



## Informed Consent

### **Confidentiality**

Counseling and Psychological Services (CAPS) maintains an electronic medical record (EMR) of the information you provide and the services we provide to you. ALL RECORDS AT CAPS ARE CONFIDENTIAL. Please review the following guidelines to understand our information-sharing practices for the purposes of your treatment only:

- A. We reserve the right to seek supervision and/or professional consultation, within CAPS, to aid us in our work with you.
- B. Your records may be shared with Penn State Counseling and Psychological Services at other Penn State campuses via a shared EMR on a clinical need-to-know basis.

### **Limits to Confidentiality**

- C. If we believe you pose a life-threatening risk to yourself or others, we may need to notify responsible individuals for your protection.
- D. Child abuse reporting (effective 1/1/2015) – CAPS may be required by Pennsylvania law (Act 31, 2014) to report the following types of child abuse (depending on the nature and date of abuse) to PA Child Protective Services if we have reasonable cause to suspect that a child (a person who is currently less than 18 years of age) has been the victim of child abuse:
  - 1. If you are less than 18 years of age and disclose that you are the victim of child abuse.
  - 2. If you disclose that an identifiable child has been the victim of child abuse. A report may be required even if we do not meet with the child.
  - 3. If you disclose that you abused a child when you were 14 years of age or older. A report may be required even if the victim is no longer in danger.
- E. Information may be required to be disclosed because of a court order in connection with judicial proceedings.

In all other situations, your records may be released ONLY UPON YOUR WRITTEN REQUEST to appropriate individuals or agencies.

Email correspondence: Email is not an appropriate or secure medium for personal counseling. We may contact you for a limited number of reasons via email: 1) To schedule and/or confirm routine appointments (you may also cancel appointments via email), 2) To provide referral information, 3) To request your evaluation of services, and 4) To provide information upon request. When you initiate services with CAPS, we retrieve your contact information from Penn State, including email, phone number, and your local/permanent addresses. In the event that you do not wish to be contacted by email, please notify your CAPS clinician to have your email removed from our records.

I have read and understand the section entitled "Confidentiality":

Initials: \_\_\_\_\_

▶▶ Please turn over... ▶▶

## **Scheduling Policy**

Services are generally offered on an appointment basis and time is reserved in our schedules for your appointment(s). Thus, missing and/or cancelling appointments leads to ineffective use of valuable time, which could have been offered to other students in need. Therefore, in order to effectively utilize our time and services the following policies are in effect for all clients:

- There is an 8-session limit per student.
- You do not have to use all 8 sessions.
- There will be a re-evaluation at the end of the session limit to determine the best disposition plan.
- Two "no-show" appointments or repeated cancellations may lead to termination of services.
- If you do not show for an appointment, you are responsible for making contact with your therapist to re-schedule.
- If you are late to an appointment, you may be asked to re-schedule.

I have read and understand the section entitled  
"Scheduling Policy."

Initials: \_\_\_\_\_

## **Notice of Privacy Practices**

A detailed notice form, entitled, "Notice of Privacy Practices" is available at [studentaffairs.psu.edu/counseling/privacy-practices](http://studentaffairs.psu.edu/counseling/privacy-practices). This notice form describes how information about you may be used, disclosed, and how you can get access to this information. If you would like a printed copy, please let your therapist know.

I have read and understand the "Notice of  
Privacy Practices".

Initials: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print carefully)

Student ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_