

## **Introduction**

Welcome to counseling and health services (CHS). This informed consent document is intended to give you general information about our counseling services. Please read it carefully and note any questions you have for the treatment coordinator who you will speak to in your first appointment. You may also ask for a copy of this information for your records.

## **Eligibility**

I understand that I am eligible for services when I am currently enrolled as a Salem State University (SSU) student. I understand that if I am not enrolled I cannot receive services (e.g., during a leave of absence, after graduation).

## **Scope of Services**

I understand that services provided include:

- Initial treatment coordination visits;
- Urgent/emergency care during business hours;
- Short-term/biweekly individual counseling;
- Group counseling;
- Workshops;
- Consultations with referral and other care coordination support.

I understand that to provide the best possible treatment, part of my care plan may include an off campus referral when there is the need for:

- Long-term counseling;
- Ongoing weekly or more frequent individual counseling;
- After-hours emergency support;
- Hospitalization or a day-treatment program;
- Extensive care coordination outside of the therapy hour (e.g., DCF, off campus providers);
- Medical care, including medication or monitoring of ongoing of symptoms which are unable to be provided by CHS medical staff.

I understand that the CHS counselors are unable to provide:

- A note to excuse me from class, work, or other activities;
- Documentation for disability services (e.g., for emotional support animals or parking, housing, or academic accommodations);
- Documentation for the office of international education (e.g., Visa/SEVIS support);
- Court-mandated counseling (e.g., for alcohol offences, anger management).

## **COVID-19 Pandemic**

I understand every effort is being made to support students' mental and physical health. As part of this:

- All regularly offered services have been adapted to telehealth;
- Our front desk remains open virtually during normal campus hours (M-F 8:30-5);
- Students can access counselors via telehealth (phone and video chat);

I understand my treatment coordinator will consult with me about any limitations I have in doing telehealth, and can discuss support or accommodations.

## **Geographic Restrictions**

- I understand I must be physically present in Massachusetts to engage in teletherapy, according to state laws;
- I understand that if I am outside of the state for the semester I can still receive consultation services and assistance with referrals to a counselor licensed in my state of residence.

## **In-Person Accommodations**

I understand that in some instances there may be a possible need for a face-to-face meeting with a counselor.

Accommodations may be granted if:

- There is a safety issue which necessitates an in person evaluation;
- There are barriers to telehealth which cannot be solved including issues of:
  - Privacy in the living space;
  - Technology access;
  - Disabilities or other issues which significantly limit the effectiveness of telehealth.

I understand that if I attend an in-person session at CHS, I will be required to:

- Be screened for COVID-19 symptoms;
- Wear a mask at all times in the office, including during session with my counselor;
- Consent to SSU guidelines around contact tracing which may include the disclosure of attendance of a counseling session to SSU health or contact tracing professionals, or the Department of Public Health.

### **What to Expect from Counseling**

I understand that counseling, including telehealth services, have been proven to have benefits for the great majority of people who engage in counseling. It often leads to better relationships, solutions to specific problems and an improved ability to tolerate distress.

- I understand there are no guarantees for how I will respond to treatment.
- I understand that for counseling to be most successful, I will have to work on things we talk about outside of sessions.
- I understand counseling can involve discussing unpleasant aspects of life, and I may experience uncomfortable feelings or memories.
- I understand if I have concerns about treatment, I can talk to my counselor about how to manage difficulties or let them know if I need to change the focus of our work.

### **Counseling Staff**

I understand that counseling services is staffed by licensed psychologists, social workers, and mental health counselors, as well as counselors-in-training. Trainees have a master's degree in counseling or a related field and work under the supervision of the licensed professionals while they complete their doctorates.

- I understand that if I am working with a trainee, I will be informed of their current supervisor's name. I have the right to request to work only with a licensed staff member, although this may mean I will have to wait longer for services.
- I understand that all counselors and trainees are hired based upon their active desire to work with a diverse population of students and to provide culturally-responsive and trauma-informed care. I understand that all staff receive ongoing training and supervision in working with issues such as racial trauma, sexual assault, and intersectional identity development.
- I understand that I have the right to be treated respectfully by my counselor, including the use of my proper name and pronouns, and can speak to my counselor or their supervisor with concerns.
- I understand that I am able to request to work with a counselor of particular identities, although this may mean I will have to wait longer for services or be referred to an outside provider.

### **Confidentiality**

I understand that the counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession.

