
INFORMED CONSENT FOR COUNSELING SERVICES

*Last Name*_____
*First Name*_____
*Middle Initial*_____
*Cal Maritime ID Number***Introduction**

Welcome to Counseling and Psychological Services at The California Maritime Academy. This informed consent document is intended to give you general information about our counseling services. This is a legal document; please read it carefully before signing. If you have any questions about signing this document and/or would like a copy of this document please ask your counselor.

Eligibility

I understand that eligibility for services is contingent upon my status as an enrolled or continuing Cal Maritime cadet/student.

Provision of Services

I understand that CAPS offers a variety of clinical services to cadets/students, including intake assessment, short-term individual counseling (up to 8 sessions per academic year), psychiatric consultation and treatment for certain conditions, crisis intervention, group counseling, admissions evaluations (i.e., Level II evaluations), conduct violation-related counseling, workshops and referral. During the initial assessment, my CAPS counselor and I will work together to determine how best to serve my needs. I further understand that appropriate referrals will be provided to me if it is determined that I would be best served by a community resource.

Nature of Counseling

I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my ability to relate to others, provide a clearer understanding of myself, my values, and my goals, and an ability to deal with everyday stress. Although counseling can be beneficial to many people, it may not be helpful for everyone. Therefore, it is essential that you discuss any questions or discomfort you might have with your counselor.

Counseling Staff

CAPS is housed within Student Health Services where staff include a Licensed Psychologist, Licensed Nurse Practitioner, Licensed Physicians, as well as Medical Assistants.

Confidentiality

I understand that CAPS counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective counseling sometimes requires that staff members share confidential information with other staff members.

I understand that no records or information about me will be released from CAPS without my permission, **except under certain circumstances:**

- If I present a serious danger to myself or another person.
- If I was abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused me.
- If I am under 18 years of age and disclose abuse or neglect to my counselor.
- If CAPS learns that an older adult (65 years and older), dependent adult, or minor child is being abused or neglected.
- If I have physically or sexually abused a minor child and that child or other minor children are at risk of ongoing abuse.
- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

Acknowledgment of Notice of Privacy Practices

I acknowledge that I have received information pertaining to the California Maritime Academy, Student Health Services Notice of Privacy Practices and that the current notice is also available at: <http://www.csum.edu/web/health-services/>

Student Initials: **Please turn over – Continued on other side**

Attendance Policy

I agree that while I am seeing a counselor or participating in a group/workshop, whenever possible, I will notify CAPS **at least 24** hours in advance if I know I will miss a session. I understand that if I do not show for an individual session and do not call, it may count towards my allotted number of sessions.

No Show Policy

Currently, CAPS has a 24-hour appointment cancellation policy, which states you must change or cancel your appointment at least 24 hours ahead of the scheduled time. We have a high demand for our services and non-cancelled appointments translate into missed opportunities for other students in need of timely services. If you no show* for your appointment two times, you may lose your privilege of seeing a counselor at CAPS and will be given several outside referral sources for you to continue your counseling. This policy reflects the Counseling and Psychological Services' desire to benefit as many Cal Maritime students as possible. Please feel free to clarify this policy with your counselor. (* **No Show** is defined as not calling to cancel your appointment or calling to cancel with less than 24 hours notice. There are few exceptions such as last minute illness or emergency.)

Conflict of Interest

I understand that in some situations there may be a conflict of interest in participating in counseling (e.g., USCG licensing). I have been advised to discuss this possibility with my counselor.

Medical Withdrawals (Full, Partial, and/or Retroactive)

I understand that counselors do not grant medical withdrawals, but may provide documentation under very specific circumstances. I understand that counselors cannot adequately document psychological distress (or other reasons for withdrawal) unless I have been in treatment at CAPS. Documentation from a counselor to support a medical withdrawal is usually not given to students who have not received previous services at CAPS. While we may not be able to directly accommodate your requests for a medical withdrawal, we are available to assist you during this difficult process.

Mandatory Counseling

If you have been referred for mandatory evaluation/counseling, please let your counselor know at the start of the initial session. If you do not, you may be denied documentation verifying your attendance and treatment. We do not provide court mandated evaluation/counseling and will not provide documentation verifying your attendance and treatment.

Records

Your records are stored electronically and include the information you provided and information about any interactions (individual and group counseling, phone calls, consultation, emails, etc.) with CAPS. This information is only accessible within CAPS and is protected by multiple security measures. All CAPS employees sign confidentiality agreements. This information is separate from your academic records.

Contacting Me

In order to keep my relationship with CAPS confidential, the best way to contact me should the need arise is noted below. I am aware that information exchanged over cell phone and email could be intercepted by an outside party.

Okay to leave a message:

Please check all that apply

	<u>Yes</u>	<u>No</u>
Cell Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Residential Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>

If there are any concerns with CAPS services that you cannot discuss with your counselor, please contact the Director of Student Health Services at (707) 654-1170.

Consent

I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of Counseling and psychological Services. I hereby give my consent to authorize Counseling and Psychological Services to evaluate, treat, and/or refer me to others as needed. I have had the opportunity to discuss any questions regarding the above information.

Student Signature

Date