

**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 _____

PLEASE READ ONLY:

YOU WILL SIGN WHEN YOU MEET WITH A COUNSELOR

MENTAL HEALTH INFORMED PARTICIPATION AGREEMENT

University Health Services (UHS) Mental Health Services (MH) is committed to providing effective programs and services using a brief treatment model. This model makes efficient use of our resources and is adequate for the vast majority of student concerns. Students whose service needs exceed our scope of care will be invited to work closely with a mental health 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.

If accepted for care, enrolled students may receive a maximum of 10 individual/couples counseling sessions per 12 months up to an academic career maximum of 20 sessions. Individual/couples sessions are 45-50 minutes in length. Group, stress management, crisis stabilization, care management, specialty assessments, and psychiatry services do not have specific session limits and duration is determined on a case-by-case basis. Most sessions are accompanied by the completion of forms or surveys, therefore students ***must arrive 30 minutes early for initial scheduled appointments and 10 minutes early for all follow-up appointments.***

No showed appointments will be counted in the total number of individual counseling sessions available to you. Repeated missed appointments (e.g., no shows, late cancellations, and late arrivals) will likely result in the termination of 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 or if you arrive 10 minutes late for psychiatry visits or 20 minutes late for other scheduled visits. For missed psychiatry appointments, a fee of \$20 will be assessed for no shows and a fee of \$10 for late cancelled appointments. 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 missed appointment for consideration.

Your treatment will be considered closed after no contact with your counseling provider 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.

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).

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 does not write excuse or support letters for students with whom there is not an established, on-going treatment relationship. UHS staff do not write letters for emotional support animals as they are not trained to evaluate the training or credentialing of such animals.

If you think that your assigned provider is not a good match for you, we encourage you to discuss your concerns directly with your assigned provider. Our providers understand that not all client/patient/provider assignments are a good fit and will help facilitate a referral to another provider, as appropriate. If you have further concerns, you are welcome to contact the Director of Clinical Services for counseling or the Director of Psychiatry Services for psychiatry.

We support all students in seeking and receiving mental health services and work to do so in a way that avoids dual role relationships and protects future training opportunities for students in Mental Health Services at UHS. Those who are seeking mental health services at UHS, and who would like to be considered for future training opportunities in Mental Health Services, should carefully consider if an alternate setting for services or training placement is the best option. Assistance for establishing care in the community is available by our care managers. UHS reserves the right to decline

applicants for training opportunities if, based on UHS's determination, any prior client/patient-provider relationships between current UHS staff and former clients could foreseeably cause harm and/or significant ethical problems.

24-hour mental health crisis services are available to students by calling the main UHS number (608) 265-5600, option 9.

Questions and Feedback

If you have questions about mental health 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), visit our website at www.uhs.wisc.edu, or ask to speak with the Director of Mental Health Services. 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.

Communication with Mental Health Providers

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.

Limits of confidentiality

Confidentiality means that, in general, 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: 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. De-identified, aggregate data may be used for program evaluation and quality improvement purposes.

Best practices in health care indicate that collaboration between medical and mental health care providers is optimal. State law allows UHS mental health providers to share information about your mental health care to UHS medical providers involved in your care without your consent or permission when necessary for your current treatment:

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.

- By checking this box, I confirm that I have read, understand, and agree with the above principles and policies and wish to receive mental health services at UHS, pending MH staff professional recommendations. This consent is effective for the duration of my mental health treatment based on the limits of service explained above.

Consent for Video Recording

To ensure the provision of the highest quality mental health services and to make improvements, MH Staff routinely video record counseling sessions. Recording is handled in full accordance with the strictest professional ethics and in accordance with the law (e.g., maintenance in a secure location and deletion after the purposes specified have been met. Only UHS mental health providers involved with your care for the following will have access to your recordings: 1) review of ongoing treatment; 2) supervision of therapeutic care; 2) consultation; and 4) education and training of UHS mental health professionals. I understand that mental health services will be provided whether or not I give consent to recording. I understand that my consent may be revoked, in writing, at any time.

Please check one of the boxes below to indicate if you consent to video recording.

- I agree
- I do not agree

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