



The UNIVERSITY of OKLAHOMA  
**Health Sciences Center**  
*Student Counseling Services*

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

**Welcome** to 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**

The counselors that primarily provide services are advanced graduate school trainees, recent graduates in Counseling or Clinical Psychology, a Licensed Professional Counselor, and a Licensed Health Service Psychologist. All trainees provide services under regular supervision. (You will be informed if you are being seen by a trainee, as well as the identity of his/her supervisor).

### **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.

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.

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

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

Your counselor may want to record your session. If so, you will be asked for your written permission at that time (Appendix A1). Taping or observation is often done for purposes of supervision for graduate trainees, professional development, or consultation with another professional staff member (e.g. to clarify complex information presented in the session). All staff members are bound by the confidentiality provisions above. All audio and videotapes will be erased upon termination of the therapist/client relationship or at the end of the academic year, whichever occurs first. If you find that the recording or observation makes you feel uncomfortable at any time, you have the right to request that the tape recorder be turned off.



**OVER**

**Fees**

Per Regents policy, all enrolled students at the Health Sciences Center pay a Counseling Fee. The Counseling Fee is charged to each student at \$17.00 per fall/spring semester; and \$8.50 per summer term. All Counseling Fee monies are used for the staffing, testing, office needs, and programming requirements of SCS.

**Eligibility for Services**

HSC students are eligible for services offered from SCS. In the event the HSC student’s therapy requires the inclusion of immediate family member(s), the counselor may ask for the family member(s) to attend a specific number of sessions with the student’s authorization and consent to the family member(s) inclusion in such session(s).

In the event a student is no longer attending classes the student remains eligible to receive treatment by SCS for the semester in which the student paid their counseling fee. The student, however, must communicate their status of no longer attending classes to their counselor.

In the event a student is no longer actively enrolled (i.e., leave of absence, academic probation, on leave due to family/personal health), does not attend classes, or does not pay any fees, the student may seek counseling from SCS under the following circumstances:

- A written request is sent from the college dean or his/her designee to the Executive Director for HSC Student Affairs requesting the student be seen. The request must state the expected date for enrollment for the student.
- The student understands such coverage is for only one semester or two summer sessions (depending on the college curriculum). If the student does not enroll in the semester after coverage, the student will be referred to another counselor outside of the University.
- The student pays \$10 per office session/visit. The student is limited to one office session/visit a week.
- In the event a college dean requests testing for the student, the student will pay \$500 for a battery of tests. The college dean or his/her designee must make this request in written form to the Executive Director for HSC Student Affairs requesting the student be tested.
- All fees must be paid at the time of the office visit/testing.

If the student does not plan to enroll in the upcoming semester or session (depending on the college curriculum), the student will be referred to services outside of the University.

**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 a student’s removal from the schedule. Students are welcome to call to make or reschedule appointments.

**Statement of Consent**

I understand that the patient is responsible for all charges incurred, regardless of the patient's insurance status. I agree that the patient must pay for services as the patient incurs the charges. I authorize OU to provide necessary information to the patient’s insurance carrier or other payer for payment purposes, and I authorize my insurance company/payer to pay OU for services filed on my behalf. 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>.

If I am an OU student seeking student health services or treatment, I consent to the release of my treatment/education records for payment for services rendered to my insurance carrier or payer and authorize the carrier or payer to pay OU for services rendered and as provided in OU’s NPP.

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

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

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