CONSENT FOR TREATMENT UNDER 18
Counseling Services

Arizona law requires parental consent for the provision of health-related services to individuals under 18 years of age. If your student is under 18 and is seeking services provided at Arizona State University, please complete the following:

- Parental Consent for Psychological Services
- ASU CS Informed Consent
- ASU CS Notice of Privacy Practices
- Optional: Releases of Information, in case it is helpful to coordinate care with existing clinical providers

Your student may receive clinical services from a master's or doctoral-level trainee. An independently licensed clinician supervises all trainees. Your student will explicitly know in writing when a practitioner is being supervised and will be provided with the name of their supervisor. If you have any questions about this process, we welcome your questions.

Your signature must be confirmed. The following three pathways are ways your signature can be confirmed.

- Sign in the presence of an ASU Counseling Services Staff member, at ASU CS
- Bring this form to a Notary for signature.
- Attach a copy of a government issued ID.

Please return these documents through any of the following pathways:

- Your student can upload this documentation as an attachment, through the ASU Health Portal
- You may FAX it to (480) 965-6146
- You may mail it to the following address:

ASU Counseling Services
Arizona State University
PO Box 871012
Tempe, AZ 85287-1012

ASU Counseling Services
Parent Consent for Psychological Services

Parent Name: _____

Parent Address: _____

Parent Phone No.: _____

Student Name: _____

Student's Date of Birth: _____

Student ASU ID No.: _____

- I affirm I am the legal guardian of the student named above, who is an ASU student who is under 18 at the time this document has been signed.
- I have legal authority to provide consent.
- I hereby consent to the provision of counseling services by ASU Counseling Services, Arizona State University, to my child.

_____ _____

Parent or Legal Guardian Signature *Date*

- I choose to verify my signature by uploading my state or country-issued ID, which is attached.
- I choose to affirm this through a Notary.

Notary Public

Signature of Parent/Guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public _____, my commission expires _____.

(Raised seal or original stamp - notary seal is mandatory)

ASU Counseling Services
Consent for Treatment

Welcome to ASU Counseling Services (CS)

SERVICES: ASU Counseling Services offers timely and accessible mental health services to currently enrolled ASU students. Services are available in person at ASU Downtown Phoenix, Polytechnic, Tempe and West Valley locations. Days/hours are located on the webpage at eoss.asu.edu/counseling. Many services are also available remotely through our HIPAA-secure telehealth platform. ASU CS prioritizes access to same day care in all services in an effort to increase support across the university community.

24/7 SUPPORT: ASU's dedicated crisis line is available at 480-921-1006 24-hours per day, 7 days per week. Additionally, any student can use Open Call/Open Chat at any time of day from anywhere in the world.

PURPOSE: *Counseling* refers to a variety of mental health interventions that aim to help a person identify and change troubling emotions, thoughts and behaviors. The goals of mental health interventions are to gain relief from symptoms, maintain or improve daily functioning, improve quality of life, and to meet academic/career goals and to graduate.

CLIENT RIGHTS: Students seeking support from ASU CS have the right to:

- Be treated with dignity, respect, kindness, and seriousness.
- Receive services regardless of race, religion, sex, age, disability or sexual orientation
- Request to be connected to a different provider other than currently assigned
- Refuse services at any time
- Withdraw consent to treatment and be advised of the consequences of withdrawal
- Receive information about the methods being used and the training background and credentials of the clinician
- Participate in treatment decisions and in the periodic review and revision of treatment plans
- File a complaint about services
- Request a copy of their CS record and/or a treatment summary

GENERAL PROCEDURES: ASU CS primarily provides psychological assessment, time-limited individual therapeutic services, group therapeutic services, case management, care coordination and crisis intervention. For more information about general procedures, including benefits, limitations and potential risks for all services, please refer to "*ASU Counseling Services General Procedures, Benefits, Limitations and Potential Risks".*

USE OF PROTECTED HEALTH INFORMATION: ASU CS uses an electronic medical record system. Records regarding treatment and services are stored on a HIPAA secure server, entirely separate from academic records. Our telehealth platforms incorporate software security protocols to safeguard data to ensure its integrity and privacy. ASU CS maintains records per federal and state regulations. For more information about privacy, security, use, and disclosure of protected health information, please see "*ASU Counseling Services Notice of Privacy Practices".*

LIMITS OF CONFIDENTIALITY: Information about counseling or counseling records will not be disclosed without the permission of the client (or parent/legal custodian for students under 18) except where mandated by law, including imminent risk of harm to self or others, abuse of a protected person (e.g., child, elder, disabled), court order, or where otherwise required or permitted by law.

TREATMENT OF MINORS: For individuals under 18 years of age, limited crisis support may occur without parent/guardian permission. However, all other services, including non-emergency assessment and treatment, require the consent of a parent or legal guardian. Please see ASU CS form: *"Parental Consent for Services for Underage ASU Students"* for consent to treat minors.

CLINICAL PROVIDERS: Clients meet with a member of our multidisciplinary team of psychologists, counselors, social workers, marriage and family therapists and case managers. Providers who are independently licensed in Arizona by their respective licensing boards sign all records. Trainees in psychology, counseling and social work also provide services under close supervision of a licensed clinician. All providers at ASU CS can consult with any other provider within ASU CS to ensure high quality care.

TRAINING AND SUPERVISION: For the purposes of supervision, clinicians-in-training are required to digitally record all counseling sessions. Digital recording only occurs with the full knowledge and written permission of the student. All digital files are stored in HIPAA compliant digital format.

SERVICE FEES: ASU CS does not charge fees for any clinical service. ASU CS does not collect and does not charge student insurance for any visit. Arizona residents who are insured through AHCCCS are encouraged to review the parameters of care they agreed to when receiving AHCCCS insurance, which may include only seeking treatment services through AHCCCS treatment providers.