- I understand that in most circumstances I must complete a Release of Information for CHS to share information about my care with family, other care providers, other campus offices, and anyone else not part of the CHS staff.

I understand that every counseling professional ultimately has the responsibility to protect the safety of myself and others. Because of this, there are limits to confidentiality where CHS could be compelled to share information relevant to the protection of safety including:

- If I present a serious danger to myself or another person;
- If I am under 18 years of age and disclose abuse or neglect;
- If I disclose that a minor child, dependent adult or elderly person is currently at risk for abuse or neglect from me or someone else;
- If the dean of students must consult with CHS about an imminent threat to my safety or the safety of the campus.

I understand that CHS could be compelled to release my record in certain circumstances:

- If I am under 18 my parent or legal guardian requests my medical records;

- If a valid subpoena is issued on my records, or my records are otherwise subject to a court order or other legal process legally compelling disclosure.

I understand that as members of a larger campus community, counseling staff could at times be exposed to information about me which I have not disclosed directly to my counselor. This includes information which is part of my SSU record or which is shared by other campus staff.

## **Security**

### ***Records***

I understand counseling records are stored electronically and protected by multiple security measures which are updated frequently. Records are only accessible to CHS staff, and staff complete annual trainings on the handling of records. Counseling and medical records are kept separate from academic records.

I understand that I am entitled to receive a copy of my records, a summary of my record or have CHS provide an outside clinician with my records if I sign a release of information. I understand that if I wish to review my records, CHS recommends that I do so with my counselor.

I understand that I should not share my SSU passwords with anyone, and if I do that this grants them access to any information in the Health Services Portal.

### ***Telehealth***

I understand that with teletherapy there are possible security issues which are different than meeting in person. CHS utilizes the Salem State University's Zoom platform, which has specific settings to maintain privacy compatible with HIPPA requirements. I understand I am able to receive services via phone only if I have reservations about engaging by video.

### ***Communication***

I understand that the preferred means of contact for the office is phone or the Health Services Portal. I am aware email is not confidential and if I choose to send a message to my counselor via email confidentiality cannot be ensured. I understand that for this reason my counselor will not discuss clinical issues via email.

### ***Cancellation Policy***

I understand I am able to receive text and email reminders of my appointments. It is my responsibility for canceling or rescheduling my counseling appointments. I understand that if I do not show up for and fail to cancel two appointments I may lose eligibility for services for the semester.

I understand that if there is If the university is unexpectedly closed or my counselor is ill, I will be notified by CHS and I can call to reschedule my counseling appointment.

## **Emergency Mental Health Issues**

### ***Between Sessions***

I understand that CHS is an outpatient care clinic, open from 8:30 am to 5 pm M-F, and that it does not operate an on-call service. ***CHS can be reached at 978.542.6410 during business hours for crisis support. After hours if on campus, please call Public Safety at 978.542.6111. If off campus, please call 911 or go to your nearest emergency room.***

- I understand that if I am in need of or would prefer a provider with an on-call service, I can talk to the intake coordinator about a referral;
- I understand that during business hours, if I need crisis support I can call the office to consult with the emergency clinician on duty;
- I understand that after hours I can access community resources through my local emergency room, local psychiatric mobile crisis unit, or various talk and text lines.<sup>1</sup>

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<sup>1</sup> Crisis information will be provided within the online informed consent/paperwork, or in person through the usual crisis card. The same information is also on our voicemail systems, the CHS office door, and website.

### ***During Sessions***

I understand that if there are concerns about suicide, violence, or other risk issues my counselor will work with me to establish a care plan. I understand that if establishing a care plan does not feel protective enough, my counselor will work to ensure my safety through additional steps. These steps may include:

- Contacting my emergency contact to support me;
- Arranging a crisis evaluation with a psychiatric care team in my area;
- Transport to the hospital for my protection (if at SSU);
- Contacting emergency services in my area to perform a wellness check at my address (if not on campus).

The following will be required for my safety when doing telehealth appointments:

- My Location and Emergency Contact: My current address and the details for an emergency contact person in my home or local area will be confirmed at the start of every visit.
- Driving: For emergency reasons, in addition to general issues of attention and safety, I will not drive during session.

### **Consent**

I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of Salem State University's counseling and health services. I hereby give my consent to authorize counseling and health services to evaluate, treat, and/or refer me to others as needed. My signature below indicates that I have read the information in this informed consent form, and that I agree to abide by its terms during our professional relationship.

If there are any concerns with counseling services that you cannot discuss with your counselor, please contact the director of counseling and health services at 978.542.6410