

## **AGREEMENT REGARDING SERVICES AND INFORMED CONSENT FOR IN OFFICE TREATMENT AND PAYMENT**

**Welcome** to OU-Tulsa Student Counseling Services (SCS). Please read the following information. If you have any questions or concerns about the contents of this agreement, please discuss them at the beginning of the initial interview before signing.

### **Services**

SCS provides a variety of psychological services including psychological assessment (e.g. personality, intelligence, career interest, relationship, substance use/abuse), psychological counseling and therapy (e.g. tension reduction, interpersonal skills, depression management, personal adaptation, identity development, complex decision making, habit change), and psychological education (e.g. information and exercises for stress management, couple communication).

### **Personal Information Form**

Please fill out the personal information form attached. It will provide us with some initial information about you and your reasons for seeking our services. We also use this information to evaluate our present efforts and to address current needs. The information you provide is voluntary. If you do not wish to complete any parts of this form, you need not do so. However, we encourage you to use this opportunity to aid our staff in providing you with the best possible assistance.

### **Staff**

Licensed Professional Counselor (LPC)

### **Nature and Anticipated Course of Sessions**

The general goal of the initial interview is to come to a better understanding of your concerns, and how the SCS may be of most benefit to you. At the end of this session, you and your counselor should arrive at a plan to best meet your needs (e.g. psychological testing, different types of psychological counseling or therapy, referral to other resources, etc.). A consideration may also be made concerning whether to continue with the intake counselor in light of availability and various areas of staff expertise.

Psychological counseling/therapy is an interactive process between client and clinician. It is meant to promote adaptive change and understanding. Sometimes, this process may be emotionally intense, at other times, very fulfilling. You will be expected to contribute to all decisions regarding goals and methods, including suggestions for out of session activities. You have the right to refuse or alter any of these. You should ask for rationale and supporting evidence of any methods or approaches if they are unclear to you.

### **Privacy and Confidentiality**

SCS observes a policy of strict confidentiality that is in keeping with the ethical standards of the American Psychological Association and Oklahoma state law and Federal law which states that all psychologist-client communications are confidential except as described in the Notice of Privacy Practices, including but not limited to the following circumstances: 1) with your written consent or authorization, 2) where failure to communicate essential information would result in clear, imminent danger to yourself or others, 3) to report child or elder abuse or neglect as required by law, 4) in other situations as defined by law (e.g. fee collection, malpractice proceedings), and 5) in order to obtain appropriate professional consultations. When services are provided to several persons who have a relationship (such as husband/wife, parent/child), clarification will be made in writing about the limits of confidentiality between individuals.

***Please note this Expanded Informed Consent on Confidentiality with the Behavioral Intervention Team (BIT):*** In addition, you authorize SCS to disclose otherwise confidential communications and /or records for the purpose(s) of evaluating if a serious threat exists to yourself or others. In rare cases where there is a risk to you or the community, SCS reserves the right to notify the OU-Tulsa BIT, especially if there is reasonable belief that you are an active danger to yourself and/or to others. In case of such a release, the information shared will be limited to only as much as is necessary to mitigate the risk and/or help the BIT act in your best interest. Where possible and practical, you will be informed of such a release in advance.

Records are kept secure and maintained in confidence in accordance with the above APA and legal standards.

### **Taping or Observation of Sessions**

Your counselor will not record your session.

### **Fees**

Per Regents policy, currently enrolled students in OU-Tulsa programs pay a Counseling Fee. All Counseling Fee monies are used for the staffing, testing, office needs, and programming requirements of SCS.

### **Eligibility for Services**

OU-Tulsa students are eligible for services offered from SCS. In the event your therapy requires the inclusion of immediate family member(s), your counselor may ask for the family member(s) to attend a specific number of sessions with your authorization and consent to include the family member(s) in the sessions.

In the event you are no longer attending classes at OU-Tulsa, you remain eligible to receive treatment by SCS for the semester in which you paid the aforementioned counseling fee. You must communicate your status change in attendance to your counselor.

### **Attendance**

It is the intention of SCS staff to be as accommodating as possible when scheduling appointments for clients. Please understand that two missed scheduled weekly appointments with no communication to the office staff may result in your removal from the schedule. You are welcome to call to make or reschedule appointments to resume services.

### **Statement of Consent**

I understand that I, the client or legal representative of the client, am responsible for all charges incurred, regardless of the client's insurance status. I agree that I must pay for services as I incur the charges, either in the form of appropriate student fees, the \$500 assessment fee, or other incurred charges. I consent to the release of my treatment/education records for payment for services rendered to my insurance carrier or other payer (such as an academic department paying for an assessment) and I authorize the carrier or payer to pay OU for services rendered and as provided in OU's NPP. This assignment remains effective until I revoke it in writing with the Revocation of Request for Restrictions on Use and Disclosure of Protected Health Information Form, which can be obtained from the following website: <http://www.ouhsc.edu/hipaa/forms-patients.asp>

As a student or family member of OU-Tulsa, I have read and understood the treatment details listed above concerning services, my personal information, the staff, counseling sessions, privacy and confidentiality, taping of sessions, fees, eligibility for services, attendance, and payment for services. By signing this form, I acknowledge these details and consent to treatment at SCS under the provisions listed in this agreement.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
Legal Representative \*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*May be requested to show proof of representative status.*