California State University Channel Islands (CSUCI)

Counseling and Psychological Services (CAPS)

**Informed Consent**

Please read this Informed Consent carefully, as your clinician will review it with you and address any questions or concerns you may have. When you sign this document, it will represent an agreement between you (the student) and CAPS and will be included in your confidential clinical file.

**Eligibility**

These services are covered by Student Health Fees and there is no additional fee at time of service.

**Limitations of Service**

CAPS provides direct counseling (crisis intervention, individual and couples counseling, and group meetings), consultation, outreach, and 24/7 phone counseling, as well as referral services. Counseling is a confidential and collaborative process, which is designed to assist you in finding resolution to your mental health concerns, come to a greater understanding of yourself, and help you learn how to utilize effective means of coping. Your appointments typically consist of a 45-50 minute meeting in which a clinician will collect information in order to make recommendations to assist you with your concerns. It is possible that the clinician you meet with today may recommend another CAPS clinician who is more suited to meet your needs or refer you to services in the community. Recommendations are based on clinical considerations and schedule availability. If you have any concerns that warrant a strong preference for a specific type of treatment or clinician, please discuss that during your initial appointment. Continuation of services delivered at CAPS and number of sessions is based upon a determination of clinical need as to the appropriateness of the services requested, your therapeutic goals, available CAPS resources, your preferences, and specializations. Due to the high demand of our services, long-term, ongoing counseling is typically not possible. However, we will make every attempt to respond to your needs in a responsible and timely manner. In emergency situations, call 911 or go to your nearest emergency room.

CAPS is a professional agency offering a wider range of mental health services provided by mental health professionals including: psychologists, licensed clinical social workers, marriage and family therapists, as well as clinicians in training (practicum students). In all cases, clinicians in training are supervised by a licensed mental health professional. Intakes and on-going sessions may be observed or recorded as a training tool for use in supervision and to ensure service quality. Video recordings are strictly confidential and are erased by the end of the training year. If seen by a clinician in training, additional written consent is obtained prior to any recording. Further, you have the right to request to work with only a licensed clinical staff member. In the interest of providing responsible service, your clinician may consult with CAPS clinicians, Student Health Services (SHS) providers, or a contracted psychiatrist.

**Risks and Benefits**

There are risks and benefits that may occur in counseling. Counseling may invoke the risk of discussing unpleasant events and may arouse strong emotional feelings. Counseling can impact relationships with significant others. Occasionally, people feel that counseling does not help, and in some rare situations, people feel that counseling makes a situation worse. However, no therapeutic intervention can also increase the likelihood that the situation will worsen. Alternative treatments may be available and may be recommended by your clinician. The benefits from counseling may be an improved ability to relate to others; a clearer understanding of self, values, and goals; increased academic productivity; and an ability to deal with everyday stress. Taking personal and active responsibility and being a collaborative participant in your experience may lead to greater personal growth.

The CSU Channel Islands email is the official University method for dissemination of information and communication among students, staff, and faculty. CAPS typically uses students' myCI email for communication regarding appointment scheduling and forms as it is encrypted. However, exceptions are made for students who request to use their personal email address with the acknowledgement that the email from CAPS is no longer encrypted once it leaves the CSUCI email system.

**Client Rights**

You have the rights to competent and professional service. You have the right to be treated with respect at CAPS. You have the right to a therapeutic relationship without physical, sexual, verbal, or other exploitation. You have the right to an interpreter (sign or language) if necessary. You have the right to file a complaint. You have the right to evaluate our services. You have a right to request to review or release your clinical file.

**Confidentiality and Privacy**

All information disclosed within counseling sessions is confidential and may not be released to anyone other than health care providers without your written permission except in certain situations described below. CAPS follows professional, legal, and ethical guidelines established for clinicians by the American Psychological Association, other relevant licensing boards, Federal Educational Right to Privacy Act (FERPA), California Business and Professions Code, and the California Privacy Act. An electronic record is kept of your protected health information which is subject to confidentiality laws. Written or electronic records of contract with CAPS do not go on academic records. Files may be reviewed in the process of agency accreditation visits by professional review teams; all materials are handled confidentially, and no materials with identifying information will leave the agency without your permission. Exceptions to confidentiality may be required by law: when there is reasonable suspicion of abuse of children, vulnerable, or elderly persons; when a student presents a serious danger to self or others unless protective measures are taken (e.g., a family member may be called in an extreme crisis situation); when the release of records is court mandated; or if a student cites his/her client record in a lawsuit. Further, email is not a confidential means of communication and should not be used to communicate urgent or emergency information or any clinical matters.

