

CONSENT FOR AUDIO/VIDEO TAPING

Counseling and Psychological Services (CAPS) is a training center for therapists in addition to being a center for individual and group counseling. All trainees are supervised by a licensed psychologist, licensed clinical social worker or marriage and family therapist. To facilitate the learning of trainees and ensure that quality services are being provided to clients, it is our center's policy that trainees record sessions via audio and/or videotape. Since you may be seen for counseling by a therapist in training, we are asking for your permission to record your therapy sessions.

It is your choice whether or not counseling sessions are recorded. The recordings will be used for supervision at CAPS and for no other purpose. After supervision, all recordings will be erased. The recordings may be turned off at any time and you may ask that all or part of the recording be immediately erased. You may also decide, at any time, that you no longer wish to be recorded.

Please feel free to ask any questions about audio/video recording during your initial appointment. We appreciate your willingness to consider participating in this important training program.

- Yes, you have my permission to record my counseling sessions.
- Maybe, I would like to discuss this further with my therapist.
- No, I would like to have today's appointment canceled and this appointment rescheduled for a later date/time.

Signature

Date

INFORMED CONSENT FOR COUNSELING & PSYCHOLOGICAL SERVICES

Welcome to Student Wellness at California State University, Fullerton. This informed consent is intended to give you general information about our Counseling and Psychological Services (CAPS). This is a legal document; please read it carefully before signing. If you have any questions about signing this document and/or would like a copy of this document, please ask your mental health professional.

Eligibility and Fees: Eligibility for services is contingent upon status as an enrolled or continuing California State University, Fullerton student. Enrolled students pay their health fee when they register for classes. Non-enrolled students must pay for services over the Summer if they are not enrolled in Summer Classes. CAPS is not able to keep cases open indefinitely. CAPS reserves the right to close a student's chart if the student does not contact the agency within a two-week period. We strongly encourage students to maintain contact with their providers at CAPS and for them to continue with treatment recommendations. Should students decide to seek treatment elsewhere, we encourage them to notify CAPS so we can provide good continuity of care. Of course, students will be able to receive services if they decide to return to CAPS in the future.

Provision of Services: CAPS offers a variety of clinical services to students including: triage, intake assessment, short term individual counseling, life coaching, couples counseling, psychiatric consultation and treatment, crisis intervention, group counseling, workshops and referrals. Appropriate referrals to community resources will be provided for longer term or intensive treatment or if the treatment recommendation is not within the scope of CAPS ability to provide appropriate treatment.

Intake Interview: All students are scheduled for an initial intake interview with a Counseling and Psychological Services (CAPS) clinician. The purpose of the intake interview is to gather information about a student's concerns, background information, pressures that may impact current problems, and goals for counseling. Frequently, the intake counselor is the person assigned to work with the student in weekly sessions.

Counseling Sessions: The CAPS uses a brief counseling model. Brief counseling has several important features: (a) the focus is on identifying specific and attainable goals, (b) attention is given primarily to the present rather than the

past, and (c) both counselor and client are active in the process. For those who may require more intensive work, CAPS can provide referral options that are available locally. Clients who arrive late for their appointment will have a reduced amount of time in their session or may be required to reschedule.

Ongoing Therapy Session Limits: CAPS provides short-term counseling to discuss any personal concerns students may be facing and works with students to develop new ways of resolving problems. The average college student attends 5-6 sessions an academic year. Students are limited to 10 individual therapy sessions per academic year. Students are guaranteed an intake evaluation once per academic year but are not guaranteed individual therapy. Often student may require more intensive or specialized treatment than CAPS can provide. In that case, the counselor will assist the student in finding a local treatment provider who can better meet the particular needs.

Nature of Counseling: There may be both risks and benefits associated with participation in counseling. Counseling may improve the ability to relate to others, provide a clearer understanding of self, values and goals and increase the ability to deal with everyday stress. Although counseling can be beneficial to many people, it may not be helpful for everyone and it may produce some emotional discomfort due to the nature of the concerns addressed. Therefore, it is essential that you discuss any questions or discomfort you might have with your counselor.

