



## Informed Consent

### **Eligibility:**

Mississippi State University (MSU) Student Counseling Services (SCS) offers a variety services: individual therapy, couple therapy, psychological assessment, advocacy, group therapy, support groups, and workshops. These services are provided by licensed professional counselors, psychologists, social workers and mental health trainees. Full or part-time students (as defined by MSU OP 31.01) and who are not full-time MSU employees are eligible for a free, voluntary, and confidential services.

### **Treatment Model:**

SCS follows a brief therapy treatment model. You and your clinician will discuss treatment goals and determine the length of your treatment to meet those goals. Typically clients visit SCS from 6 to 8 sessions in a semester. We expect clients to actively work toward agreed-upon therapeutic goals in order to remain in treatment. Together, you and your clinician will explore your treatment options. While some clients will move from individual therapy to a group modality after several sessions, it may be clinically indicated for other clients to begin group or other services rather than seeking individual therapy.

### **Risks and Benefits:**

Therapy can have both risks and benefits. The therapy process may include discussions of your personal challenges and difficulties, which can elicit uncomfortable feelings such as sadness, guilt, anger, and frustration. However, therapy 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. These benefits are dependent on your motivation for change.

### **Confidentiality and Privacy Practices:**

In keeping with ethical standards of the International Association of Counseling Services, Inc. and State and Federal law, all services provided by SCS and related records are kept confidential except as noted below. Mental health providers have a legal responsibility to disclose client information without prior consent in the following situations:

- If you are likely to harm yourself or others unless protective measures are taken,
- If you lack the capacity to care for yourself,
- When there is a reasonable suspicion of abuse of children or vulnerable adults, and/or
- When there is a valid court order for the disclosure of client files.



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Fortunately, these situations are infrequent and all measures of security possible are taken to ensure your confidentiality is maintained. Any information stored on paper is locked; data stored electronically is encrypted.

SCS Staff operates as a team in order to provide the best services to students. As professionals, we confer with each other within the agency. These consultations are for professional and/or training purposes only.

By providing an Emergency Contact, you give permission to communicate with that person if we believe you are at risk. Please consult with your clinician if you have questions about your confidentiality.

For more details about your Protected Health Information, as specified by the Health Insurance Portability and Accountability Act, please refer to our website: [www.health.msstate.edu/scs](http://www.health.msstate.edu/scs).

### **Communicating with SCS:**

Although we try to arrange initial therapy appointments promptly, there may be a waiting list during busy periods of the year. If you consider your situation an emergency, please inform our staff. For after-hours emergency, please connect to the Telus Health app (<https://qrco.de/telusmsstate>), go to the nearest hospital emergency room, or contact the MSU Police at (662) 325-2121. Please be aware that email cannot be guaranteed to be private or confidential and may not be read by the recipient in a timely manner. SCS communicates via SMS text for appointment reminders only and is unable to respond to any texts received.

### **Referrals:**

Many issues typically encountered by university students can be addressed with the short-term therapy we provide. Your initial session is an assessment session devoted to defining your concerns, developing a treatment plan, and determining whether SCS 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 outside providers. Non-compliance with the plan we develop to assist you could result in the termination of services at SCS.

### **No-Show Policy:**

Your active participation in the therapy process is necessary for progress to be made. Therapy sessions typically last for 30-50 minutes. Your promptness for these sessions will allow you to take full advantage of your appointments. A late arrival of 15 minutes or more may be considered no-showing your appointment and you may be required to reschedule. A \$25.00 no-show fee will be added to your student Banner account.



If you miss a scheduled appointment with your clinician and have not canceled in advance, you are responsible for calling to reschedule the appointment or for informing the clinician that you are no longer interested in receiving therapy. If an emergency arises, please cancel your appointment by calling clerical staff, preferably one day in advance. If you miss three (3) scheduled appointments without rescheduling, we will assume you are no longer interested in our services and your case will be closed. You may, of course, request services again at any time, although during peak times you may be placed on a waiting list.

**Feedback:**

Our goal is to provide the most effective psychotherapeutic experience. If you feel that your clinician is not a good match for you, we encourage you to discuss this matter with your current clinician or SCS administration. We are interested in any feedback you may have regarding the services you receive. You will have an opportunity to provide feedback towards the end of the semester on our evaluation form. You are, of course, welcome to provide us with feedback at any time during the therapy process.

