Car ☐

Meals (Please Indicate which meals you will be needing)

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

Other Expenses including cost:

IMPORTANT: You must book with BYU travel. When Authorization is approved you will be notified and receive BYU travel information to make your reservation.

For faculty to complete

Account paying for trip expenses

Please select correct option for trip expenses

SE000 Not Applicable ☐ SE002 Research - Basic ☐ SE003 Research - Applied ☐ SE004 Research - Directed ☐

BYU School of Family Life

Travel Authorization Request Form and Estimates

Name:

Email:

Complete Address:

Phone Number:

Trip Purpose:

Dates of Travel: Departure:

Return:

Is Personal Time Included with this Trip? Yes ☐ No

If yes, please list dates and purpose:

Attending conference? Yes ☐ No ☐

Departing Flight/Airport:

Return Flight/Airport:

Approximate Roundtrip Airfare Cost:

IMPORTANT: You must book with BYU travel. When Authorization is approved you will be notified and receive BYU travel information to make your reservation.

For faculty to complete

Account paying for trip expenses

Appendix P: MFT Doctoral Student Training Fund Application

MFT Doctoral Student Training Fund Application (\$1,000)

Student Information

- Full Name:
- BYU ID (or Student ID):
- Email Address:
- Phone Number:
- Current Year in Program (e.g., 1st, 2nd, etc.):
- Semester & Year Entered Program:
- Faculty Advisor:

Training Information

- Title of Training / Workshop / Conference:
- Type of Training:
 - ☐ Clinical Training
 - ☐ Research Training
 - ☐ Other (please specify):
- Sponsoring Organization / Provider:
- Location (City/State or Virtual):
- Training Dates:

Funding Request

- Total Cost of Training: \$
- Amount Requested (up to \$1,000): \$
- Budget Breakdown:
(e.g., registration, travel, lodging, materials)
 - Registration: \$
 - Travel: \$
 - Lodging: \$
 - Other: \$
- Other Funding Sources (if applicable):

Proposal Narrative

1. Description of Training (150–300 words)

- What is the training?
- What specific skills or knowledge will it provide?

2. Rationale & Alignment with Program of Study (250–400 words)

- How does this training support your clinical and/or research development?
- How does it align with your dissertation, clinical focus, or career goals?
- Why is this training particularly beneficial *at this stage* in your program?

3. Anticipated Outcomes (150–300 words)

- What specific competencies or outcomes do you expect to gain?
- How will this training have an impact on your future work (clinical, research, teaching)?

Dissemination & Contribution Plan

As a condition of funding, recipients agree to share knowledge gained.

If you are a recipient of advanced research or clinical training, plan to enroll in MFT 753 for the soonest term it is offered following the completion of your training. You will be expected to adapt what you have learned to present

clinically applicable information in a 1-hour presentation to other students in the context of the MFT 753 course. This can count as an elective in your program of study.

Advisor Support

- Advisor Name:
- Advisor Approval (signature or email confirmation):

Optional (recommended):

- Advisor comments on the value of this training:

Agreement & Acknowledgment

By submitting this application, I agree to the following:

- Funds will be used solely for the approved training activity.
- I will attend and complete the training in full as described.
- I will provide proof of attendance (e.g., receipt, certificate).
- I will complete a guest presentation for MS students in the designated term.
- If I am unable to fulfill these obligations, I will notify the program immediately.

Student Signature: _____

Date: _____

Appendix Q: Clinical Supervision Agreement

Clinical Supervision Agreement

This Clinical Supervision Agreement (“Agreement”) is entered into between the clinical supervisor identified below (“Supervisor”) and the student identified below (“Student” or “you”) for the purpose of documenting clinical supervision provided in the Marriage and Family Therapy (“MFT”) doctoral training program at Brigham Young University (“BYU”). The Agreement is effective from [date] to [date].

Clinical Supervisor

Name: _____

Credentials: _____

(e.g., PhD, Licensed MFT, AAMFT Approved Supervisor)

Phone: _____

Student: _____

1.0 Clinical Supervision

The purpose of clinical supervision is to support the development of competent, ethical, and effective marriage and family therapists through ongoing review of clinical work, clinical decision-making, professional development, and adherence to ethical and legal standards. Throughout your clinical work, you will have consistent access to your Supervisor, who meets state requirements to provide clinical supervision, as provided in this Agreement.