CCMH Statement: Counseling and Psychological Services (CAPS) is a member of the Center for Collegiate Mental Health (CCMH) and utilizes questionnaires designed to improve our services and expand the knowledge about college student mental health. We use these questionnaires to contribute anonymous, numeric data provided by those who use our services (and are 18 years old and older) to a database managed by researchers at Pennsylvania State University. Data is stripped of all personally identifying information and returned to CAPS for statistical analysis.

Because data cannot be linked to specific individuals, there are virtually no risks to contributing data. With your permission, we would like to contribute anonymous, numeric data from the questionnaires you complete. Your decision is voluntary and will not affect the services you receive. If you have any questions or concerns, you may speak with your counselor or contact the CAPS Director.

Confidentiality: CAPS counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. In the interest of providing effective and efficient treatment, CAPS counselors, Health Services providers, Disability Support Services staff and other health providers, may share records and communicate about your treatment to provide optimal care. Administrators, medical records and support staff have access to records on a

strict need to know basis in order to perform job responsibilities. Medical and mental health information is documented in a shared electronic medical record to facilitate integrated and coordinated care.

No records or information will be released from Student Wellness without written consent, except under circumstances mandated by law. Legally mandated exceptions may include but are not limited to:

- Reasonable suspicion that a client presents a danger or harm to self, others, or property
- Reasonable suspicion, observation or knowledge of abuse or neglect of a child
- Sexual exploitation of a minor (note: in CA, this includes intentional access to unlawful sexual images)
- Reasonable suspicion or observation of abuse or neglect of an elderly person, or dependent adult.
- Valid subpoena issued for records, or records otherwise subject to a court order or other legal process requiring disclosure.
- Mental health issues raised by you or your attorney in a criminal or civil action, or when there is a suspicion of terrorism or special circumstances required by law.
- If CAPS staff is informed in writing about an allegation of sexual abuse or sexual misconduct (defined below) which is perpetrated by a licensed professional (see list below) CAPS is required to report this information to the appropriate state licensing agency.
 - “Sexual misconduct” means inappropriate contact or communication of a sexual nature.
 - Licensing Agencies included are: The Medical Board of California, the Podiatric Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, and the Physician Assistant Board.

Confidentiality in Emergency Situations: Records are confidential and will not leave CAPS unless there is an emergency situation. We will not answer questions about any client from parents, family, friends, significant other, professors, employer or anyone else outside of the CAPS staff.

Parents, guardians, and/or emergency contacts are not contacted unless we have permission from the client or if there is a risk to the client's or others safety (ie: suicide risk/attempt, emergency room evaluation and/or a threat to themselves or others.) If there is a risk, information may only be shared that aids in obtaining ongoing care and ensuring safety.

CAPS also reserves the right to share confidential information with the Vice President of Student Affairs office staff, University Police officers, and the Dean of Students office staff. This is especially true if there is a risk to the student, the campus community, and/or the student is referred to CAPS for a threat assessment. The results of threat assessments that are completed by this office will be shared with Vice President of Student Affairs office staff, University Police officers, and the Dean of Students' office staff.

No Show and Attendance Policy: CAPS requires a 4-hour appointment cancellation policy, which requires canceling or rescheduling an appointment at least 4 hours ahead of the scheduled time to avoid a no show/late cancellation fee of \$20.00. A missed or cancelled appointment may count towards the allotted maximum number of sessions. There is a very high demand for CAPS services and non-cancelled appointments translate into missed opportunities for other students in need of timely services. If you no show or cancel your appointment two times, you may lose your privilege of seeing a counselor and/or psychiatrist at CAPS and will be provided several outside referral sources to continue your counseling and psychiatric services. This policy reflects CAPS desire to benefit as many students as possible. Please clarify this policy with your counselor.

Supervised Clinical Staff: Some services are provided by interns, trainees, graduate students, and other non-licensed staff. Notification will be given if treatment or services is provided by a non- licensed clinician, as well as the clinical supervisor who is supervising that clinician. You may request to receive services by a licensed clinician.

