INFORMATION AND CONSENT FORM

Services Provided
UCSD Counseling & Psychological Services (CAPS) offers a variety of individual, couples, and group counseling services provided by psychologists, psychiatrists and post doctoral psychology fellows.

Eligibility for evaluation or treatment from CAPS is contingent upon status as a fully enrolled UCSD student paying the Student Services Fee.

Counseling and psychotherapy can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties which can elicit uncomfortable feelings such as sadness, guilt, anger and frustration. However, counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic performance, solutions to specific problems and reductions in your feelings of distress. But, there is no assurance of these benefits.

Confidentiality
In keeping with ethical standards of the American Psychological Association and state and federal law, all services provided by the staff of CAPS are kept confidential except as noted below and in the accompanying Notice of Privacy Practices. We consult as needed within the staff of CAPS about the best way to provide the assistance that you might need. Although CAPS and SHS use the same electronic medical record system, your counseling records are kept separate and private from SHS unless collaborative care is needed. If you do not wish your records shared with SHS, inform your CAPS counselor so we can keep access to your counseling information exclusive to CAPS staff. As required by psychological practice guidelines and current standards of care, we keep records of your counseling. Storage of these paper and electronic records meet federal standards for security. Neither the fact that you seek counseling nor any information disclosed in the counseling sessions will appear in your student academic record unless you specifically direct us to communicate with other staff and faculty at the university.

CAPS professional staff have a legal responsibility to disclose client information without prior consent when a client is likely to harm himself, herself or others unless protective measures are taken, when there is reasonable suspicion of abuse of children, dependent adults or the elderly, when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files. Fortunately these situations are infrequent. By signing this form you also give CAPS permission to communicate with the Emergency Contact that you have designated if we believe that you are at risk. Please consult with your psychologist if you have any questions about confidentiality.

Counseling Policies
Although we try to arrange initial counseling appointments promptly, a waiting list is common during busy periods of the year. If you consider your situation an emergency that will not allow a delay, please inform our staff. For after-hours urgent needs, call our central office number at 858 534 3755 and select option #2 to speak immediately with a mental health counselor. If you have an emergency where you or someone else is at risk, call 911 or go to the nearest emergency room.

Many issues typically encountered by university students can be addressed with the short-term counseling that we provide. Your initial session is an assessment session, devoted to defining your concerns, developing a treatment plan, and determining whether CAPS can meet your needs. If at any point it is determined that other services are more suitable, we will help you obtain assistance from appropriate off-campus providers utilizing your comprehensive healthcare insurance that is required while attending UCSD.

Non-compliance with the plan we develop to assist you could result in the termination of services.

Please sign below to indicate that you understand and agree to participate in counseling in accord with the above policies.

Name ___________________________ Student ID A

Print Name ___________________________ Signature ___________________________ Date ___________________________

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