



## **Brandeis Counseling Center Student Agreement**

### Evaluation and Assessment

I authorize the Brandeis Counseling Center (BCC), their employees, trainees, and consultants to perform diagnostic procedures and interventions, which in their judgment may be necessary as part of my psychological assessment and treatment. The extent and type of services to be made available to me will be determined through an assessment and evaluation. I will be involved and engaged in this process and my subsequent care.

I understand that the BCC offers an array of services that are effective for a wide breadth of issues; and it may be recommended that I pursue a different modality (i.e., individual or group), frequency (i.e., weekly or biweekly), or length of treatment than I initially expected. I understand that I may be referred to both on- or off-campus resources as they are deemed appropriate. I understand that if I need specialized or emergency care, I will be referred to the appropriate facility or professional and will be financially responsible for those services.

### What to Anticipate

I understand that while psychotherapy and psychiatric medication may provide significant benefits, they may also pose certain risks. For example, psychotherapy may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories; medications may have side effects. There are also no guarantees with regard to outcomes or lengths of treatment.

There may be times that my therapist will need to adjust our meeting schedule. If I arrive 15 minutes later than our scheduled appointment time, I may be asked to reschedule. If I miss two consecutive appointments (or three within a semester) without contacting my therapist, my therapist may not be able to continue to hold appointment times for me and I may be asked to go on a waiting list.

### Student Rights

I understand that if I am at any point concerned or dissatisfied with my care, that I will first discuss this concern with my therapist. If the situation is not resolved to my satisfaction, I can ask to meet with the BCC's Associate Director. I understand that I can terminate treatment at any time.

### Staff

I understand that a range of mental health professionals, some of whom are in training, provide services at the BCC. All professionals-in-training are supervised by licensed staff.

## **Billing Information Sheet**

### Financial Responsibility

I understand that the BCC submits insurance claims for all services rendered within the center. I will be asked to present my health insurance card at every appointment. All counseling services are provided with no out-of-pocket or direct costs passed along to students.

Confidentiality

I understand that the information shared with the staff at the BCC is confidential and no information will be released from the BCC without my consent with a few exceptions. I understand the limits to confidentiality include:

1. When there is a risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent harm.
2. When there is a suspicion that a child (i.e., under the age of 18), elder (i.e., over the age of 60), or person from an at-risk population (i.e., resident at a long-term care facility, someone who has a disability and dependent on others for care) is being physically or sexually abused, the clinician is legally required to protect that individual by contacting the proper authorities.
3. When a valid court order is issued by a judge for medical records, the clinician is bound by law to comply with such requests.

I understand that if I have multiple providers at the BCC (i.e., an individual therapist, group leader, psychiatrist), they may collaborate and discuss my treatment to coordinate care. Additionally, as the BCC is a training facility, my clinical information may be shared between trainees and staff in the interest of teaching, learning, and providing sound treatment. In all other circumstances, besides the limitations stated above, consent to release information is given through written authorization; this is true of agencies both on- and off-campus.

I understand that the Health Center and the Counseling Center share the following information about students: diagnosis, appointments scheduled, labs, and medications.

Use of Email

Students and staff may use email for scheduling purposes only. If there is any other information that needs to be conveyed it must be done in person or on the phone. Email is not a guaranteed means of confidential communication.

By signing below, I acknowledge that I have read, understood, and agree to the above:

Student Signature	Date

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Representative Signature	Relationship to Student (i.e., parent)
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