Medical Withdrawals, Dropping Classes, Disability Evaluations, Fitness for Duty and Financial Aid Appeal Requests: Counselors do not grant or evaluate medical withdrawals, disability evaluations or fitness for duty evaluations, but may provide documentation or verify treatment under very specific circumstances. Additionally, counselors cannot adequately document psychological distress (or other issues) unless a student has been in treatment at CAPS. Therefore, documentation or a letter from a counselor to support a withdrawal, class drop or

other request will not be provided to students who have not received previous services at CAPS. While CAPS may not be able to directly accommodate all requests, CAPS may be available to provide support during this difficult process. CAPS does not provide mandatory counseling services nor provide verification of therapy hours for class requirements.

Records: Records are stored electronically and include the information you provided and information about any interactions (individual/group counseling, phone calls, consultation, emails, etc.) with CAPS. This information is only accessible within Student Wellness and is protected by multiple security measures. All Student Wellness employees sign confidentiality agreements. This information is separate from your academic records.

Communication: CAPS may contact you by phone, text, email, patient health portal, voicemail, or letter as needed at the listed telephone number and/or address to follow up on care, provide a reminder of an appointment or to relay other relevant information. CAPS does not use e-mail to initiate therapeutic conversations, as e-mail is not considered confidential. Your e-mail address will be used for scheduling purposes and client feedback surveys only. If you have concerns or questions regarding communication, please ask to speak with a staff member.

Client Rights

- Review credentials of all CAPS staff members including but not limited to: education, experience and professional counseling certification and licensure(s).
- Terminate the counseling relationship at any time
- Have your conversations treated confidentially and be informed of any limitations on confidentiality in the counseling relationship.
- Ask questions about the counseling techniques and strategies used by a counselor
- Participate in setting goals and evaluating progress toward them

Client Responsibilities

- Please arrive on time for your counseling session appointment
- If unable to keep an appointment call our office to cancel at least 4 hours in advance.
- Actively participate in counseling by asking questions and staying involved

Contact Information:

Phone: _____ E-mail: _____

Address: _____

Emergency Procedure: Call 911 for an EMERGENCY or go to the nearest hospital. Should an urgent situation arise, CAPS triage clinicians are available during regular hours of operation to assist you face to face or by phone any time after 5 p.m. In the event that an emergency or urgent situation occurs you can also call:

- **CAPS After Hours Number** 657-278-3040
- **Crisis Text Line:** Text “Home” to 741-741
- **National Suicide Hotline:** 1-800-273-TALK (8255)

In case of an emergency or urgent situation, I understand that my emergency contact person may be notified:

If there are any concerns with CAPS that you cannot discuss with your counselor, please contact the Director of CAPS at 657-278-3040

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

I acknowledge that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of CAPS. I hereby give my consent to authorize CAPS to evaluate, treat, and/or refer me to others as needed. I have had the opportunity to discuss any questions regarding the above information.

Student Signature

Date

Student Name (PLEASE PRINT)

CWID

Date of Birth



Temporary TeleHealth Informed Consent Form

I _____ (name of client) hereby consent to engaging in telehealth with a psychological and/or psychiatric provider at Counseling and Psychological Services at California State University, Fullerton. I understand that "telehealth" includes the practice of education, goal setting, accountability, referral to resources, problem solving, skills training, case management, psychiatric treatment, and help with decision making. Temporary telehealth services are being utilized due to current pandemic related to COVID – 19. Temporary Telehealth psychological and/or psychiatric services may include psychological/psychiatric health care delivery, diagnosis, consultation, and psychotherapeutic/ psychiatric treatment. Temporary Telehealth psychological and/or psychiatric services will occur primarily through interactive audio, video, telephone, email, instant messaging, and/or other data communications. CAPS reserves the right to change its service delivery model in response to updated information, including state and national directives.

I understand and agree to the following with respect to telehealth:

- (1) For a CSUF student to receive telehealth services, they must be physically located in the state of California where the telehealth provider is licensed *at the time of the appointment*. Telehealth service may not be provided in interstate and international jurisdictions.
- (2) I understand that there are risks and consequences from telehealth, including but not limited to, the possibility, despite reasonable efforts on the part of the psychological counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons.
- (3) I understand that I may benefit from telehealth psychological counseling, but that results cannot be guaranteed or assured.
- (4) I am responsible for finding a private location where the sessions may be conducted.

