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## INFORMED CONSENT FOR COUNSELING SERVICES

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### Introduction

Welcome to Counseling and Psychological Services (CAPS) at CSU Maritime Academy (Cal Maritime). 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, please ask your counselor.

### Eligibility

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

### Provision of Services

I understand that CAPS offers a variety of clinical services to students, including assessment and evaluation, short-term individual counseling, psychiatric consultation and treatment for certain conditions, crisis intervention, group counseling, admissions health records review, conduct violation-related counseling, workshops, trainings, referrals, and more. Services are available in person as well as virtually by video and telephone. 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, increase self-awareness, change health behaviors, better manage stress, and improve academic habits. Although counseling can be beneficial to many people, it may not be helpful for everyone. Therefore, it is essential that I discuss any questions or discomfort I might have with my counselor.

### Counseling Staff

CAPS is an integrated service within Student Health Services (SHS), with offices in the Student Health Center and in Upper Residence Hall. CAPS counselors are licensed mental health professionals with experience and expertise in college counseling and student mental health. CAPS is also part of the medical team aboard the Training Ship Golden Bear.

### Confidentiality

I understand that CAPS counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective integrated health care sometimes requires that staff members share confidential information with other staff members on a need to know basis, including medical providers in Student Health Services. I understand that no records or information about me will be released from CAPS or Student Health Services 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 Cal Maritime, Student Health Services Notice of Privacy Practices and that the current notice is also available at: <http://www.csum.edu/web/health-services/>

### Attendance Policy

I agree that while I am seeing a counselor or participating in a group or 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 be a factor toward being provided community referrals for further services.

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**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 outside referral sources for you to continue your counseling. This policy reflects the mission of Counseling and Psychological Services to serve 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 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. I have been advised to discuss this possibility with my counselor.

**Health Leave/Withdrawal (Full, Partial, and/or Retroactive)**

I understand that counselors do not grant health leaves/withdrawals but may provide documentation and recommendations 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 health leave/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 health leave/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 may not be able to provide court mandated evaluation or counseling.

**Records**

Your records are stored electronically in an Electronic Health Record (EHR) system that includes information you provided to CAPS and SHS. CAPS documents information in your record pertaining to appointments, communications, and other interactions you have with CAPS. Records are protected by multiple security measures. A short summary of your CAPS record is accessible to medical providers in SHS, including total appointments, date of last appointment, counselors seen, diagnosis(es), and treatment letters. The following are not accessible without your written consent: intake documents, session notes, and assessments. In compliance with federal (Cures Act) and CA state law, you have access to your protected health information (PHI) via the student health portal, <https://csumportal.pointnclick.com>. All PHI in your EHR is separate from your academic records.

**Contacting Your CAPS Counselor**

The best and most confidential way to communicate with your counselor is via the student health portal. Should your counselor need to reach you sooner, please provide your cell phone number below. I am aware that information exchanged over cell phone and email could be intercepted by an outside party.

Cell Phone: \_\_\_\_\_

Check if not okay to leave message:

**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.**

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 with my counselor any questions regarding the above information.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Name (PLEASE PRINT)**

\_\_\_\_\_  
**Date of Birth**

**Emergency Contact** – In case of an emergency or urgent situation, I understand that my emergency contact person may be notified.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**