



## CLIENT INFORMATION & CONSENT

### Scope of Services

Behavioral Health Services at the University of the Incarnate Word consists of counseling services and other services that help support students' overall wellness and success. All services are provided at the UIW Broadway Campus. Behavioral Health Services are additionally located at the UIW School of Osteopathic Medicine at the Brooks City Base, at the UIW School of Physical Therapy, UIW Rosenberg School of Optometry, and UIW Feik School of Pharmacy.

### Counseling

Our counselors provide assessment and short-term counseling assistance to students currently enrolled at the University of the Incarnate Word and local Catholic high school affiliates as well as brief consultation sessions for faculty and staff. The most common services for students include the following:

- Consultation about students' personal and mental health concerns
- Counseling to help students manage personal issues, developmental, situational, or stressful/traumatic events
- Relationship/Family Counseling
- Treatment for a psychological condition
- Screening and assessment for disorders that impact learning
- Crisis screening and intervention
- Intervention during times of crisis or in response to traumatic events
- Psychoeducation/Group Services aimed at helping students build personal skills that help them manage behavioral health issues and succeed in the university setting
- Referral to behavioral health resources such as psychiatrists, psychologists, substance abuse counselors, or other specialty therapists/support groups.

### Cost of Services

There is no charge for Behavioral Health Counseling Services.

### Confidentiality

*If you are age 18 or older, Texas law protects your confidentiality. However, there are exceptions. Under the following conditions your counselor may need to break confidentiality:*

- If your counselor has cause to believe that you may harm yourself or someone else or are experiencing a psychiatric emergency.
- If your counselor has cause to believe that a child, elderly person, or disabled person is being abused, neglected, or exploited.
- If you report that you have been sexually exploited by a mental health provider
- If we receive a court ordered subpoena
- If you give us written permission to discuss your services with others
- There may be other exceptions\*

\*Other exceptions can include NCAA requirements, academic collaborations, CARE team referrals, and/or Title IX reports.

If we must break confidentiality, we will do our best to discuss the situation with you. However, we are not legally obligated to do so, especially if such a discussion would prevent us from securing your safety or the safety of others. If you do have an emergency while receiving our services and we refer you to emergency care outside of our clinic, we may be required to notify your emergency contact as well as the appropriate educational representative from your academic program to ensure you have an excused absence.

## **Group Counseling**

For group counseling services, our counselors will maintain the confidentiality of the group members (as discussed above); however, confidentiality cannot be guaranteed due to the nature of group counseling and the number of individuals involved in the group process. We encourage all group counseling participants to maintain confidentiality of all group participants in order to maintain the integrity and respect of all those involved.

## **Couples Counseling**

UIW Behavioral Health Services offers couples counseling to all current UIW students. Couples counseling is available to all UIW students, and their partner does not need to be a current UIW student to receive this service. Couples sessions are **limited to 8 sessions** due to the high need for individual counseling requests. The number of sessions can be extended to 12 based on clinician assessment and the need of student(s). **Both parties need to be present for the session to occur.** Couples counseling works best when the focus of the work is on your relationship. When working with you, it is expressly understood that the client is both your relationship and each of you as an individual. To maintain fidelity to both of you and to your relationship, we ask for your consent on the following agreements.

### *No Secrets Policy*

When a couple enters into counseling, it is considered to be one unit. This means that the counselor's allegiance is to the couple "unit," and not to either partner as individuals. As counselors, we find this is particularly important in creating space where both partners can feel safe. Therefore, your counselor will adhere to a strict "No Secrets" policy. This means that your counselor will not hold secrets from/for either partner. This policy is intended to allow the counselor to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated.

On occasion during the counseling process, individual partners may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple's counseling relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. If an individual chooses to share such information with their counseling, we will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple's session, the counselor may determine that it is necessary to discontinue the counseling relationship with the couple. If there is information that an individual desires to address within a context of individual confidentiality, the counselor will be happy to provide referrals to counselors who can provide concurrent individual therapy either within UIW or the community. This policy is intended to maintain the integrity of the couples counseling relationship.

\_\_\_\_\_ **Please Initial Acknowledging the Couples Counseling Agreement**

## **Title IX Reporting**

Per federal and state regulations, we are mandated to report any sexual misconduct that is witnessed or reported directly to us. However, our role as counselors designates us as confidential reporters which means we only are obligated to report the type of incident, the gender of the victim, and whether the victim is a UIW student. No personal identifying information will be reported to Title IX unless requested by the student. If this request is made, a release of information form will need to be signed. Please ask your counselor if you have any questions about this process. We encourage you to look at the website and to visit the Title IX office if you would like to speak with someone about the services offered through the Title IX office.

