



Instructions for UCSD Parents or Legal Guardians:

In order for your minor child to receive counseling services, they must have their parent's permission. Please review and sign the documents included in this packet:

1. Review and sign the *Parental Consent for Treatment of a Minor*.
2. In addition, you must review and sign our regular *Information and Consent Form*.
3. It is a federal requirement that we give you the *Notice of Privacy Practices (NPP)* which is attached for you to keep for your records.
4. To document that you have received the NPP you must also sign the fourth and last form, which is called the *Acknowledgement of Notice of Privacy Practices*.

After our office receives these documents then we are able to provide counseling services to your minor student.

The documents can be brought or mailed to our office by you or your student. They can be faxed to the number on the forms. You can also scan them and attach them to an email. But we do need a copy of your signature where indicated on these forms.

If you have any questions, please contact our Central Administration Office at (858) 534-3755. Thank you.

Counseling and Psychological Services
University of California, San Diego
9500 Gilman Drive, 0304
La Jolla, CA 92093-0304
(858) 534-3755 (Office)
(858) 534-2628 (FAX)

Counseling & Psychological Services
University of California, San Diego

PARENTAL CONSENT FOR MENTAL HEALTH TREATMENT OF A MINOR
STUDENT

Student Name: _____

Student ID# _____

Date of Birth: _____

As the parent or legal guardian with the authority to consent on behalf of the minor student named above, I hereby give my consent for the minor to seek counseling, psychotherapy, and/or psychiatric care as deemed advisable and/or necessary by the professional staff of Counseling & Psychological Services (CAPS) at the University of California, San Diego. This consent will be valid until the minor student reaches the age of 18, but can be revoked at any time by written notification. Any questions relating to this form or the proposed treatment can be directed to CAPS at 858 534-3755.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

In order for your son or daughter to receive services, you must also:

- 1) Review and sign the *Information and Consent Form*.
- 2) Retain a Copy of the *Notice of Privacy Practices (NPP)* and sign the *Acknowledgement of Receipt of the NPP*.

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, psychology interns, and practicum students.

Eligibility for evaluation or treatment from CAPS is contingent upon status as a fully enrolled student paying the Student Registration 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. If UCSD Student Health Services (SHS) or the Student Safety Awareness Program (SSAP) is collaborating in your care, we may communicate about you with SHS and/or SSAP 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 emergency services, go to the nearest hospital emergency room or contact the UCSD Police at (858) 534-4357.

Many issues typically encountered by university students can be addressed with the short-term counseling 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. Non-compliance with the plan we develop to assist you could result in the termination of services.

Please arrive on time for your appointments. Missed appointments reduce our capacity to provide services to other students. If you are unable to keep your appointment, please call to cancel as far in advance as possible. Repeated cancellations or missed appointments may result in the termination of counseling.

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

Our goal is to provide the most effective psychotherapeutic experience. If you feel that your counselor is not a good match for you, we encourage you to discuss this matter with your current counselor. Alternatively, you can speak with the Clinical Director of CAPS. Either of the above can facilitate a transfer to a different counselor, if necessary. If you have questions or comments about our services, please ask at your initial appointment, fill out a Client Experiences Survey (CES) or arrange to speak with our Director.

CAPS is a training site for psychologists

CAPS is an American Psychological Association approved training site. Thus, the counseling you receive may be from a pre or post-doctoral psychology intern, practicum student or in special limited programs from a university student peer educator. All counselors in training will inform you of their trainee status as well as the name of their psychologist supervisor who can be contacted through our central office. In order to adequately supervise trainees, a supervisor may require that your counseling session be audio or video recorded. By signing this form you agree to have your sessions recorded if your counselor is in training. Staff psychologists may also wish to record counseling sessions for the purpose of training others, but will ask your permission to do so. You may choose not to be recorded if your counselor is not a trainee. All recordings are kept confidential in the same manner as your treatment records and will be erased after supervisory review. Please talk with your counselor if you have questions about audio and video recording.

Use of electronic mail

Please be aware that e-mail may not be private or confidential and may not be read by the recipient in a timely fashion.

Psychiatry

CAPS also offers time-limited psychiatric medication assessment and management services provided by psychiatrists. Eligibility for psychiatric medication services is contingent upon concurrent active treatment with a CAPS psychotherapist. Your current psychotherapist may refer you for psychiatric medication evaluation and/or treatment when that is the best option. If you do not attend your scheduled initial psychiatric evaluation session you will then be referred to an off-campus psychiatrist for the necessary evaluation and/or treatment, unless this would pose a serious threat to your safety and well-being.

Psychiatric Medications

New medications will be prescribed only during psychiatry medication office visits, so that your psychiatrist can perform a current assessment of your condition and discuss with you, the risks and benefits that may be associated with a new medication, and its alternatives.

It is your responsibility to request medication refills in a timely manner. If you need a prescription refilled, it is strongly preferred that you request a new prescription from your psychiatrist during a scheduled office visit. This will allow your psychiatrist to re-evaluate your condition and address any of your concerns. If you run out of your medication prior to your scheduled psychiatry visit, contact your psychiatrist. The psychiatrist will only authorize a refill in the exact amount necessary to provide treatment continuity until the soonest possible medication follow-up appointment. Please allow 7 business days for refill requests to be processed, and be aware that some medications cannot be legally refilled via telephone. To safeguard patient health, refills for medications will not be authorized if you have not been evaluated by your psychiatrist within the past 90 days. Routine medication refills are authorized only during regular business hours.