**Records**

A confidential Electronic Health Record (EHR) is maintained with extensive safeguards to protect your privacy and confidentiality. Access and exchange of counseling records is restricted to CAPS providers. You have a right to request to review or release your clinical file. There is a formal procedure for requesting a copy or summary of your records. Please ask your clinician, the Director, or the front desk staff for information about this procedure for assistance.

CAPS participates in a national research project designed to improve our services and expand the knowledge about college student mental health. We participate by contributing anonymous, numeric data provided by those who use our services (and are over 18 years old) to a database managed by researchers at Penn State University. Data is stripped of all personally identifying information and then combined with anonymous, numeric data from other colleges nationwide for statistical analysis. Because data cannot be linked to specific individuals, there are virtually no risks contributing data. At times, we may also participate in campus-based research following the same parameters. With your permission, we would like to contribute anonymous, numeric data from the questionnaires you just completed. Your decision is voluntary and will not affect the services you receive. If you have questions or concerns, you may contact the Director of CAPS at 805-437-2088.

**Attendance**

It is the intention of CAPS staff to be as accommodating as possible when scheduling appointments for clients. If you are unable to keep a counseling appointment, please call CAPS at least 24 hours in advance to cancel. There is a very high demand for our services and non-canceled appointments translate to missed opportunities for other students in need of timely services.

I have read and understand the above information and have had the opportunity to discuss any questions that I might have. I request and voluntarily consent to counseling services at Counseling and Psychological Services. I understand that I may terminate counseling services and this consent at any time.

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Student Printed Name Student ID Number

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Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician/Witness Signature Date

**Informed Consent for Telehealth Services**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document is an addendum to the California State University Channel Islands, Counseling and Psychological Services (CAPS) standard informed consent and does not replace it. All aspects of informed consent for treatment in that document apply to telehealth services.

In California, “Telehealth” is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient and provider are at two different sites.

This form of service usually consists of live video conferencing through a personal computer with a webcam. Telehealth is offered to improve access to counseling services to CAPS students when significant barriers of travel to campus for counseling services exist.

**I understand that I have the following rights with respect to telehealth:**

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
2. The laws that protect the confidentiality of my medical information also apply to telehealth.
3. I understand that the same laws that give me the right to access my medical information and copies of medical records in accordance with California law also apply to telehealth.
4. I understand that the dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.

**I understand the following potential risks, consequences, and limitations of telehealth:**

* Telehealth should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations.
* Telehealth is relatively new, and therefore research indicating that it is an effective means of receiving therapy is currently being developed.
* Telehealth may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.
* Telehealth may lack visual and/or audio cues, which may increase the likelihood of misunderstanding each other.
* Telehealth may have disruptions or delays in the service and quality of the technology used.
* In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.

**I understand the following Backup Plan in Case of Technology Failure**

* The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that your provider knows your phone number.
* If you get disconnected from a telehealth session, end and restart the session. If you are unable to reconnect within five minutes, call your provider. If they do not hear from you within ten minutes, you agree (unless you request otherwise) that your provider can call you on the phone number you listed on the client information form.

**Emergency Contact**

If you are ever experiencing an emergency, including a mental health crisis, please call 911, CAPS 24/7 Crisis Support Line 1- 855-854-1747 or call our main line 805-437-2088 and press option 2, the 24-hour Suicide Prevention & Crisis Line (916) 368-3111, or Lifeline 1-800-273-8255, or go to your nearest emergency room.

So that your provider is able to get you help in the case of an emergency and for your safety, the following are important and necessary. By signing this agreement form you are acknowledging that you understand and agree to the following:

* You must inform your provider of the location in which you will consistently be during sessions, and inform your them if this location changes.
* You must identify on your informed consent form a person who can be contacted in the event that your provider believes your safety is at risk.
* Your provider may need to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and/or call 911 or transport you to a hospital if your provider deems necessary. In addition, your provider may require that you create a safe environment at your location during the entire time that you are in treatment. This may mean disposing of all firearms and excess medication from your location.