1.1 Access to Supervisor

Supervision will occur throughout the semester in accordance with the course schedule and applicable university policies, accreditation standards, and applicable Utah licensure requirements. Your Supervisor will be reasonably available to you for consultation regarding clinical issues arising within the scope of your practicum or internship. You will meet with your Supervisor at least weekly if you work full-time (standard 40-hour work week) or at least twice each month if you work part-time. Each meeting will last at least 50 minutes. The ratio of supervision hours to clinical hours and supervision hours must be 1:10 or higher. Scheduled meetings may occur in group, dyadic or individual format. Please refer to your MFT 755R syllabus schedule. Between scheduled meetings, you must promptly communicate with your Supervisor regarding significant clinical concerns, ethical questions, client safety issues, or other matters requiring supervisory consultation.

1.2 Supervision Format

Clinical supervision will primarily occur in person, although occasionally remote supervision may be necessary. Supervision may be provided in one or more of the following formats: individual or dyadic supervision, group supervision (less than 6 supervisees), and/or live supervision watching a live session.

Remote supervision must be conducted through your secure BYU Zoom account. This may include your Supervisor watching your Zoom session live or discussing cases over Zoom with you.

Supervision pertains to your clinical work completed as part of your approved practicum and/or internship experiences within the MFT training program. Supervision may include review of live clinical work, audio/video recordings, case documentation, treatment planning, systemic case conceptualization, ethical decision-making, professional development, and other clinical competencies.

Students must make recordings or other clinical materials available to your Supervisor upon request for training, competency evaluation, and licensure documentation purposes. It is your responsibility to satisfy direct observation requirements established by university policy or Utah licensure regulations, including current guidelines of accruing at least 25 hours of direct live observation.

Any audio or video recordings used for supervision must be maintained and stored in accordance with university policy, HIPAA requirements, and applicable clinic procedures. Recordings may not be downloaded, copied, shared, or stored on unauthorized devices or platforms

1.3 Clinical Supervision Hour Review

Supervision hours must be documented at least every three months on an ongoing basis. Students must submit clinical and supervision hours using the MFT program's hour-recording forms for review and supervisor signature according to the following schedule: mid-semester during the Fall and Winter Semesters; at the end of the Fall and Winter Semesters; at the end of the Spring term; and at the end of the Summer term. If the supervisory relationship terminates before completion of the Agreement, supervision hours will be reviewed and signed through the date supervision ended.

As a reminder, students must sign and submit a new Clinical Supervision Form to Utah Division of Professional Licensing ("DOPL") and the MFT Program before additional hours are accrued under a different supervisor. DOPL must be informed if a supervisor changes. The MFT program director may be your supervisor of record for hours accrued in the Comprehensive Clinic while enrolled in MFT 755R, however, the clinical supervision form must be signed and reviewed by DOPL before students accrue any hours. Please note, supervisor review and signature of supervisor and clinical hour documentation do not guarantee acceptance of hours toward licensure. Final determination regarding qualifying experience, supervision hours, and eligibility for licensure rests solely with the DOPL.

1.4 Non-Qualifying Clinical Experience and Supervision Hours

Your Supervisor will sign only hours completed in compliance with this Agreement, university policy, and applicable Utah law. Examples of circumstances in which clinical experience or supervision hours may not qualify toward Utah licensure include:

- experience obtained outside a qualifying clinical setting;
- experience accrued while not appropriately licensed or supervised;
- failure to meet required supervision frequency or documentation requirements;
- activities that do not qualify as direct mental health therapy or approved indirect clinical experience under Utah law and rule;
- practice outside your scope of practice; or
- other circumstances in which the experience does not comply with applicable Utah statutes, administrative rules, or DOPL requirements.

2.0 Learning Objectives, Progress Goals, and Supervisor Expectations

Your learning objectives, competency expectations, progress goals, and your Supervisor's expectations are set forth in the course syllabus for *Advanced Practicum in Marriage and Family Therapy* ("Syllabus") and the *Marriage and Family Therapy Doctoral Program's Clinical Competency Standards*, which are incorporated into this Agreement by reference.