In addition, I understand that Temporary Telehealth based services and care is an alternative form of treatment and may involve limitations described above. I also understand that if my provider believes I would be better served by another form of intervention, I will be referred to a mental health professional who can provide such services in my area.



CALIFORNIA STATE UNIVERSITY, FULLERTON

Division of Student Affairs

Student Wellness / Counseling and Psychological Services

800 N. State College Blvd., Fullerton, CA 92831-6830 / T 657-278-3040 / F 657-278-2971

Finally, I understand that there are potential risks and benefits associated with any form of counseling/ psychiatric treatment, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even get worse.

- If I am in crisis or in an emergency I should immediately call 9-1-1 or seek help from a hospital or crisis oriented health care facility in my immediate area.
- I acknowledge I have been told that if I feel suicidal I am to call:
 - 9-1-1
 - National Suicide Hotline Toll-Free Number at 1-800-784-2433
 - CAPS Crisis Number 657-278-3040
 - Crisis Text Line Text “home” to 741-741

Signature of client: _____ Client Name: _____

CWID: _____ Date: _____

THE CALIFORNIA STATE UNIVERSITY

Bakersfield / Channel Islands / Chico / Dominguez Hills / East Bay / Fresno / Fullerton / Humboldt / Long Beach / Los Angeles / Maritime Academy
Monterey Bay / Northridge / Pomona / Sacramento / San Bernardino / San Diego / San Francisco / San Jose / San Luis Obispo / San Marcos / Sonoma / Stanislaus

PRIVACY PRACTICES NOTICE

This Privacy Practices Notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Welcome to Student Wellness at California State University, Fullerton (CSUF). The departments that comprise Student Wellness are Counseling and Psychological Services (CAPS), Health Services (HS), and Titan Well (TW) Health Promotion Services. We are staffed by a team of medical and mental health professionals to assist you in addressing your access, physical and mental health concerns. In order to provide you with the highest quality of care and services, Student Wellness utilizes an integrated treatment approach. Our multi-disciplinary team of clinicians works collaboratively to optimize your wellness through seamless prevention and intervention. In the interest of providing effective and efficient treatment, the following CSUF departments may share records and communicate about your treatment to provide optimal care: Counseling and Psychological Services providers, Health Services providers, and Disability Support Services staff. Student Wellness values the privacy of its patients and the confidentiality of the personal and health information entrusted to us. In order to protect your personal health information, we have policies and procedures regarding disclosing your Personal Health Information (PHI).

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<p>Get an electronic or paper copy of your health records</p>	<ul style="list-style-type: none"> ▪ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ▪ We will provide a copy or a summary of your health and claims records, usually within 10 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct your medical records</p>	<ul style="list-style-type: none"> ▪ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ▪ We may say "no" to your request, but we'll tell you why in writing within 60 days.

	<ul style="list-style-type: none"> You can request amendments; but not deletions from your record.
Inspect and obtain a copy of mental health records	<ul style="list-style-type: none"> You can ask to inspect and obtain a copy of your mental health records with exceptions. Psychotherapy notes are not released and records may be withheld from inspection in compliance with state laws and instances of safety concerns. We will provide a response to the request within 15 days and the request must be in writing. You can request amendments; but not deletions from your record.
Restrictions of Disclosure to Insurers	<ul style="list-style-type: none"> If you pay out-of-pocket in full for the healthcare service, you may restrict information provided to the insurer. This request must be in writing.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the

	<p>notice electronically. We will provide you with a paper copy promptly.</p>
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> ▪ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ▪ We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> ▪ You can complain if you feel we have violated your rights by contacting: <p>Student Health Director California State University, Fullerton Student Wellness 800 N. State College Blvd. Fullerton, CA 92831-6830 (657) 278-2800</p> <p>Counseling & Psychological Services Director California State University, Fullerton Student Wellness 800 N. State College Blvd. Fullerton, CA 92831-6830 (657) 278-3040</p> <p>Board of Behavioral Sciences 1625 North Market Blvd., Suite S200 Sacramento, CA 95834 (916) 574-7830 www.bbs.ca.gov</p> <p>Medical Board of California Central Complaint Unit 2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 (916) 263-2382 www.mbc.ca.gov</p> <p>Board of Psychology 1625 North Market Street, Suite N-215 Sacramento, CA 95834</p>

