

# **UTHSC – Counseling Services**

## **SASSI and UHS Behavioral Health Services**

Welcome to Counseling/Behavioral Health Services. This document contains important information about professional services and business policies. It is very important to read and understand this document. When you sign this document, it will represent an agreement between you, counseling/behavioral health staff and the University. Questions at the time of signing or any time in the future can be discussed.

## **Counseling/Behavioral Health Services**

Counseling/behavioral health is a relationship that involves both risks and benefits. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, or frustration because the process often requires discussing the unpleasant aspects of your life. However, benefits are that the process often leads to a significant reduction in feelings of distress, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. More positive outcomes occur when clients work on things discussed outside of sessions.

An initial comprehensive evaluation is typical. A brief model informs treatment so that goals are specific and attainable and attention is focused primarily on the present rather than the past. A counseling/behavioral health session may be scheduled for 30-60 minutes in length and may occur weekly, biweekly or monthly. Appointments are reserved for the client; however, crises may occur and on occasion, a session may be interrupted. In the event that this occurs, the session will be rescheduled. Sessions begin and end as scheduled regardless of arrival time. Cancellations and rescheduling should be provided with 24 hour notice. Clients have the right to terminate counseling/behavioral health at any time.

Counseling/behavioral health services are available to all currently enrolled students and employees of the University. There is no limit on the number of sessions. Consultation services are available for faculty and staff.

## **Confidentiality**

Confidentiality is a cornerstone of counseling and behavioral health. It is similar to attorney-client privilege in that information obtained during appointments is only released at the request of client(s) or if there is a risk to client or the community (i.e.: suicide risk/attempt, emergency room evaluation and/or a threat to themselves or others.) If there is a risk, information may only be shared that aids in obtaining ongoing care and ensuring safety.

**The following are legal exceptions to your right to confidentiality. You will be notified when these are deemed to be in effect.**

1. In the event there is good reason to believe that you are in imminent danger of harming or killing yourself confidentiality will be broken and steps to ensure safety will be taken, up to and including contacting Campus Police, the UT CARE/Behavioral Intervention Team, the Student Affairs' Vice President and/or designated UHS administrative staff. Transport for further evaluation may be required.
2. In the event there is good reason to believe that the safety of others including colleagues and/or patients is at risk, steps to ensure the safety of others will be taken. Confidentiality may be broken and the Campus Police, UT CARE/Behavioral Intervention Team, the Student Affairs' Vice President and/or designated UHS administrative staff may be contacted. Transport for further evaluation may be required.
3. In the event there is good reason to believe that a child, elder or vulnerable adult is being abused or neglected, or when information about someone else engaging in this behavior is provided, a legal requirement exists to inform Child Protective Services and Adult Protective Services immediately.

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4. In the event that a third party such as an insurance company is paying for part of your bill, a diagnosis may be required. When a diagnosis is used, it will be discussed with you. All of the diagnoses are based upon the DSM-5.
5. In the event medical records are subpoenaed for legal matters via a court order, confidentiality may be legally broken. Steps will be taken to not release information without prior signed consent.

**Though not a legal exception to confidentiality, this is an institutional policy of which you should be aware.** In the event that there is good reason to believe that there is a threat to self, others, patients or colleagues which does not reach the level requiring immediate intervention or notification of police, the behaviors may be discussed with the UT Care Team or the Behavioral Intervention Team with the goal of ensuring safety and student success. Teams work to provide meaningful support and interventions when appropriate for the health, safety and well-being of client(s), patients, colleagues and the campus.

When information is shared with the CARE team, the team is comprised of mandatory reporters including the CARE Navigator. The CARE Navigator is NOT a Confidential Resource and must report or disclose information to University Officials when made aware of certain events that occur to me or other students and the University in general. These events typically fall under two Federal mandates:

- Title IX: Sexual offenses, including sexual violence, sexual harassment, stalking, domestic violence, retaliation, and intimate partner violence.
- Clery Act: Criminal offenses (including homicide, sexual offense, robbery, aggravated assault, burglary, motor vehicle theft, arson, dating violence, domestic violence, and stalking), hate or bias crimes and arrests, or referrals for disciplinary actions (weapons, drug and liquor law violations).

Finally, **as part of the training required for practicum and internship students**, consent may be requested to participate in audio/video recorded SASSI sessions. These recordings will only be used to aid in supervisory and educational purposes and will not be used for any other purpose without the student's written consent. All recordings are erased and destroyed at the end of the practicum/internship student's training.

### **Records**

Records of counseling/behavioral health services provided are required. Counseling/behavioral health records and individual documents are maintained electronically, are password protected and accessible by counseling/behavioral health staff only. Client records will be kept for *at least* seven (7) years after the date of the last contact with our department.

Clients' have the right to : (1) request that errors in records be corrected, (2) a copy of their records, (3) request a copy of records be made available to other providers with a written request and (4) restrict certain disclosures to health plans/insurance if payment for services is made by client in full.

Under the Federal Health Insurance Portability and Accountability Act (HIPAA), your private health information (PHI) is protected. The law insures the confidentiality of all electronic transmission of information. Clients direct what information is shared and with whom the information is to be shared. Permission may be revoked at any time.

### **Contact**

Confidentiality and privacy associated with fax, e-mail and cell phone communication is relatively easily compromised. This awareness should guide methods of contact. Telephone contact is not often immediately available. Messages may be left with the front office staff and calls will be returned as soon as possible.

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In the event that you feel unable to keep yourself safe: 1. Contact the front office, during regular hours, so they can contact another clinical staff member to assist you 2. Go to the local Hospital Emergency Room 3. Call 911 and explain your emergency. **Do not use e-mail or faxes in emergency situations.**

### **Other Rights**

In the event of concerns regarding service provision, you are encouraged to speak with the clinician such that your concerns may be addressed. Comments will be taken seriously and handled with care and respect. In the event that concerns continue, you may request to speak with the UHS Medical Director at 901-448-5620. For Counseling Services provided in SASSI, you may request to speak with the AVC for SASSI, Ms. Kathy Gibbs. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

### **Consent to Counseling/Behavioral Health Treatment**

I, \_\_\_\_\_ have read this Agreement, had sufficient time to consider it carefully, ask any questions needed and understand it. I understand the limits to confidentiality required by law and institutional policy. I agree to the policies related to receiving service and agree to participate in treatment at Counseling/Behavioral Health Services, University Health Services Clinic. I enter into this agreement voluntarily with competency and understanding and knowledge of the consequences.

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Signature of Client/Patient

Date

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Printed Name of Client/Patient

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Name of Clinician

Date

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Witness

Date