



## Informed Consent

Welcome to the Center for Student Wellbeing (“CSW”)! Please take a few moments to read the following carefully and sign below to indicate that you understand and agree. **\*If you are under 18 years of age, a parent or legal guardian is required to sign this consent form.**

### **TREATMENT**

CSW delivers medical care through physicians, nurse practitioners, nurses, and other medical assistants. Treatment from CSW may include but is not limited to on-site diagnostic testing, blood drawing, routine evaluations, consultations and physical examinations, and administration of medications (so long as the medication is prescribed by a practitioner responsible for care or treatment who holds requisite prescribing authority). Because medical care is dynamic and variable, there are no guarantees of achieving success through CSW in treating your presenting problem or in achieving a specific diagnostic outcome. Additionally, there are no assurances that care from CSW will resolve all symptoms.

Counseling is a process that can take place in a group or in an individual format, and that may be furnished in-person, virtually, or via a combination of these settings. Counselors will collaborate with you both to identify presenting problems and to develop treatment plans. CSW counseling is provided by CSW members with masters- or doctoral-level training, who are either licensed mental health counselors or social workers or pursuing licensure as mental health counselors or social workers. These CSW members are ethically obligated to work within their scopes of practice: accordingly, and if your needs warrant, CSW will refer you to counselors or specialists – including those external to the University – best equipped to meet your needs. Counseling can be unpredictable for the participant, at times uncomfortable, and you may feel stuck or unsuccessful in the counseling process. If you have a trauma history, there are additional risks (e.g., flashbacks, dissociation, and anxiety) associated with counseling. Please discuss such benefits and risks with the CSW staff.

In connection with your receipt of counseling, CSW will assess your safety on an ongoing basis, including through suicide risk assessments and/or safety planning. Such assessments may include direct questions about your safety, the completion of suicide risk assessment tools and safety plans, and/or coordination of care with other individuals. If you are at least 18 years old, CSW may request that you authorize the University to communicate with individuals outside of CSW who play vital roles in your life and/or treatment, in effort to enhance quality of care.

**Excuse Notes:** CSW will not provide documentation to validate missed classes, meetings, presentations, assignments, or sports-related activities.

### **CONFIDENTIALITY**

The University integrates counseling with medical and health services through a shared electronic health record (“EHR”). Confidentiality of EHR data will be maintained by all staff members, except under the conditions and limitations including:

1. To seek supervision and consultation from professional colleagues within health or counseling services (e.g., involving psychiatric mental health nurse practitioners) where necessary for quality of care. By signing this form, you are authorizing CSW to exchange information specifically pertinent to your care needs on as-needed bases to others within the University:

- Academic Faculty/Staff
- Student Affairs Staff
- Athletic Coaches and Directors
- Residence Life
- Facilities
- Accessibility Services and Accommodations

*Wherever possible, however, CSW encourages students to share information with other parties outside of the CSW where this will advance care quality and coordination.*

2. To respond to an imminent danger to yourself or to others – requiring the CSW to notify and collaborate with responsible individuals for your protection and/or protection of others. Information related to your safety, health, and well-being may be disclosed.

3. To respond to a reasonable suspicion of child abuse or maltreatment, including the filing of reports with Child Protective Services. Likewise, if we have reasonable suspicion of abuse or maltreatment affecting an older adult, we will notify Adult Protective Services.

4. To address any subpoena issued directly by a court, which may include release of records and the possibility of testifying at proceedings.

5. To receive consent for treatment from a parent or legal guardian if you are less than 18 years old; therefore, confidentiality cannot be guaranteed.

6. To comport with the NYS SAFE Act 2013 law by alerting the County Director of Community Services and the NY Department of Criminal Justice Services (“DCJS”) if a person is likely to engage in conduct that will result in serious harm to self or others. DCJS then will identify if that person has a gun permit and may remove firearms from their possession to protect the identified person or others. This law may also prevent impacted people from obtaining a gun permit for 5 years following a report to the DCJS.

7. To treat a patient in exigent circumstances, to protect or to report on the nation's public health, and for other critical purposes.