3.0 Communication Plan

3.1 Competency Form

Supervision will take place as set forth in the supervision schedule set forth in the *Syllabus*, and your progress will be documented through the Competency Form.

3.2 Emergency Contact

Students must contact your Supervisor as soon as practicable, and no later than the same business day, regarding:

- client safety concerns, including suicidal or homicidal risk;
- reports or suspicions of abuse, neglect, or exploitation;
- psychiatric hospitalization or other clinical emergencies;
- ethical concerns or potential violations of professional standards;
- threats of legal action, complaints, or subpoenas; and
- any other circumstance that may significantly affect client welfare or professional liability.

If an urgent clinical issue, client safety concern, ethical question, or other matter requiring immediate supervisory consultation arises, contact the next available individual in the following order until you reach someone who can provide guidance:

1. Your assigned Supervisor.
2. Dr. Lauren Barnes, director of clinical training, (801)422-3889.
3. Dr. Alyssa Witting, program director, (801)422-3646.
4. Dr. Dave Fawcett, clinic director, (801)422-7818.
5. Dr. Mallory Jackson, associate clinical director, (801)422-0611.
6. Your graduate advisor.
7. Any MFT faculty member.

4.0 Evaluation

Your Supervisor will provide ongoing formative and summative feedback regarding your clinical competence, ethical practice, professionalism, and readiness for continued clinical work.

4.1 Performance Standards

Your performance will be evaluated according to the expectations outlined in the *Syllabus* and the program's *Clinical Competency Standards*, which are incorporated by reference. Competency concerns may result in the development of a remediation plan, additional supervision requirements, modification of clinical responsibilities, or other actions consistent with university policy. Continued deficiencies in clinical competence, professionalism, or ethical conduct may affect practicum standing, course grades, clinical assignments, or progression within the program.

4.2 Fitness for Clinical Practice

Clinical supervision is not personal therapy. At times, personal circumstances, emotional concerns, health conditions, or other factors may affect professional functioning. If your Supervisor determines that personal factors may substantially interfere with competent clinical practice, you may be required to pursue additional training, consultation, personal therapy, reduced clinical responsibilities, remediation activities, or other interventions reasonably necessary to protect clients and support professional development.

5.0 Responsibilities

5.1 Supervisor Responsibilities

Your Supervisor is responsible for:

- providing clinical supervision consistent with university policies, applicable Utah law, and professional standards; and

- complying with the Commission on Accreditation for Marriage and Family Therapy Education accreditation standards, applicable ethical codes, and Utah licensure requirements.
- Maintaining supervisory credentialing within the state of Utah and AAMFT

5.2 Student Responsibilities

You are responsible for:

- actively participating in supervision;
- preparing clinical material for supervision;
- practicing within the scope of your training and competence;
- adhering to applicable ethical, legal, and professional standards;
- maintaining any documentation required for future licensure; and
- complying with any professional liability insurance requirements established by the university, practicum site, internship site, employer, and/or licensing authority.

6.0 Conflict Resolution

6.1 Communication of Concerns

As set forth in the *Marriage and Family Therapy Graduate Program Handbook (Handbook)*, which is incorporated by reference, you should speak directly to the person involved when interpersonal issues arise. If that does not resolve the issue, you should speak with your graduate chair or the program director. You should not discuss interpersonal grievances with peers or others not involved in the issue.

Generally, conflicts regarding clinical guidance are unlikely because the instructor for MFT 755R is a member of the BYU MFT faculty and supervises only clinical work performed in the Comprehensive Clinic. If you receive conflicting clinical guidance from other faculty members, you should defer to the guidance of the MFT 755R instructor. If conflicting clinical recommendations are received from another faculty member, you must promptly notify your Supervisor so the issue may be resolved.

If a significant disagreement regarding supervision, competency evaluation, remediation, or clinical direction cannot be resolved through direct communication, the matter may be reviewed by the Program Director, Director of Clinical Training, or another qualified faculty member designated by the program to assist in resolution.

Academic Grievances are subject to the Student Academic Grievance Policy.