### *CARE Team*

If a student is referred to Behavioral Health Services by the UIW Care Team or the Office of Student Advocacy and Accountability (OSAA), a release of information form is encouraged so our staff may disclose student's attendance status for counseling back to the CARE Team/OSAA. No other information will be disclosed without the student's consent.

## **Clients Under age 18**

If you are under age 18, Texas law requires that we obtain permission from your parents or legal guardian before providing counseling. You may be eligible for an exception, however. Additionally, Texas law gives parents/ guardians the right to see your counseling record and talk to your counselor without your permission even if you are exempt from parental consent to counseling. If this happens, we will try to speak with you before speaking with your parents.

### **Counseling Records**

Your appointment history and behavioral health records can only be shared with you or your parent/guardian's written permission except in rare cases allowed by Texas law. Your behavioral health file is not part of your academic record. Behavioral health files are maintained with a high level of security. Texas law requires that we keep your counseling behavioral health on file for a minimum of seven years after our last contact with you, at which time the files will be destroyed. You may ask your counselor about your records at any time.

### **Consultation**

Your counselor may consult with other professionals in the counseling center and in some cases, with consultants who work outside of the counseling center at the University of the Incarnate Word. This is to help us provide you with the best service possible. Your counselor and any consultants are legally bound to maintain confidentiality.

### **Accommodations**

Behavioral Health can assist UIW students with receiving accommodations for certain student services around campus (i.e., testing, classroom, housing, and/or emotional support animal). These recommended accommodations are based on certain criteria being met per counselor evaluation. All accommodation requests **must** be submitted to the Office of Student Disability Services for final review and approval. Students **must** meet for at least **5** appointments prior to any accommodation being arranged.

\_\_\_\_\_ Please initial acknowledging the Accommodations Policy

### **Professional Relationship**

To protect your confidentiality, your counselor and any behavioral health staff will not have a personal relationship with you or approach you outside of the behavioral health office setting. Your counselor will maintain a professional relationship with you. This means that s/he will only interact with you while providing behavioral health services and will not engage in any type of social relationships, personal electronic communications, personal cell phone communications or texting, or social networking with you. Your counselor will maintain this boundary for your confidentiality and protection.

### **Concerns or Complaints**

Should you have any concerns about services provided, verbalize your concerns to your counselor first to see if there can be a resolution. If this attempt is unsuccessful, please contact Dr. Kevin Milligan at (210) 832-5656 or request to speak to him in person. We will do our best to provide a satisfactory response or solution to any concerns you may have. Please note that we do have a formal grievance process and a grievance form that you can complete.

### **Our Behavioral Health Staff**

Our counselors range from graduate level counseling interns to fully licensed masters and doctoral level, licensed professional counselors. Please note that all counseling interns are under the supervision of the Director of Counseling Services and receive intensive oversight and mentoring.

### **Crisis Assistance**

If you are having a crisis and are unable to cope and feel like you will harm yourself or someone else, please do the following:

- If our office is closed and you live on campus, please contact University Police at (210) 829-6030 or a member of Residence Life.
- If our office is closed and you live off campus, please contact the Bexar County Crisis Line at (210) 223-7233 or head to the nearest behavioral health hospital or emergency room.
- If our office is open, please contact us by phone (210) 832-5656 or come to the counseling office AD-438 and we will do our best to assist you as quickly as possible.
- Please go to our website at <https://my.uiw.edu/counseling/crisis-information-and-resources.html> for more crisis information.

## POLICIES AND PROCEDURES

### Walk-in hours

You may walk into counseling services at any time to request an intake or counseling appointment or to ask questions. On occasion, we can accommodate walk in requests as our staff schedule permits; however, making an appointment online at <https://my.uiw.edu/counseling/counseling-forms.html> or in person is strongly encouraged.

### Making, Canceling, and Rescheduling Appointments

To make appointments, please go to our website at: <https://my.uiw.edu/counseling/counseling-forms.html> . Please contact our front desk staff directly at (210) 832-5656 to cancel and reschedule appointments. Please provide appointment cancellation notice at least 24 hours in advance so we can make that spot available to another student. If you ask to reschedule, it may be a week or more before your counselor can fit you into his or her schedule. Please note that if you are 18 or above, other people cannot reschedule, cancel, or make appointments on your behalf.

### No Show Policy

We understand that schedules can be unpredictable, and, at times, things arise that we do not plan for; however, we have a two session no show policy. If you no show for two consecutive scheduled appointments, then we reserve the right to remove you from the schedule and make that slot available to other students. We also reserve the right to discharge you if you miss 3 of 4 sessions in any given month. You are welcome to engage in services again but will have to go through our main number (210) 832-5656 to schedule an appointment. We also cannot guarantee that you will have the same counselor you previously did but will schedule you with the first available counselor appointment. A no show is considered a missed appointment without at least a 4-hour notification (via phone or email) to your counselor or the Counseling Department prior to your scheduled appointment.