**NOTICE TO STUDENT ATHLETES:** Physical and mental health information related to an athlete's ability to continue performing within a sport may be relayed to the athletics department, coaches, trainers, and/or other individuals who have a direct responsibility to ensure your safety.

*If circumstances require timely release of information outside of CSW, you will be notified as soon as reasonably possible. In all other situations, information may be released to appropriate individuals or agencies only upon your written request. If you have any questions regarding the above conditions, please discuss them with CSW.*

### **FEES**

There are no additional charges for medical care and counseling visits during the academic year for full-time enrolled students; however, there may be nominal fees associated with certain services on which the CSW relies on external partners (e.g., certain lab tests, x-rays, and the provision of medications). The external partners will bill separately against your insurance.

### **APPOINTMENT CANCELLATION / NO SHOW**

Students must provide a minimum of 24 hours' notice to CSW if they must cancel any CSW appointment. In the event of a no-show to a scheduled appointment, CSW will make 3 attempts to contact the student using the student's preferred contact information. If CSW does not receive a response on or before the 3<sup>rd</sup> attempt, CSW will not further engage. Please note, however, if you have exhibited safety concerns or you are exhibiting a moderate or high level of suicide risk, CSW staff may conduct a well-being check. Moreover, if you are receiving online counseling through CSW's contracted relationship with BetterMynd and do not attend online counseling appointment(s) you have scheduled, CSW reserves the right to discontinue your access to BetterMynd.

### **DATA COLLECTION AND DATA PRIVACY**

CSW gathers data for internal and external usage, including participation in regional and national associations, organizations, annual reports and research purposes. CSW only releases aggregate data in such circumstances, meaning all data are anonymized and stripped of all personally identifying information. Moreover CSW staff will protect your privacy to the fullest extent possible when it participates in public events and in other community outreach activities.

### **DAYTIME AND AFTER-HOUR URGENT NEEDS**

For urgent concerns during business hours, please call CSW's Student Wellbeing office at (716) 375-2310 or Campus Security at (716) 375-2525. For urgent after-hour care, call Campus Security or 911. For mental health crises, students also may contact the BetterMynd crisis line, (844) 287-6963 ((844) BTR-MYND) and please request BetterMynd's local emergency plan. You also may contact National Crisis Support: Text "HOME" to 741741 or call 988 or contact the National Suicide Prevention Lifeline at 1-800-273-8255. **Please do not use email for urgent matters, crisis situations, and/or safety concerns.**

### **CONFIDENTIALITY LIMITATIONS OF ELECTRONIC COMMUNICATION**

Confidentiality cannot be ensured if you send information through unencrypted electronic mail (e-mail) or through other electronic communication tools. Accordingly, CSW encourages you to send any communication concerning your care via the Medicat patient portal, which is secure and available to CSW clients.

#### **CONSENT (if student is 18 or over)**

*I have read and understand the statements above regarding informed consent and I accept these terms. St. Bonaventure University's Health and Counseling Services (CSW) may treat me until my enrollment status becomes inactive. I understand that I can discuss concerns or questions with the CSW staff at any point in the process of treatment, and I reserve the right to revoke this authorization with a written request.*

#### **ASSENT (if student is under 18)**

*I have read and understand the statements above regarding informed consent and I accept these terms. St. Bonaventure University's Health and Counseling Services (CSW) may treat me until my enrollment status becomes inactive. I understand that I can discuss concerns or questions with the CSW staff at any point in the process of treatment, and I reserve the right to revoke this authorization with a written request. I further understand that my acceptance of these terms may be withdrawn by my parent/guardian at any time.*

*As the parent/guardian of \_\_\_\_\_, I hereby authorize St. Bonaventure University Student Wellbeing staff, to evaluate, advise, perform diagnostic procedures, and/or provide treatment/counseling as deemed advisable and is under the supervision of a licensed medical provider/licensed mental health counselor. I understand that once my dependent reaches age 18, my consent is no longer required or otherwise revoked by written request.*

Print Name (Student) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature if under 18** \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_