6.2 Breach of Agreement

Either party will be considered in breach of this Agreement if they fail to perform a material obligation required under its terms. If your Supervisor materially breaches this Agreement, you may terminate this Agreement upon written notice, and BYU will assign you a qualified replacement supervisor. If you materially breach this Agreement, the university may terminate this Agreement, and you may be subject to applicable university policies and procedures.

6.3 Supervisor Transition

If the supervisory relationship ends due to graduation, leave of absence, faculty assignment changes, termination of the Agreement, or other circumstances, supervision hours will be documented through the date supervision concludes. The program will make reasonable efforts to assign a qualified replacement supervisor when continued supervision is required.

7.0 Documentation

Enrollment in this course, together with assignment to the Supervisor identified above, documents the supervisory relationship for the duration of the semester. The university maintains records related to course

enrollment and supervision. The *Syllabus* lists and documents the supervision meeting schedule. You are responsible for maintaining accurate records of clinical and supervision hours and for timely submission of required documentation for Supervisor review. Failure to submit required documentation by established deadlines may result in delays in hour verification or approval. You are responsible for retaining any additional documentation that may be required by licensing boards.

8.0 Ethical and Professional Standards

The American Association for Marriage and Family Therapy (“AAMFT”) *Code of Ethics* will apply to this course for your clinical work. You must report any unethical actions or violations of the AAMFT *Code of Ethics* to the MFT 755R instructor, the MFT program director, or the director of clinical training. If you are found to have engaged in any unethical behavior, it will be reported through the DOPL and will result in a failing practicum grade.

9.0 Artificial Intelligence Use

You agree that the use of artificial intelligence (AI) in your clinical practice will comply with all applicable laws; licensing regulations; clinic policies as described in the *Handbook*, which is incorporated by reference; HIPAA requirements; professional ethical standards; and your Supervisor’s directives. The use of AI tools does not replace your independent clinical judgment, decision-making, or professional responsibility for client care.

9.1 Supervision

You agree to:

- Disclose to your Supervisor any AI tools used to support clinical learning, case conceptualization, treatment planning, documentation, or other practicum-related activities.
- Use AI-generated information only as a supplemental educational resource and not as a substitute for supervision or independent clinical reasoning.
- Bring AI-generated recommendations to your Supervisor before incorporating them into clinical practice when appropriate.
- Understand that your Supervisor retains authority regarding the appropriateness of AI use within the practicum setting.

9.2 Administration

University-approved AI tools may be used for administrative tasks (e.g., scheduling communications, formatting documents, creating educational materials, proofreading) only when such use complies with BYU clinical policy and does not involve unauthorized disclosure of protected health information (PHI) or other confidential client information. Identifiable client information may not be entered into publicly available AI platforms.

9.3 Clinical Documentation

You are solely responsible for the accuracy, completeness, and clinical appropriateness of your documentation.

If AI is used to assist with documentation:

- You must personally review, edit, and verify all content prior to inclusion in the clinical record. You must not copy and paste AI-generated text into case notes or treatment planning fields as this creates interference with CMS software used in the comprehensive clinic.
- AI-generated notes, reports, treatment plans, or correspondence may not be copied into the medical record.
- AI-generated content does not replace your professional assessment or documentation responsibilities.

9.4 Best Practices

You agree to:

- Protect client confidentiality and privacy at all times.
- Follow all applicable HIPAA, FERPA (when applicable), state law, agency policy, and professional ethical standards regarding AI use.
- Use only AI applications approved by the MFT 755R instructor when required.
- Recognize that AI systems may generate inaccurate, biased, incomplete, or fabricated information ("hallucinations") and critically evaluate all outputs before use.
- Consult with your Supervisor whenever uncertainty exists regarding appropriate AI use.
- Maintain competence regarding evolving standards and ethical considerations related to AI in behavioral health practice.

You may not use AI to make independent clinical decisions, conduct psychotherapy, communicate directly with clients, generate diagnoses without independent clinical evaluation, or disclose identifiable client information to AI systems.

By signing below, the parties acknowledge that they have reviewed this Clinical Supervision Agreement and agree to comply with its terms.

STUDENT

Signature: _____

Printed Name: _____

Date: _____

SUPERVISOR

Signature: _____

Printed Name: _____

Utah License Type and Number: _____

Date: _____