Welcome to University Counseling and Behavioral Health Services (UCBHS). We urge you to carefully review this document about our services. The signing of this document signifies a crucial agreement between you, UCBHS and your mental health provider. Should you have any questions about this informed consent, please direct them to your mental health provider.

**Counseling & Behavioral Health Services**

Counseling/behavioral health is a relationship that entails both risks and benefits. The risks may involve experiencing uncomfortable feelings, such as sadness, guilt, anxiety, or frustration, as the process often necessitates discussing the unpleasant aspects of one's life. However, the benefits are significant. The process often leads to a marked reduction in feelings of distress, enhanced personal awareness and insight, improved skills for managing stress, and resolutions to specific problems. More positive outcomes are likely when clients actively engage in the therapeutic process and work on the issues discussed outside of sessions. Your active participation is a key factor in the success of counseling. You are encouraged to complete the activities suggested by your counselor. If you anticipate missing an appointment, please inform your counselor in advance.

An initial comprehensive evaluation is standard. Treatment models are tailored to the client/patient ensuring that goals are specific and attainable, and attention is primarily focused on the present. Counseling/behavioral health sessions typically are scheduled for 30-60 minutes and may occur weekly, biweekly, or monthly. Appointments are reserved for the client; however, emergencies may arise, and a session may occasionally be interrupted. In such cases, the session will be rescheduled. Sessions adhere to the scheduled start and end times, regardless of arrival time. Cancellations and rescheduling should be done with a 24-hour notice. You have the right to terminate counseling/behavioral health at any time.

Counseling/behavioral health services are open to all currently enrolled students, as well as residents, fellows and university employees. There is no limit on the number of sessions. Additionally, we offer consultation services specifically for faculty and staff.

**Confidentiality**

Confidentiality is a cornerstone of counseling and behavioral health. It is similar to attorney-client privilege in that information obtained during appointments is only released at the request of the client(s) or if there is a risk to the client or the community (e.g., 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. The University Counseling Center adheres to federal and state laws and ethical standards. Information you share will be within the context of the therapeutic relationship and remain between the client/student and their counselor/director/supervisor. Your written permission is required before any information about your contact with the Counseling Center is released to parents, faculty, staff, etc., or any outside agencies within legal and ethical boundaries. Each client/student has a right to privacy.

**The following are legal exceptions to your right to confidentiality. You will be notified when these are deemed to be in effect.**

 1. In the event there is good reason to believe that you are in imminent danger of harming or killing yourself, confidentiality will be broken, and steps to ensure safety will be taken, up to and including contacting Campus Police, the UT CARE/Behavioral Intervention Team, the Student Affairs Vice President and/or designated UHS administrative staff. Transport for further evaluation may be required.

2. If there is good reason to believe that the safety of others, including colleagues and/or patients, is at risk, steps will be taken to ensure their safety. Confidentiality may be broken, and the Campus Police, UT CARE/Behavioral Intervention Team, the Student Affairs Vice President, and/or designated UHS administrative staff may be contacted. Transport for further evaluation may be required.

3. In the event there is good reason to believe that a child, elder or vulnerable adult is being abused or neglected, or when information about someone else engaging in this behavior is provided, a legal requirement exists to inform Child Protective Services and Adult Protective Services immediately.

4. In the event that a third party, such as an insurance company, is paying for part of your bill, a diagnosis may be required. When a diagnosis is used, it will be discussed with you. All of the diagnoses are based on the DSM-5.

5. In the event medical records are subpoenaed for legal matters via a court order, confidentiality may be legally broken. Steps will be taken to not release information without prior signed consent.

**Though not a legal exception to confidentiality, this is an institutional policy of which you should be aware.** In the event that there is good reason to believe that there is a threat to self, others, patients, or colleagues that does not reach the level requiring immediate intervention or notification of police, for students, residents and fellows, the behaviors may be discussed with the UT Care Team or the Behavioral Intervention Team with the goal of ensuring safety and student/professional success. Teams work to provide meaningful support and interventions when appropriate for the health, safety, and well-being of client(s), patients, colleagues, and the campus.

