Welcome to Boise State University Counseling Services! Our desire is to make your visit with us as beneficial as possible. (Please print in black or blue ink).

Last Name (printed)  First Name (printed)  Any previous names (i.e. maiden name)  Date of Birth

University Identification Number  Telephone  Email address

Emergency Contact Name  Emergency Contact's Phone Number  Relationship of Emergency Contact

Consent to Treatment and Treatment Process

Counseling Services/ Mental Health Provider Credentials:
All of the providers at UHS Counseling Services are qualified professionals. The senior staff consists of psychologists, counselors and social workers at the master or doctoral levels with the appropriate credentials and/or licensure. Our staff also includes interns and trainees; this may include Master or Doctoral Level Professional Interns, who have already earned a master’s or doctoral degree and are working toward advanced licensure; Counseling Graduate Trainees and Social Work Trainees, who are working toward completion of their master’s degree. All of the intern or trainee staff are supervised closely by a Counseling Services senior staff Provider.

Eligibility:
All Boise State University students are eligible for counseling services. If a student is seeking multi-person counseling the other person involved does not have to be a student. At this time, non-students are eligible for services if attending multi-person counseling with an enrolled student. Multi-Person counseling supports individuals in relationships. Multi-Person relationships are defined by Counseling Services to include romantic relationships as well as relationships involving roommates, friends and family.

Hours of Operation:
Counseling Services is open from 8:00 am to 5:00 pm Monday, Tuesday, Thursday, Friday, and from 10:00 am to 5:00 pm on Wednesday. Crisis counseling services are available during the hours of operation; no appointment is required. Crisis counseling is meant for acute episodes with sudden onset. The triage/crisis provider will meet with you and help you plan subsequent follow up care.

Fees and Billing Process:
Health Services will bill your insurance company for the services you receive from Counseling Services. Patients are responsible for ensuring that they provide Health Services with accurate information regarding their insurance status at the time of services. Please note that some or perhaps all of the services you receive may be “non-covered” services or not considered “reasonable and necessary” under your insurance plan. Please note that you are fully responsible for all charges associated with care regardless of your insurance benefits. For additional questions regarding billing or fees for service please visit our Health Insurance and Billing Office. A full disclosure of fees for service is available upon request.

Please note that Health Services does charge patients for missed appointments. Please help us serve you better by keeping scheduled appointments and giving 24 hours’ notice on any cancellations.

Counseling Process:
Health Services is committed to providing you with mental health services that best meet your needs. Your first appointment will be an Intake Session which is typically 60-75 minutes long. During your Intake Session the Provider will help you assess your needs, gather pertinent history, explore your concerns, provide support, and incorporate your goals into a treatment plan. Your returning appointments
will typically last 45-50 minutes. The frequency of your return appointments may vary and will be established in consultation with your Provider. In order for you to receive the most benefit from your counseling sessions your active participation is required.

Our primary purpose is to help you become effective in dealing with concerns that influence your ability to achieve success in pursuit of personal and academic goals through short term solution-focused services. In the event you need or want long-term counseling services beyond what we can provide, your Provider will assist you in exploring available resources in the community that can best support your care.

Health Services offers an integrated approach to mental health services, therefore if your mental health needs include medication or management of medication that you are currently taking, your Provider will help you establish care with a medical provider at Health Services.

- If you need a prescription or a refill on an existing prescription you will need to see one of the medical providers at UHS or follow up with your primary care provider. The Counseling Services/ Mental Health Providers are not able to write prescriptions.

Client Rights and Responsibilities:

Your Rights:
- To be informed of the Provider’s training status, including the limitations and restrictions of services
- To be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to counseling
- To request to transfer to another Provider, when appropriate, in accordance with UHS policy
- To ask questions about techniques and strategies used during counseling
- To accept or refuse any services and to understand the implication of refusal
- To actively participate in the development of a treatment plan for self-improvement
- To expect fair and equal treatment in all circumstances
- To receive care in a safe environment
- To privacy of care and confidentiality of your records
- To review your medical records
- To receive accurate, easily understood information about your health care concerns and the care you are receiving
- To receive a copy of this consent form
- To have your concerns heard and reviewed in an objective and timely manner
- To file a complaint without retaliation

