

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 (e.g., individual or group), frequency (e.g., 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 in advance, 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.

Financial Responsibility

All counseling services are provided without out-of-pocket or direct costs passed along to students. I understand that the BCC submits insurance claims for its services rendered using my insurance information on file with the University. Related copayments are paid through student

fees, and the University pays for uncovered claims. I may be asked to present my health insurance card for verification.

I agree to allow my insurance program to make payments directly to Brandeis University or its billing representatives. I also agree to forward to the BCC any insurance payments made directly to me. I authorize the release of medical or other information as necessary to process insurance claims.

Confidentiality

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

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.

When there is a suspicion that a child (i.e., person under the age of 18), elder (i.e., over the age of 60), or person from an at-risk population (e.g., resident at a long-term care facility, or 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.

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 (e.g., an individual therapist, group leader, and/or 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.

Furthermore, I understand that the Health Center and the Counseling Center share the following information about students: diagnoses, medical history, allergies, appointments scheduled, lab results, and medications.

Use of Email

Students and staff may use email for scheduling or other related purposes only. If there is any other information that needs to be conveyed, including confidential health information, it must be done in person, on the phone, or if available via the BCC's secure online messaging service.

Additional Terms

This agreement remains in effect for the duration of the academic year. Terms are subject to change, and students will be notified of any relevant changes.

I am age 18 or older. By typing my name and initials below, I am electronically signing this document and agree to its terms.

Full Name _____

Initials _____

Name of Parent/Guardian if Student is under 18 _____

**Addendum:
Consent to Telehealth**

Location Client Will Be for Sessions (full address) :

This document is an addendum to the BCC standard informed consent and does not replace it. All aspects of informed consent for treatment in that document apply to telemental health (TMH) treatment. TMH refers to counseling sessions that occur via phone or videoconference using a variety of technologies. The results of TMH cannot be guaranteed or assured. You are not required to use TMH and have the right to withdraw this consent at any time. TMH services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to, or difficulty with technology; significant communication disruptions; or need for more intensive services. In these cases, your counselor will help you establish referrals to other appropriate services.

TMH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:

- Sessions could be disrupted, delayed, or communications distorted due to technical failures.
- TMH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- Your counselor may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes or TMH presents barriers to treatment.
- In rare cases security protocols could fail and your confidential information could be accessed by unauthorized persons. BCC works to reduce these risks by using secure Zoom video conferencing software and these policies and procedures:
- You may only engage in sessions when you are physically in Massachusetts. Your counselor will confirm this each session.
- You and your counselor will engage in sessions only from a private location where you will not be overheard or interrupted.
- You will use your own computer or device, or one owned by Brandeis but that is not publicly accessible.
- You will ensure that the computer or device you use has updated operating and anti-virus software.

• You will not record any sessions, nor will BCC record your sessions without your written consent.

• You will provide contact information for at least one emergency contact in your location.

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Should there be technical problems with video conferencing, the backup plan is contact by phone. Make sure that BCC has a correct phone number at which you can be reached, and have your phone with you at session times. If you are unable to connect, or get disconnected, please try to connect again and if problems continue, call BCC. Email is not a confidential method of communication, and your counselor may not access or respond to emails quickly. If you need to reach your clinician between sessions, you may send a message via the Medica patient portal or call the counseling center.

In some limited circumstances, or to preserve continuity of care, sessions by phone may be arranged. Please be aware that phone communication may not be secure. If you have concerns about phone sessions, please discuss these with your clinician.

If you are ever experiencing an urgent mental health need, you agree to:

- Call the BCC urgent contact number (781)736-3785 (24 hours)
- Call the National Suicide Prevention Hotline: 800-273-8255 (24 hours)
- Contact the crisis text line: text HOME to 741741 (24 hours)
- Call 911, or go to the nearest emergency room

I understand that if my counselor is concerned about my safety or wellbeing and I am unable to be reached, my clinician may contact the emergency contact listed above.

I have read and understand the above information and all my questions have been answered. I hereby give informed consent to use Telemental Health in my care.

I am age 18 or older. By typing my name and initials below, I am electronically signing this document and agree to its terms.

Name/Signature of Client _____ Date _____

Name/Signature of Parent or guardian if student is under age 18:

_____ Date: _____