UNIVERSITY HEALTH SERVICES - NOTICE OF PRIVACY PRACTICES (NPP)
THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

The University of California, including the University Health Services is a teaching and research institution. Graduate students, fellows and residents may participate in your care as a part of their mental health training programs. All care is overseen and supervised by a licensed mental health professional. All information describing your mental health treatment and related health care services ("mental health information") is personal, and we are committed to protecting the privacy of the personal and mental health information you disclose to us. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy, too. This Notice also applies to your psychologist, counselor, psychiatrist and other health care professionals who provide care to you. We must also provide certain protections for information related to your medical diagnosis and treatment, including HIV/AIDS, and information about alcohol and other substance abuse. We are required to give you this Notice about our privacy practices, your rights and our legal responsibilities.

WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

For TREATMENT For example, we may give information about your psychological condition to other health care providers to facilitate your treatment, referrals or consultations.

For PAYMENT For example, we may contact your insurer to verify what benefits you are eligible for, to obtain prior authorization, and to receive payment from your insurance carrier.

For HEALTHCARE OPERATIONS For example, we give information to University psychological and

medical services staff to review the quality of care provided, for performance improvement or for the training of health professionals.

For APPOINTMENTS AND SERVICES to remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.

To INDIVIDUALS INVOLVED IN YOUR CARE, such as your parents, if you are a minor, or your conservator.

WITH YOUR WRITTEN AUTHORIZATION We may use or disclose mental health information for purposes not described in this Notice only with your written authorization

WE MAY USE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION

As REQUIRED BY LAW when required or authorized by other laws, such as the reporting of child abuse, elder abuse or dependent adult abuse.

For HEALTH OVERSIGHT ACTIVITIES to governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law.

In JUDICIAL PROCEEDINGS in response to court/administrative orders, subpoenas, discovery requests or other legal process.

To PUBLIC HEALTH AUTHORITIES to prevent or control communicable disease, injury or disability, or ensure the safety of drugs and medical devices.

To LAW ENFORCEMENT for, example, to assist in an involuntary hospitalization process.

To THE STATE LEGISLATIVE SENATE OR ASSEMBLY RULES COMMITTEES for legislative investigations.

For RESEARCH PURPOSES subject to a special review process, and the confidentiality requirements of state and federal law.

To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY of an individual. We may notify the person, tell someone who could prevent the harm, or tell law enforcement officials.

To PROTECT CERTAIN ELECTIVE OFFICERS including the President, by notifying law enforcement officers of potential harm.

YOU HAVE THE FOLLOWING RIGHTS:

1. To Receive a Copy of this Notice when you obtain care.
2. To Request Restrictions. You have the right to request a restriction or limitation on the mental health information we disclose about you for treatment, payment or health care operations. You must put your request in writing. We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
3. To Inspect and Request a Copy of your Mental Health Record except in limited circumstances. A fee will be charged to copy your record. You must put your request for a copy of your records in writing. If you are denied access to your mental health record for certain reasons, we will tell you why and what your rights are to challenge that denial.
4. To Request an Amendment and/or Addendum to your Mental Health Record. If you believe that information is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record) of no longer than 250

words for each inaccuracy. Your request for amendment and/or addendum must be in writing and give a reason for the request. We may deny your request for an amendment if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy, or if the information is already accurate and complete. Even if we accept your request, we do not delete any information already in your records.

5. To Receive An Accounting of Certain Disclosures we have made of your mental health information. You must put your request for an accounting in writing.

6. To Request That We Contact You By Alternate Means (e.g., fax versus mail) or at alternate locations. Your request must be in writing, and we must honor reasonable requests.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the UC website: <http://caps.ucsd.edu>

CONTACT INFORMATION: If you have any questions about this Notice, please contact the HIPAA Privacy Officer at: Counseling & Psychological Services, UCSD HS, 9500 Gilman Drive 0304, La Jolla, CA 92093-0304, or by telephone at 858 534 3755.

If you believe your privacy rights have been violated, you may file a complaint with the UHS HIPAA Privacy Officer or with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

Effective Date: October 14, 2003

**UNIVERSITY OF CALIFORNIA, SAN DIEGO
COUNSELING & PSYCHOLOGICAL SERVICES
9500 Gilman Drive MC 0304
La Jolla, CA 92093-0304
(858) 534-3755/FAX (858) 534-2628**

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

The Counseling and Psychological Services Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice are available by accessing our website at <http://caps.ucsd.edu> and may be obtained at our Central Office at 190 Galbraith Hall.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Client or Client's Representative

Date

Print Name

Student ID

Interpreter (if applicable) _____

Relationship to Client _____

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained.

- Notice of Privacy Practices Given – Client Unable to Sign
- Notice of Privacy Practices Given – Client Declined to Sign
- Notice of Privacy Practices and Acknowledgment Mailed to Client
- Other Reason Client Did Not Sign _____

Signature of CAPS Representative

Date

Print Name