TELEHEALTH SERVICES: Telehealth services refer to counseling appointments that occur via phone or video conference using a variety of technologies.

- Clients need to be physically present in the state of Arizona during the session
- Clients need to be in a private environment
- If client and counselor have not met before, client will be asked to present their ASU Picture ID at the beginning of the telehealth visit.
- ASU CS is responsible to take reasonable steps to ensure safety in a point of crisis when telehealth is used.
- If sessions are disrupted due to a technology failure, your clinician will call the number you have provided and attempt to help you re-establish connection. If you do not receive a call within 5 minutes, please contact ASU CS at 480-965-6146 for assistance and reconnecting with your clinician.
- Additional documentation about the limitations and risks associated with telehealth practice is documented in *ASU Counseling Services General Procedures, Benefits, Limitations and Potential Risks.*

CONSENT: I have read and understand all of the information contained in this ASU CS Consent for Treatment. My e-signature below indicates my consent for treatment. I understand that if I am a minor that ASU CS must obtain written permission from my legally authorized parent/guardian before I receive treatment.

Student Signature (Parent/Legal Guardian, if Minor) (Signed electronically)	***Date***
CS Signature (Signed electronically)	***Date***

TELEHEALTH - ADDITIONAL INFORMATION NEEDED: If potentially or currently requesting using telehealth, we require one additional notation of your consent and a point of contact, to be used only in crisis situations. The purpose of this emergency point of contact is to help ensure safety through the distance of telehealth services.

Student Signature (Parent/Legal Guardian, if Minor) (Signed electronically)	***Date***

Personal Contact Information

Personal Contact Name: _____

Relationship: _____

Phone No.: _____

ASU Counseling Services
Notice of Privacy Practices

Your Rights. When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical records.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree with your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information.

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting the ASU Counseling Services HIPAA Privacy Officer at 480-965-6146 or by sending a letter to PO Box 871012, Tempe, AZ 85287-1012.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

Your Choices. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory (Note: ASU Counseling Services does not maintain any sort of hospital directory.) *If you are not able to tell us your preference, e.g., you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission.

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (Note: If your Counselor is a trainee, ASU Counseling Services Clinical Staff will have access to your information to provide supervision and consultation to insure the quality of your care. You will be notified at the initial contact if your Counselor is a trainee.)

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again. (Note: ASU Counseling Services does not participate in fundraising activities.)

Our Uses and Disclosure. How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
- Example: We may consult with another clinical staff member on procedures, resources, referrals and other information to ensure we are providing you with the highest quality of care.

Run our organization

- We can use and share your health information to run our practice, improve your care and to contact you when necessary.
- Example: Our administrative staff may access your information to contact you to reschedule an appointment or to complete billing for the services you receive.

Bill for your services

- We can use and share your health information to bill and receive payment from health plans and other entities.
- Example: We will give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your health information in some other ways, as applicable to the services we provide.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research.

- We can use or share your information for health research.

Comply with the law.

- We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

Respond to organ and tissue donation requests.

- We can share health information about you with organ procurement organizations (Note: ASU Counseling Services does not share information with organ procurement organizations)

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available to you in our office.
- If you believe your rights have been violated, you may file a complaint with the HIPAA Privacy Officer by sending a letter outlining your concerns to: ASU Counseling Services HIPAA Privacy Officer, PO Box 871012, Student Services Bldg. Rm 334, Tempe, AZ 85287-1012. You may also file a complaint with the U.S. Department of Health and Human Services.

For more information, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Student Signature (Parent/Legal Guardian, if Minor) (Signed electronically)	***Date***

P.O. Box 871012
Tempe, AZ 85287-1012

ARIZONA STATE UNIVERSITY

Phone: (480) 965-6146
Fax: (480) 965-3426

ASU Counseling Services
CONSENT TO RELEASE CLINICAL INFORMATION

NAME: _____ **DOB:** _____ **ASU ID:** _____

I, the undersigned, hereby authorize **ASU Counseling Services** to release/exchange information concerning the above-named person to:

Name of Person or Institution	**Work Phone Number**
Address	**Home Phone Number**
City **State** **Zip**	**Cell Phone Number**

Specific type of information to be disclosed/exchanged:

- ❑ Assessment
- ❑ Attendance
- ❑ Treatment progress
- ❑ Testing reports
- ❑ Substance use/abuse
- ❑ Case records
- ❑ Treatment summary
- ❑ Lab test results
- ❑ Psychiatric evaluation
- ❑ Medication information
- ❑ Recommendations
- ❑ Diagnosis
- ❑ Other _____
- ❑ All of the above

I understand that the information is to be used for:

- ❑ Academic considerations
- ❑ Aftercare planning
- ❑ Continuity of treatment
- ❑ Coordination of treatment
- ❑ Family involvement
- ❑ Other _____

As the person signing this consent, I understand that (1) I am giving permission for disclosure of confidential mental health and health care information and records, (2) I have the right to revoke this consent by delivering a written request to the person or agency who is in possession of my original records (my decision to revoke my consent will not affect information released before the written request is received), and (3) **the person or agency who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law. ASU Counseling Services cannot guarantee that the recipient of these records will not re-disclose records**. A copy of this consent and a notation concerning the persons or agencies to whom the disclosure was made shall be included with my original records. This consent extends to all records, including those records that may relate to HIV, sexually transmitted diseases, and substance abuse.

This release expires in 12 months unless another date is specified: _____

Name _____
Signature

Name: _____
Print **Date**

Address: _____
Street or Box

_____
City **State** **Zip**

Phone: ( ) _____

Witness: _____ **Identity of authorized**
Signature

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