Your Responsibilities:
- To provide accurate information regarding your medical history
- To be active in making decisions regarding your care
- To ask questions to seek clarification if you do not understand your treatment plan
- To follow the treatment plan prescribed by your health care provider
- To show courtesy and respect to health care personnel and other patients
- To keep your appointments and arrive on-time
- To cancel or reschedule as far in advance as possible so that the time may be used to treat other patients
- To communicate with your provider if your condition worsens or does not follow the expected course
- To provide useful feedback about services and policies
- To provide accurate information about sources of payment
- To fulfill your financial obligations and to pay for care as promptly as possible
- To inform your health care provider of any advanced directives that could affect your care

Note: Sexual intimacy is never appropriate between a Provider and a client; this and other ethical violations should be reported to the Licensing Board:
Idaho Bureau of Occupational Licensing
700 West State Street, Boise Idaho, 83702
PO Box 83720 Boise, Idaho 83720-0063
(208) 334-3233

1910 University Drive Boise, Idaho 83725-1351
Phone (208) 426-1459 Fax (208) 426-3005

Revised July 2015
Provider Rights and Responsibilities:

Provider Rights:

- To establish and maintain mutually respectful relationships with their clients
- To release clinical informant about a client that could have negative impact on the therapeutic relationship and potentially become harmful to the client
- To consult with medical and mental health providers within Health Services, for continuity of care purposes, in order to best meet the client’s needs
- To terminate a therapeutic relationship with a client based on clinical, safety, personal, scope of practice, and ethical dilemmas. In these cases clients will be provided appropriate counseling referral that would best meet their therapeutic needs.

Provider Responsibilities:

- To adhere to all statutes, licensing board rules, and code of ethics, and to provide a copy of the relevant information when requested by a client
- To provide quality services and involve clients in their plan development and evaluation of treatment goals
- To ensure confidentiality of their client’s clinical information whenever possible
- To inform the client of provider qualifications, disciplines, areas of expertise, and to practice within them.
- To demonstrate respect regardless of a client’s age, race, ethnicity, gender, sexual orientation, religion, abilities, and socio-economic status.

Current Counseling Services/Mental Health Providers:

<table>
<thead>
<tr>
<th>Dr. Karla West, Director</th>
<th>Dr. Martin “Mike” Cutler</th>
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<tbody>
<tr>
<td>LPC # 2730, LMFT # 2729</td>
<td>LPC # 3924</td>
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<tr>
<td>Doctor of Philosophy, Northcentral University w/specialization in Health Psychology &amp; Behavioral Medicine</td>
<td>Doctor of Philosophy in Counselor Education and Practice, University of South Dakota</td>
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<tr>
<td>Master of Arts in School Counseling, Boise State University</td>
<td>Master of Science, Counseling and Guidance, Northern State University</td>
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<tr>
<th>Trisha L. Garcia-Brown, Assistant Director</th>
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<tr>
<td>LCSW # 30504</td>
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<td>Master of Social Work, University of Utah</td>
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<tr>
<th>Krista J. Lane, Group &amp; Outreach Coordinator</th>
<th>Katie Jacobs, LPC Intern</th>
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<tr>
<td>LCPC # 4906</td>
<td>LPC # 3951</td>
</tr>
<tr>
<td>Master of Counseling, Northwest Nazarene University</td>
<td>Master of Arts in Counseling, Boise State University</td>
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<tr>
<td></td>
<td>Supervised by: Krista Lane</td>
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<tr>
<th>Sarah O’Brien, Case Manager/Care Coordinator</th>
<th>Andrew Wingfield, LPC Intern</th>
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<tr>
<td>LCSW #34079</td>
<td>LPC #6007</td>
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<tr>
<td>Master of Social Work, Boise State University</td>
<td>Master of Clinical Mental Health Counseling, University of Nevada, Las Vegas</td>
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<tr>
<td></td>
<td>Supervised by: Krista Lane, LCPC</td>
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Confidentiality:

In compliance with Idaho state statutes, all the information obtained during your counseling session will be kept confidential as required by law. Information gathered during your counseling session will not be revealed to anyone outside of University Health Services without your consent except in the following situations where disclosure is required by law:

- Where there is reasonable suspicion or report of abuse to vulnerable populations, including children, elderly persons, and individuals who are unable to advocate for themselves.
- Where you present serious and foreseeable harm to yourself or others.
- If ordered by a judge for the purpose of a legal proceeding.
- In specific cases of law enforcement emergency for national security issues.

