

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: crisis, initial consultation 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.

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

Single Session Therapy: Single Session Therapy: Research suggests that a significant number of people can benefit from just a single visit with a therapist. To assist these students, CAPS offers "Single Session Therapy", which is a one-time 90-minute session to address a specific, non-urgent topic in a focused and direct way. Following this appointment, students may find that one visit is enough. They may also decide, in conjunction with their therapist, that they would like to continue to work on their topic through additional visits, and this can be talked about further toward the end of the visit.

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. Typically, students who are seen for brief counseling have their sessions scheduled for every other week or once every three weeks. 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 initial consultation evaluation once per academic year but are not guaranteed individual therapy. Often students 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 their 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 mental health professional.

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 are 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 mental health professional 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, and

TitanWell 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. Additionally, in the interest of providing effective and efficient treatment, the following entities may share immunization related records: Counseling and Psychological Services providers, Health Services providers, and the State of California Immunization Registry.

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 has 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 mental health professional.

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 provider.

Medical Withdrawals, Dropping Classes, Disability Assessments (community), Fitness for Duty, Emotional Support Animals, and Financial Aid Appeal

Requests: Mental health professionals do not grant or evaluate medical withdrawals, or fitness for duty evaluations, but may provide documentation or verify treatment under very specific circumstances. Additionally, mental health professionals cannot adequately document psychological distress (or other issues) unless a student has

been in treatment at CAPS. Therefore, documentation or a letter from a mental health professional 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 grant or evaluate students for the following purposes: Disability Evaluations (disability benefits evaluation- community), Fitness for Duty, Emotional Support Animals and Financial Aid Appeal Requests but may provide documentation or verify treatment under specific circumstances related to these conditions.

Mandated Treatment, Hours for Requirements: CAPS does not provide mandatory services nor provide verification of therapy hours for class or licensure 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 minimally: scheduling purposes, client feedback surveys, and select documentation. If you have concerns or questions regarding communication, please ask to speak with your mental health professional.

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)

Date of Birth

CAPS 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. Telehealth psychological and/or psychiatric services may include psychological/psychiatric health care delivery, diagnosis, consultation, and psychotherapeutic/ psychiatric treatment. 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 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.

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: _____