**Staff Qualifications:**

Your clinician may be a psychologist, licensed professional counselor, licensed clinical social worker, professional seeking a license, or a graduate level trainee. Provisionally licensed clinicians and graduate trainees are supervised by licensed staff. We seek written consent to video or audio record your therapy sessions. This is done so that your clinician and their supervisor can review sessions in order to aid in the therapy process. These recordings are confidential, kept in a secure location, and erased after use.

**Training Site:**

SCS is a training site where clinicians in training may need to observe sessions or be observed by a licensed clinician as part of their training. Observations only occur during initial screenings and intake sessions. I understand that a trainee may observe or may be observed during my initial appointment, and that my treatment is not contingent upon consenting to this observation by executing this form. If you consent to trainee observation by executing this form, you can withdraw your consent at any time with no disruption in the therapy process and SCS will document your withdrawal of consent in your file.



## NOTICE OF PRIVACY PRACTICES

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.

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. If we disclose information to other persons and companies to perform services for us, we require them to protect your privacy, too. We are required to give you this Notice about our privacy practices, your rights and our legal responsibilities. This Notice is effective as of today, the day you are reading this notice.

### 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. This will happen with your written consent unless you are in urgent need of care.
- For **PAYMENT** For example, if your care requires payment (counseling will not) 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. NOTE: Currently, no services at Student Counseling Services require payment.
- For **HEALTH CARE OPERATIONS** For example, we share information among 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 parent/guardian, if you are under 18.
- **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.



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- 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.
- For **RESEARCH PURPOSES** subject to a special review process, and the confidentiality requirements of state and federal law. Research data would only be reported in aggregate.
- 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.

## YOU HAVE THE FOLLOWING RIGHTS:

- To be treated with dignity and respect.
- To personal privacy and to receive your care in a safe setting.
- To not be discriminated against because of race, creed, sex, age, national origin, sexual orientation, gender identity, gender expression, or disability status.
- To know the names and professional status of people serving you.
- To know the effectiveness, possible side effects, and problems of all forms of treatment.
- To information about services and any related costs.
- To Receive a Copy of this Notice when you obtain care.
- 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.
- To Inspect and Request a Copy of your Mental Health Record except in limited circumstances. A fee may 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.
- 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



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the information is already accurate and complete. Even if we accept your request, we do not delete any information already in your records.

- 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.
- 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 our website: <https://www.counseling.msstate.edu>.

**CONTACT INFORMATION:** If you have any questions about this Notice, or to file a complaint, please contact the Director of Student Counseling Services, Shanice White, MS, LPC-S, NCC in writing at P.O. Box NL, Mississippi State, MS 39762 or by telephone at 662-325-2091. There is more information about Health Information Privacy at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). You will not be penalized for filing a complaint.

## HOSPITALIZATION RECOMMENDATIONS

There are times when clinicians make a recommendation for hospitalization for a higher level of mental health care. Our preferred hospital is Baptist in Columbus, Mississippi. The primary means for transporting clients to the hospital is by ambulance. If you refuse to be transported by ambulance, you do have the option to ask a family member or another trusted adult to transport you to the hospital. They will have to arrive to our office within one hour. If the family member or trusted adult does not arrive within one hour, you will be asked to be transported by ambulance, or the mobile crisis unit. If you refuse all modes of transportation and hospitalization, you will be asked to sign a Hospitalization Recommendation Refusal form, which will be added to your file.

## CONSENT FOR SERVICES

I have read and understand all of the information in this informed consent, including the provisions of the "Description of Services" as they pertain to eligibility for services, services provided and outside referrals, initial and follow-up sessions, length of service limitations, staff qualifications, my responsibilities, and appointment policies, privacy practices notice, and hospitalization recommendations.

Yes

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I understand, for safety and legal reasons, the exceptions to confidentiality are:

1. When a counselor believes that I present an imminent danger to myself or others;
2. When a counselor believes that a child or vulnerable adult is being subjected to abuse, neglect, or exploitation; and
3. When disclosure is made necessary by legal proceedings.

Yes

I understand that I may request and meet to review/ copy/ amen my counseling records, as long as receiving this information is not judged by my counselor to be detrimental to my well-being.

I understand that outcomes of counseling, psychotherapy, and medication are not guaranteed; however, I am assured that SCS services will be delivered in an informed, legal, and ethical manner.

Yes

I understand that SCS staff are NOT able to respond to urgent email or SMS text communication, and I have been provided an alternative method to communicate in urgent situations.

Yes

Yes

Name: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

Name: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_