

**UNIVERSITY HEALTH SERVICES
UNIVERSITY OF WISCONSIN-MADISON
333 East Campus Mall
Madison, WI 53715-1381
<http://www.uhs.wisc.edu>**

MR# _____
Name _____
BD _____ Gender _____
ID# _____ Date _____

MENTAL HEALTH AND SUBSTANCE USE INFORMED PARTICIPATION AGREEMENT

University Health Services (UHS) Mental Health Services (MH) is committed to providing effective programs and services using a brief treatment model. Students whose service needs exceed our scope of care will be invited to work with a care manager to identify appropriate resources in the community and to provide supportive follow-up assistance. Ultimately, it is the student's responsibility to follow through on referrals that are provided.

Enrolled students participating in mental health and/or substance use services may be referred for one time or ongoing services. Services may include workshops, online resources, group counseling, wellness services, care management, specialty assessments, crisis stabilization, psychiatry services and/or individual/couples counseling. Most services are provided as needed without specific session limits except for individual/couples counseling. Students referred for individual/couples counseling may receive a maximum of 10 sessions per 12 months up to an academic degree maximum of 20 sessions.

No showed appointments will be counted in the total number of individual counseling sessions available to you. Repeated missed appointments (i.e., no shows, late cancellations, and late arrivals) will likely result in the termination of care at Mental Health Services. A late cancel will be noted if you do not cancel the appointment before 5 p.m. the day prior to the appointment if you arrive 10 minutes late for psychiatry visits or 20 minutes late for other scheduled visits this will be a no show. For missed psychiatry appointments, a fee of \$20 for no shows and \$10 for late cancelled appointments will be assessed. Failure to pay fees may lead to a hold placed on your academic record. If the no show/late cancel was assessed in error or was due to an extenuating circumstance, the No Show/Late Cancel Fee Appeal Form may be completed and returned in person or via U.S. Mail to University Health Services within 14 days of the missed appointment for consideration.

Psychiatric service medication refills should be initiated by contacting your pharmacy. If your pharmacy is unable to assist you, you may contact Mental Health Services by calling (608) 265-5600, option 2. Please ask to speak with the Psychiatric Nurse. Please allow 2 business days for providers to respond to refill requests for most medications and 4 days for controlled substances (including stimulants).

Your treatment will be considered closed after no contact with your mental health and/or substance use counselor for 120 days, and 365 days with your psychiatry provider. For more information, please refer to UHS' Patient/Client Rights and Responsibilities at www.uhs.wisc.edu for additional information.

Requests for services by those involved in or who may be involved in legal proceedings will likely be referred to community providers with experience in the identified area of need. UHS staff do not write excuse or support letters for students with whom there is not an established, on-going treatment relationship. UHS providers with whom you have an on-going treatment relationship may verify diagnoses for accommodations.

We support all students in seeking and receiving mental health and/or substance use services. If you are interested in later pursuing a training opportunity at UHS Mental Health Services, care will be taken to minimize dual-relationships to comply with mental health ethical codes. You will not be eligible for training opportunities if you plan to concurrently be in treatment at Mental Health Services.

If you have questions about mental health and/or substance use policies, procedures, or services, please ask at any time. We also value your feedback and invite you to fill out a "Tell Us How We're Doing" card located in the reception area or via our website at www.uhs.wisc.edu. You may receive anonymous satisfaction surveys via e-mail or may be asked to complete a computerized satisfaction form at various points throughout the semester. Your participation is entirely voluntary.

Email is not a secure or confidential means of communication. Please communicate with UHS providers and schedulers by phone or by logging into the MyUHS portal to send/receive secure messages. You can also update your preferences for text or email appointment reminders in the MyUHS portal. **24-hour crisis services are available to students by calling (608) 265-5600, option 9.**

Limits of confidentiality

Confidentiality means that information shared with your MH provider(s) cannot be disclosed to anyone outside MH professional staff without your written permission. However, there are certain exceptions including but not limited to: 1) information from your UHS MH record may be shared when not doing so might result in physical harm to you or someone else; 2) situations involving physical or sexual abuse of children or vulnerable adults; 3) court orders; and 4) the federal government can access records if they determine an issue of national security exists.

Best practices in health care indicate that collaboration between medical and mental health and substance use providers is optimal. UHS maintains a shared Electronic Health Record and records are available to all UHS medical, mental health, and substance use providers involved in your care. This includes but is not limited to treatment plans, diagnoses, medications prescribed, and referrals. You may also request that your records be shared with providers outside of UHS through the use of a Release of Information.

State and federal laws require some employees of the University to provide data to campus officials about crimes that occur on or near campus, or that affect members of the campus community, including students and employees. UHS will only provide aggregate data, and will not provide any information that identifies you without your permission, unless otherwise permitted or required by law.

I confirm that I have read, understand, and agree with the above principles and policies and wish to receive mental health and/or substance use services at UHS, pending MH staff professional recommendations. I also understand and agree that information regarding my medical, mental health, and substance use treatment may be shared for treatment purposes among UHS providers who are involved in my care. This consent to services and the sharing of my information within UHS is effective for the duration of my treatment, based on the limits of service explained above. I understand I have the right to revoke the consent to sharing my information described in this form at any time by writing to HIM (Medical Records), 333 East Campus Mall, #8104, Madison, WI 53715-1381. However, my revocation will not affect disclosures of my information made in reliance on this authorization before the time I revoke it.

Signed by Student

Parent/Guardian (if student 17 or under)

Date

Date

Date of Birth

To view a copy of this form, please visit our website at www.uhs.wisc.edu