(916) 574-7720
www.psychology.ca.gov

Board of Registered Nursing
Attn: Complaint Intake
PO Box 944210
Sacramento, CA 94244-2100
(916) 557-1213
www.rn.ca.gov

Board of Vocational Nursing & Psychiatric Technicians
2535 Capital Oaks Drive Suite 205
Sacramento, CA 95833
(916) 263-7827
www.bvnpt.ca.gov

Board of Pharmacy
Attention: Complaint Unit
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
www.pharmacy.ca.gov

State Board of Optometry
2450 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 575-7170
www.optometry.ca.gov

Physical Therapy Board of California
2005 Evergreen St. Suite 1350
Sacramento, CA 95815
(916) 561-8200
www.ptbc.ca.gov

Board of Chiropractic Examiners
901 P St., Suite 142A
Sacramento, CA 95814
(916) 263-5355
www.chiro.ca.gov

Osteopathic Medical Board of California
1300 National Drive, Suite 150

	<p>Sacramento, CA 95834-1991 (916) 928-8390 www.ombc.ca.gov</p> <ul style="list-style-type: none"> ▪ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: <p>Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg Washington, D.C. 20201 phone: (877) 696-6775 online: https://www.hhs.gov/hipaa/filing-a-complaint/index.html</p> <ul style="list-style-type: none"> ▪ There will be no retaliation for filing a complaint.
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For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> ▪ Share information with your family, close friends, or others involved in payment for your care. ▪ Share information in a disaster relief situation. ▪ If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. ▪ We may refuse a request in the case of mental health records due to additional mandates of confidentiality.
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<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> ▪ Marketing purposes ▪ Sale of your information ▪ Psychotherapy notes
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How do we typically use or share your health information? We typically use or share your health information in the following ways.

<p>Treat You</p>	<ul style="list-style-type: none"> ▪ We can use your health information and share it with other members of your health care team (physicians, nurses, counselors, and other clinicians) who are treating you. ▪ Information is shared on a strict "need to know" basis.
<p>Run our organization</p>	<ul style="list-style-type: none"> ▪ We can use and disclose your information to run our organization and contact you when necessary ▪ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
<p>Help with public health and safety issues</p>	<ul style="list-style-type: none"> ▪ We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Danger to self or others ○ Risk to community
<p>Audits and reviews</p>	<ul style="list-style-type: none"> ▪ This facility has sensitive information reviewed at various times throughout the year by the following agencies: AAAHC (American Association of Ambulatory Healthcare), APA (American Psychological Association), COLA (Laboratory Accreditation Bureau), and Family PACT (Family Planning, Access, Care, and Treatment). Part of our accreditation/review process includes allowing external auditors to review patient charts for best practice. These auditors are mandated to maintain confidentiality of the information that they view.

Do research	<ul style="list-style-type: none"> ▪ Aggregate data, which does not identify an individual, may be gathered and used for research.
Comply with the law	<ul style="list-style-type: none"> ▪ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal and state privacy law.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> ▪ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address worker's compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> ▪ We can use or share health information about you: <ul style="list-style-type: none"> ○ For workers' compensation claims ○ For law enforcement purposes or with a law enforcement official, as required by law ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> ▪ We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Bill for your services	<ul style="list-style-type: none"> ▪ We can use and share your health information to bill and receive payment if applicable. ▪ <i>Example: We may need to give your health plan information about a service you received here so that your health plan will reimburse you for the service. In cases of unpaid financial obligations or no show fees, we will send the charge to Student Financial Services to be processed. The bill will show the following health information: name, student ID number and date of service. No information relating to medical diagnoses, treatment/procedure, counseling session, or medications will be on this document.</i>

"We Never Market or Sell Personal Information."

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request through the patient portal and on our website.

Effective Date of Notice: January 1, 2020

Printed Name

CWID

Signature

Date