Informed Consent for CAPS Clients

Welcome to CAPS. Please read it document carefully and discuss any questions or concerns with your intake interviewer or therapist. When you sign this document, it is an agreement between you and CAPS.

ELIGIBILITY: In order to be eligible for direct clinical services at CAPS, you must be a registered, matriculating UC student.

CONTACTING YOUR THERAPIST: Confidentiality of email communication cannot be guaranteed, therefore, we ask that you refrain from emailing your therapist. When calling, you may not always be able to contact your therapist immediately. However, the receptionist can direct to their confidential voicemail. Therapists make every effort to call you back within a business day. During business hours, if you need to speak with someone immediately, please tell the receptionist and you will be put through to the therapist providing emergent coverage. Do not leave a voice mail message for your therapist if you feel your situation has become a crisis. Instead utilize crisis services described below.

STUDENTS IN CRISIS: We provide onsite emergent services during our office hours Monday through Friday (1-4 pm). You may walk in or call our office between those hours to let us know that you need to see someone immediately. If you require emergent services after office hours, please call our main number at (513) 556-0648, and press 1, and you will be connected with trained crisis counselors 24/7.

CONFIDENTIALITY: CAPS operates under FERPA (Family Educational Rights and Privacy Act) FERPA is a federal law that protects the privacy of students’ “educational records.”

In general, we will ask you to sign a written consent before we disclose your CAPS records to anyone for a purpose other than treatment. In the following circumstances, as permitted by FERPA regulations and Ohio State laws, we may disclose your CAPS records without your written consent:

PLEASE INITIAL NEXT TO EACH BOX TO INDICATE YOUR REVIEW OF THIS INFORMATION.

_____ Child Abuse: If, in our professional capacity, we know or suspect that a child under 18 years of age or a developmentally disabled or physically impaired child under 21 years of age has suffered or faces threat of suffering any physical or mental wound, injury, disability or condition of a nature that reasonably indicates abuse or neglect, we are required by law to immediately report that knowledge or suspicion to the Ohio Public Children Serves Agency, or a municipal or county peace officer.

_____ Adult and Domestic Abuse: If we have reasonable cause to believe that an adult is being abused, neglected, or exploited, who resides in Ohio and is unable to provide for his or her own care and protection because of infirmities of aging or physical or mental impairment, we are required by law to immediately report such belief to the County Department of Job and Family Services.

_____ Serious Threat to Health or Safety: If your counselor or psychologist believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, we may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm.

_____ Military Member, National Security/Intelligence Activities: If you are a member of the military as required by armed forces services or if necessary for national security or intelligence activities.

_____ Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release this information without written authorization from you or your persona or
legally-appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party. You will be informed in advance if this is the case.

If you are a complainant in a law suit against CAPS or UC, you waive your rights to confidentiality and records may be released.

Worker’s Compensation: If you file a worker’s compensation claim, we may be required to give your mental health information to relevant parties and officials.

We maintain both electronic and paper records. Our electronic records are contained in a software program designed for university counseling centers. It includes specific features to provide a higher level of security than programs for general usage.

Confidentiality is discussed before individuals join a group, and all members are required to sign a confidentiality agreement.

CLIENT RIGHTS: We encourage you to ask questions about your therapist’s qualifications, your treatment, the therapy process, fees and method of payment, or any other issues.

Right to request an amendment – You have the right to request that your records which you believe to be inaccurate or misleading. All requests must be made in writing and signed by you or your legal representative.

Right to Request Records – We may provide you with copies of the records or arrange for a healthcare provider to be with you when you review them in order to explain the records and/or answer your questions.

Right to Request Restrictions – You have the right to request restrictions of use or disclosure of treatment information even for treatment, payment or operations; disclosure to persons involved in your health care or payment for health care; or disclosure to notify family members or others about your general condition, location, or death. However, CAPS are not required to agree to a restriction you request.

Right to Received Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of treatment information by alternative means and at alternative locations (for example, you may not want a family member to know that you are a client here). Upon request, we will send any communications to an alternate address.

Right to an Accounting – You have the right to have accounting of the disclosures of your treatment information upon request.

Right to Inspect and Copy – You have the right to inspect and/or obtain a copy of your treatment information. All requests must be made in writing and signed by you or your legal representative.

Right to a copy of this Notice of Privacy Practices – You have the right to obtain a paper copy of this notice of its privacy practices at your first service from us upon request, even if you have agreed to receive the notice electronically.

RESEARCH PARTICIPATION: From time to time, evaluation projects are conducted by CAPS. Knowledge acquired through evaluation helps us to improve our services. Your participation in any evaluation is voluntary; your therapy is in no way contingent upon it. In almost all cases, your counselor will not see the results of any forms you complete since they are usually used for evaluation purposes only.

Text Message Appointment Reminders: If you choose to have text message appointment reminders sent to you, please be aware that you will be responsible for any charges incurred by your phone carrier. Texts are never fully confidential. We can only ensure confidentiality on our end. By permitting reminder texts, you are accepting full responsibility for maintaining the privacy of your own messages. CAPS does NOT receive text messages. Thus, you should not text responses to reminders. Never use text messages to communicate an urgent or crisis message.

Please send me text reminders. I have read and understood the text message policy above. Phone number for reminders: ____________________________

I understand what has been outlined in this document, and I agree to engage in services at CAPS in accordance with these terms and conditions.

_________________________  ___________________________  ___________________________
Signature                  Printed Name                  Date

If you are under 18, your parent/guardian must also sign this document.

_________________________  ___________________________  ___________________________
Parent/Guardian Signature  Printed Name                  Date

Rev 8/15