



Office Use Only
Arrival:
Completed:

CLIENT CONSENT FOR TREATMENT

NAME: FIRST _____ **M.I.** _____ **LAST** _____ **PID#** _____

- Mark this box if you are a graduate student in Clinical Psychology, Social Work, or Counseling.
- Since we are a training clinic, graduate trainees often accompany senior staff. If you object, please check this box.

PLEASE CHECK WHICH SERVICES YOU ARE REQUESTING TODAY:

Group Counseling	Couples Counseling
Crisis/Emergency Counseling	Medication/Psychiatry
Single Session Counseling	Legal Concerns/Mandated Counseling
Short Term Counseling (fewer than 8 sessions)	Other Resources (Coping Clinic, online, etc.)
Longer Term Counseling	Other: _____

CONFIDENTIALITY Information that you share, whether oral or written, will not be discussed with anyone outside Counseling and Psychological Services' professional staff without your written permission. However, some circumstances constitute exceptions to confidentiality and may result in release of limited information to appropriate individuals. These circumstances include: potential harm to self or others (e.g. suicide, homicide, or other life threatening behaviors), suspected child or elder abuse or neglect, and instances in which a court may subpoena counseling records (e.g., contested divorce actions, PATRIOT Act.) If you have any concerns about our procedures, records, supervision, confidentiality, or professional qualifications, please make them known to your clinician at any time.

FEES FOR SERVICES Drop-in session are free to all students. CPS generally provides short term counseling, group counseling and psychiatry services. Students who are enrolled with the Guaranteed tuition model have access to all of our services for free. All other students will have the option of paying the WellBeing plan (\$45.00/semester) to be eligible for services. Students who opt out of the WellBeing plan will be charged per session beyond the initial drop-in appointment (see table below for fees). CPS does not submit claims to health insurance companies or provide documentation for insurance purposes. For all plans (Guaranteed and WellBeing), cancellations not done 24 hours in advance, and failure to appear ("no-show") for scheduled appointments, will be counted toward the session limit, AND RESULT IN CHARGES ON YOUR ACCOUNT AS LISTED BELOW, unless there is a legitimate excuse.

	Guaranteed Plan	Paid WellBeing Plan	Waived WellBeing Plan	No-Show Fee
Drop-in	FREE	FREE	FREE	----
Individual	FREE	FREE	\$20/session	\$20
Group	FREE	FREE	\$75/semester	\$20
Psychiatry Intake	FREE	FREE	\$90	\$90
Psychiatry Follow-up	FREE	FREE	\$60	\$60

I HAVE BEEN GIVEN A NOTICE OF THE FEES FOR SERVICES. I UNDERSTAND THE FEES FOR SERVICES AND THE NO-SHOW POLICY.

Client Signature

Date

RECORDING OF SESSIONS

You are encouraged, but not required, to allow recording of your sessions. Audio/Video recording is often required when the clinician is working under a supervisor's license and these recordings are only reviewed by clinical staff and their supervisees, as required by law and to ensure best practices. Each A/V recording is deleted after appropriate review. Audio/Video (A/V) recording helps CPS trainees provide superior quality services to you. Your signature below grants permission to A/V record your sessions.

Client Signature

Date

I AM REQUESTING SERVICES FOR MYSELF AND CONSENT TO PARTICIPATE IN COUNSELING AND/OR PSYCHIATRY I understand that my participation at Counseling and Psychological Services is strictly voluntary. I have asked for any needed clarification of the conditions mentioned above, I am satisfied with the explanations and I agree to abide by these conditions. I consent to participate in services provided at CPS and I understand that I may withdraw consent at any time.

Client Signature

Date

I HAVE BEEN GIVEN THE NOTICE OF PRIVACY PRACTICES in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996).

Client Signature

Date

Witness Signature

Date

CLIENT SCHEDULE

FALL/SPRING/SUMMER (CIRCLE) _____ YEAR

Please put an X through the times that you are **NOT AVAILABLE**.

	Monday	Tuesday	Wednesday	Thursday	Friday
8					
8:30					
9					
9:30					
10					
10:30					
11					
11:30					
12noon					
12:30					
1					
1:30					
2					
2:30					
3					
3:30					
4					
4:30					