\_\_\_\_\_ Please Initial Acknowledging the No Show/Cancellation Policies

### Social Media

Your counselor will not accept any friend or contact requests on any form of social media (like Facebook, Twitter, Instagram, etc.) even if you are no longer his or her client. This policy is in place to protect your confidentiality and the privacy of the counseling center.

### Communication via Email / Text

Your counselor is not able to provide counseling via email or text. Email/ text is not confidential, so please refrain from using either to communicate with your counselor about personal matters. Any email/ text received from you and any email/text response from your counselor will become part of your counseling file. NEVER USE EMAIL/TEXT TO COMMUNICATE AN URGENT OR CRISIS MESSAGE. Instead, call (210) 832-5656 or come to the counseling office, AD 438.

### Telehealth Services

Currently and for specific situations (i.e. university, local, state, or national crises or closures, medical leave, and for professional students at remote sites), telehealth counseling sessions are available to all UIW students who may be eligible. Telehealth services would allow you to access a UIW counselor remotely using ZOOM, a HIPAA compliant platform or by phone for a scheduled counseling session. In these situations, precautions would be taken to protect your rights and confidentiality. However, we cannot guarantee the privacy or confidentiality of conversations held via phone or online as both may be intercepted accidentally or intentionally. Similarly, technology assisted counseling online may pose other challenges with confidentiality since your email will be used to send a link to ZOOM should you choose to use it.

I, the client, do understand the following about technology assisted counseling (phone or ZOOM counseling):

- My counselor will screen for my eligibility for ZOOM or phone counseling.
- Technology may fail and in the event of a technological failure during a phone or ZOOM session that immediate steps will be taken by the therapist to reconnect every 5 minutes. If re-connection fails after 15 minutes, the appointment will be rescheduled for a follow-up.
- I am responsible for ensuring that I am in a space that is appropriate and private during my technology assisted counseling sessions.

- I understand that my counselor has the right to privacy, and I may not record or make copies of any counseling sessions.
- I understand my university email will be used to send a ZOOM link for ZOOM counseling sessions.
- I understand that it is my responsibility to contact UIW Behavioral Health Services if my phone number changes.
- I understand that phone and online counseling may pose challenges to confidentiality and privacy.
- I understand that counseling using technology eliminates verbal cues and may lead to misunderstandings at times. If I have any concerns about being misunderstood by my counselor, I will notify my counselor immediately.
- I understand that if I experience an emergency before, during or after telehealth services that I am responsible for contacting 911 or accessing other local emergency resources.
- I understand that if I live or travel outside of the state of Texas that I am ineligible for telehealth or phone counseling services with UIW Behavioral Health staff.

**Behavioral Health Emergencies**

Should you have a behavioral health emergency during your visit to counseling services, your counselor will work with you to refer you to your preferred behavioral health hospital, crisis care center, or emergency room with behavioral services for further assessment. Should it be determined that you need an emergency assessment and are not cooperative or are unable to secure transportation, please note that your counselor may contact Campus Police for an Emergency Detention to ensure you are able to get the emergency behavioral assessment that you need. Please refer to the University’s mental health crisis plan.

Should you have an emergency during or outside of a phone or ZOOM counseling session, please call 911 or access the nearest emergency room or behavioral health hospital.

**CONSENT**

**Consent for Email and/or Text Messages through the CURE MD EHR**

Do you give us consent to contact you regarding scheduling matters by email and/or text as needed through the CureMD system? Please be aware that email and text messaging are not secure forms of communication, so the confidentiality of messages cannot be ensured. Please initial all options for which you willingly provide consent:

\_\_\_\_\_ I give consent for email messages    \_\_\_\_\_ I give consent for text messages    \_\_\_\_\_ I do **NOT** give consent for either

**Consent for Counseling using telehealth services (please initial all that apply):**

\_\_\_ I give consent to use ZOOM for my counseling (if needed).  
 \_\_\_ I give consent to use the phone for my counseling appointment (if needed).

**Consent for Emergency Assistance**

If an emergency situation arises while you are our client, we may wish to contact a member of your family to help us provide you with assistance. If you allow us to do so, **please identify a parent, spouse, partner or adult relative** you would like us to contact:

|                       |                     |                          |                            |
|-----------------------|---------------------|--------------------------|----------------------------|
|                       |                     |                          |                            |
| Name of family member | Relationship to you | Primary telephone number | Secondary telephone number |

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**CONSENT IS REQUIRED TO RECEIVE COUNSELING**

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**Consent to Receive Services**

I have read the above material. I was given the opportunity to ask questions and I understand and agree to follow the policies outlined in this document. I voluntarily consent to see a counselor for one or more sessions. I understand that I can terminate services at any time.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature (if 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature (under18)

\_\_\_\_\_  
Date