When information is shared with the CARE team, the team is comprised of mandatory reporters including the CARE Navigator. The CARE Navigator is NOT a Confidential Resource and must report or disclose information to University Officials when made aware of certain events that occur to me or other students and the University in general.  These events typically fall under two Federal mandates:

* Title IX:  Sexual offenses, including sexual violence, sexual harassment, stalking, domestic violence, retaliation, and intimate partner violence.
* Clery Act: Criminal offenses (including homicide, sexual offense, robbery, aggravated assault, burglary, motor vehicle theft, arson, dating violence, domestic violence, and stalking), hate or bias crimes and arrests, or referrals for disciplinary actions (weapons, drug and liquor law violations).

Finally, **as part of the training required for practicum and internship students**, consent may be requested to participate in audio/video recorded counseling and behavioral health sessions.  These recordings will only be used for supervisory and educational purposes and will not be used for any other purpose without the student’s written consent.  All recordings are erased and destroyed at the end of the practicum/internship student’s training.

**Records**

Counseling and Behavioral Health records are maintained separately from academic, educational, and professional/job related records. Records of services provided are required. Counseling/behavioral health records and individual documents are maintained electronically, are password protected, and are accessible by counseling/behavioral health staff only. Client records will be kept for *at least* seven (7) years after the date of the last contact with the department.

Clients have the right to request: (1) that errors in records be corrected, (2) a copy of their records, (3) request a copy of records be made available to other providers with a written request, and (4) restrict certain disclosures to health plans/insurance if payment for services is made by client in full.

Under the Federal Health Insurance Portability and Accountability Act (HIPAA), your private health information (PHI) is protected. The law ensures the confidentiality of all electronic transmission of information. Clients direct what information is shared and with whom the information is to be shared. Permission may be revoked at any time.

**Contact**

Confidentiality and privacy associated with fax, e-mail and cell phone communication is relatively easily compromised. This awareness should guide methods of contact. Telephone contact is not often immediately available. Messages may be left with the front office staff and calls will be returned as soon as possible.

In the event that you feel unable to keep yourself safe: 1. Contact the front office during regular hours so they can contact clinical staff to assist you 2. Go to the local Hospital Emergency Room 3. Call 911 and explain your emergency. **Do not use e-mail or faxes in emergency situations.**

**Supervision and Training**

It is common for professional staff to receive supervision and consultation on a regular basis. This supervision allows for instruction and supervisory input regarding your situation, ensuring you receive the highest quality of service possible. The supervision process is always conducted by the rules of confidentiality as stated above. Some services at the UCBHS are provided by doctoral and master’s level students and counseling staff under supervision in counseling, psychology, or a related field. You will be informed by the clinician if your counselor is in one of these categories. **If you agree to receive services, your counselor may request written permission to audio or video record your sessions. These recordings are used for training purposes only as a part of supervision.**

**Other Rights**

In the event of concerns regarding service provision, you are encouraged to speak with the clinician such that your concerns may be addressed. Comments will be taken seriously and handled with care and respect. In the event that concerns continue, you may request to speak with the UHS Medical Director at 901-448-5630. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, gender, sexual identity, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about the specific training and experience of your mental health provider. You have the right to expect that mental health providers will not have social or sexual relationships with clients or with former clients.

**Consent to Counseling/Behavioral Health Treatment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read this Agreement, had sufficient time to consider it carefully, ask any questions needed and understand it. I understand the limits to confidentiality required by law and institutional policy. I agree to the policies related to receiving service and agree to participate in treatment at University Counseling and Behavioral Health Services, University Health Services Clinic. I enter into this agreement voluntarily with competency and understanding and knowledge of the consequences.

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Signature of Client/Patient Date

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Printed Name of Client/Patient

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Name of Clinician Date