



Affix Label Here

BOISE STATE UNIVERSITY
HEALTH SERVICES

COUNSELING SERVICES CONSENT

Welcome to Boise State University Counseling Services! Our desire is to make your visit with us as beneficial as possible.

Counseling Services/ Mental Health Provider Credentials:

All of the providers at Health Services Counseling Services are qualified professionals. The senior staff consists of psychologists, counselors and social workers at the master or doctoral levels with the appropriate credentials and/or licensure. Our staff also includes trainees; this may include **Counseling Graduate Trainees and Social Work Trainees**, who are working toward completion of their master's degree. All of the trainee staff are supervised closely by a Counseling Services senior staff Provider.

Fees and Billing Process:

Health Services will bill your insurance company for the care you receive from Counseling Services. Patients are responsible for ensuring that they provide Health Services with accurate information regarding their insurance status at the time of services. Please note that some or perhaps all of the services you receive may be "non-covered" services, not considered "reasonable and necessary", may be processed as "out of network", and/or may be applied to a "deductible" or "co-insurance" under your insurance plan. Please note that you are fully responsible for all charges associated with care regardless of your insurance benefits. For additional questions regarding billing or fees for service please visit our Health Insurance and Billing Office. A full disclosure of fees for service is available upon request.

Please note that Health Services does charge patients for missed appointments. Please help us serve you better by keeping scheduled appointments and giving 24 hours' notice on any cancellations.

Counseling Process:

Health Services is committed to providing you with mental health services that best meet your needs. The frequency of your return appointments may vary and will be established in consultation with your Provider. In order for you to receive the most benefit from your counseling sessions your active participation is required.

Our primary purpose is to help you become effective in dealing with concerns that influence your ability to achieve success in pursuit of personal and academic goals through short term solution-focused services. In the event you need or want long-term counseling services beyond what we can provide, your Provider will assist you in exploring available resources in the community that can best support your care.

Confidentiality:

In compliance with applicable Federal Laws and regulations along with Idaho state statutes, all the information obtained during your counseling session will be kept confidential as required by law. Information gathered during your counseling session will not be revealed to anyone outside of Health Services without your consent ***except*** in the following situations where disclosure is required by law:

- Where there is reasonable suspicion or report of abuse to vulnerable populations, including children, elderly persons, and individuals who are unable to advocate for themselves.
- Where you present serious and foreseeable harm to yourself or others.
- If we receive a subpoena, court order, or as part of legal proceedings which may include but is not limited to legal complaints filed by you against your provider.
- In specific cases of law enforcement emergency for national security issues.

Medical Record:

Health Services uses an Electronic Medical Record for all care received at Health Services which includes your medical records, counseling progress notes and appointment history information. Counseling records are the property of Boise State University Health Services. However, you do have the right to access the information contained within your record. Your provider may consult with you regarding the best approach to access information contained within your record. To obtain copies of your records, or if information from your record needs to be transferred to a third party, we ask that you complete an authorization to release information form and submit for processing. If you request your records, all parties present during the counseling session (i.e., family or significant other) would need to consent to the release of the record as well.

**Please note that releasing clinical information about a patient/client could have a negative impact on the therapeutic relationship and potentially become harmful to the patient/client. Patients/Clients are always encouraged to speak with Health Services staff about their record and any implications previous to the release of any information

Benefits and Risks of Counseling and Assessment:

Benefits of counseling may include but are not limited to: an improved ability to relate to others; a clearer understanding of self, your values and/or goals; increased academic productivity; and an ability to cope with everyday stress.

While benefits are expected from the counseling process, there may be periods of increased anxiety or uncertainty, which may affect relationships, your job, and/or your understanding of yourself. It is impossible to predict the extent to which you might experience these changes. You and your Provider will work together to maximize the benefits of the counseling process.

Benefits of assessment may include but not limited to: a clearer understanding of self, your values and/or goals, increased academic productivity a clearer understanding of your strengths, limitations and strategies to maximize your potential. Although benefits are expected from the assessment process, it is impossible to predict the outcome of the assessment. *It is possible that you will not receive the diagnosis you are seeking, or may receive a diagnosis you are not expecting.* It is also possible that we will not be able to offer you a specific diagnosis or answer your problem(s) through the assessment process. You and your provider will work together to maximize the benefits of this process. Your participation and payment for an assessment does not guarantee any results.

Your signature below indicates that you have read this agreement, agree to the terms, and have had the opportunity to have your questions answered.

Printed Patient/Client Name

Date

Patient/Client Signature

University ID Number

Counseling Services Provider Printed Name

Counseling Services Provider Signature

Date