Medical Record:

Health Services uses an Electronic Medical Record for all services received at UHS which includes your: medical records, counseling progress notes and appointment history information. Counseling records are the property of Boise State University Health Services. However, you do have the right to the information contained within your record under the discretion of your Provider. To obtain copies of your records, or if information from your record needs to be transferred to a third party, an authorization to release information form must
be signed and submitted. If you request your records, all parties present during the counseling session (i.e., family or significant other) would need to consent to the release of the record as well.

**OQ-45 and Research:**
The OQ-45 is an outcome quality measurement tool that consists of 45 questions which will help your Provider understand how you are feeling and target specific areas that need attention. It also allows you and your Provider to assess what is working in your counseling sessions and helps measure your progress towards an improved quality of life. We feel this measurement tool provides great value to you, and gives your Provider information to provide you with the best care, therefore we ask that you complete it prior to your first session and subsequent sessions. However, completing the questionnaire is not required to access services. Your Provider may ask you to complete additional screening or measurement tools during your course of treatment if they feel it would be beneficial to you.

Additionally, Counseling Services participates in research projects from time to time. If you qualify and would like to participate in an ongoing study, or for a study at the time of service, your Provider will discuss these options with you during one of your sessions.

**Benefits and Risks of Counseling and Assessment:**
Benefits of counseling may include but are not limited to: an improved ability to relate to others; a clearer understanding of self, your values and/or goals; increased academic productivity; and an ability to cope with everyday stress.

While benefits are expected from the counseling process, there may be periods of increased anxiety or uncertainty, which may affect relationships, your job, and/or your understanding of yourself. It is impossible to predict the extent to which you might experience these changes. You and your Provider will work together to maximize the benefits of the counseling process.

Benefits of assessment may include but not limited to a clearer understanding of self, your values and/or goals, increased academic productivity a clearer understanding of your strengths, limitations and strategies to maximize your potential. Although benefits are expected from the assessment process, it is impossible to predict the outcome of the assessment. *It is possible that you will not receive the diagnosis you are seeking, or may receive a diagnosis you are not expecting.* It is also possible that we will not be able to offer you a specific diagnosis or answer your problem(s) through the assessment process. You and your provider will work together to maximize the benefits of this process. *Again, your participation and payment for an assessment does not guarantee any results.*

**Assent for Minors:**
As a general rule, your Mental/Behavioral Health Provider will not talk to your parents/guardians about what is discussed in counseling without your knowledge. If your Provider believes there is something that your parents/guardians need to know, s/he will encourage you to tell them and together you can discuss ways for you to do so. There may be circumstances where you choose not to tell your parents/guardians alone, in which case, your Provider will then assist you in a conjoint session with your parents/guardians to discuss needed information.

Your Provider will not share your information outside of University Health Services (UHS) without your knowledge. It is unlikely, but possible, that a situation may arise in which your parents/guardians and Provider both believe it is important for them to share information with someone, and you do not agree. In this case, your Provider will use his/her professional judgment on whether to share information.

**Your agreement:**
You acknowledge that you have read the above information and give your assent to counseling. Your parents/guardians will be asked to give their consent to counseling as well. Even if your parents/guardians say ‘yes’ you can decide to discontinue counseling at any time. Feel free to ask any questions to Mental/Behavioral Health Staff as well.

By signing below, I agree to participate in counseling.

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Your signature below indicates that you have read this agreement, agree to the terms, and have had the opportunity to have your questions answered.

**Client Name:** __________________________ (Printed)

**Client Signature:** __________________________

**Date:** __________________________

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1910 University Drive Boise, Idaho 83725-1351

Phone (208) 426-1459  Fax (208) 426-3005

Revised July 2015
Parent/Guardian Name: ____________________________________________ (Printed)

Parent/Guardian Signature: ________________________________________ Date: __________________________

Counseling Services Provider: ______________________________________________________________ (Printed name)

Signature: ___________________________________________________________ Date: __________________________