**When receiving telehealth, it is also required that you:**

* Only engage in sessions when you are physically in California. Your provider will confirm this each session.
* Engage in sessions only from a private location where you will not be overheard or interrupted.
* Use your own computer or device, or one owned by California State University Channel Islands that is not publicly accessible.
* Ensure that the computer or device you use has updated operating and anti-virus software.
* Do not record any sessions, nor will CAPS record your sessions without your written consent.

I have read and understand the information provided above. I have discussed it with my provider, and all of my questions have been answered to my satisfaction.

Signature of client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES**

Counseling and Psychological Services (CAPS) is staffed by a team of mental health professionals to assist you in addressing your mental health concerns. In order to provide you with the highest quality of care we utilize an integrated treatment approach. Our interdisciplinary team of clinicians works collaboratively to optimize your wellness through seamless prevention and intervention. We value the privacy of our clients 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 disclosure of your Personal Health Information (PHI).

# How We May Use and Disclose Mental Health Information About You

***Mental Health Treatment:*** Information obtained by a clinician, physician, or administrator will be documented in your electronic medical record and used to determine the course of treatment that we believe will work best for you. In an emergency situation, CAPS staff may refer you to another clinician or hospital and vital information may be shared with these health care providers.

**Billing/Payment:** Your services at CAPS are covered by your mandatory Student Health fees. You are not billed for any services at CAPS above and beyond these fees.

***Quality Improvement and Oversight Activities****:* Members of the clinical staff and quality improvement team may use information in your electronic medical record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. Oversight may include internal and external audits, chart reviews, investigations, licensures, and inspections required for compliance with government, college, accreditation programs, and laws. Only the minimal necessary information will be released. On occasion, these reviews will involve citing of individual information by the auditor, accreditation surveyors, etc. All individuals performing these reviews, audits, etc. will be required to agree with and sign the non-disclosure confidentiality standards of CAPS before being allowed access.

***Public Health and Safety:***Health information may be disclosed as required by law to the proper authorities to report deaths, certain infectious diseases, occupational injuries and diseases, child abuse/neglect, domestic violence, problems with medications, and other products as required by law to prevent/control disease, injury or disability to the client or to others. In life threatening/extreme emergency situations, we may use or disclose health information to notify, or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. Information may be disclosed if it is determined that there is imminent danger to self or others, or unable to care for themselves. In rare cases where there is a risk to the student or community, CAPS reserves the right to notify the Office of the Vice President for Student Affairs or Campus Police.

***As Required by Law:*** We will disclose health information about you when required to do so by federal, state, or local law. It may also be disclosed when legally requested by national security, intelligence, and other federal officials.

***Training Participation:*** CAPS participates in the research and teaching mission of the university. Therefore, clinical trainees from graduate mental health training programs on other campuses may participate in your care under the close supervision of a licensed professional. You have the right to decline if you do not wish for a clinical trainee to be involved in your care. Aggregate data, that does not identify an individual, may also be gathered and used for research.

**Communication:** CAPS may contact you by phone, text, email, client 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.

**Your Individual Rights**

**You have a right to:**

1. Look at or obtain copies of your mental health information. You must make your request in writing and sign an Authorization for Release of Confidential Information.
2. Request that we place additional restrictions on our use or disclosure of your mental health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
3. Request that we communicate with you about your mental health information by different means or to different locations. Your request that we communicate your mental health information to you by different means or to different locations must be made in writing to CSU Channel Islands Counseling and Psychological Services.
4. Request that we change your mental health information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

# Changes to this Notice

California State University Channel Islands, Counseling and Psychological Services reserves the right to change its privacy practices. If we make a change in our privacy practices, you will be notified of the changes. Copies of this Notice may be obtained from the reception desk located in Counseling and Psychological Services (CAPS), Bell Tower East 1867, or on our website at <http://www.csuci.edu/caps/>.

# Information and Complaints

Clients may file complaints regarding the security and/or privacy of their personal health information to:

 ATTN:

 Director of Counseling and Psychological Services

 California State University Channel Islands

 One University Drive

 Camarillo, CA 93012

 (805) 437-2088

*If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.*

**NOTICE TO CLIENTS The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.**

**NOTICE TO CONSUMERS: The Department of Consumer Affairs’ Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board on the Internet at www.psychology.ca.gov, by e-mailing bopmail@dca.ca.gov, calling 1-866-503-3221 or writing to the following address: Board of Psychology 1625 North Market Blvd, Suite N-215 Sacramento, CA 95834**