



## **CAPS INFORMATION and CONSENT FOR TREATMENT**

*We truly wish to welcome you to CAPS. We respect and support your decision to receive services and want you to know our goal is to provide you with a sense of hope, understanding, and respect.*

Counseling and Psychological Services (CAPS) provides you the following information to familiarize you with important aspects of our operation, and counseling/psychotherapy in general. **Please read this thoroughly** and ask your clinician any questions you have, either about our means of operation or counseling/psychotherapy in general.

### **General Information Regarding Treatment**

Research has demonstrated that counseling/psychotherapy is effective with the vast majority of clients. Success of treatment depends on several variables including positive expectations for improvement and the effort that you put into your therapy process. It is strongly encouraged that you discuss any concerns you may have about your treatment with your CAPS clinician. The most effective treatment to reach your therapeutic goals may include group therapy, relationship therapy, individual therapy, psychiatry, and/or other services offered by our center. Your clinician will work with you to identify the services best suited to meet your needs. We may offer you additional interventions like biofeedback, virtual reality, or Therapist Assisted Online (TAO).

We aim to help you take steps toward improvement or to reach your goals in the most efficient manner possible. Thus, you may experience significant relief or have an effective plan by the end of your visit today. Should you need additional visits, it is important that you attend any appointment you have scheduled. If you have a clear need to cancel your appointment, please do so with as much advanced notice as possible so one of your fellow Eagles can use that appointment time.

### **CAPS Office Policies**

#### **EMERGENCY/CRISIS SITUATIONS**

If you are in distress or crisis and need to speak to a mental health clinician before your next scheduled appointment, and it is during the workweek, you may call the CAPS office main line at 239-590-7950 to see if your clinician is available for an earlier appointment. We also have clinicians available during daily walk-in hours (see website [www.fgcu.edu/caps](http://www.fgcu.edu/caps) for hours). **CAPS offers a 24/7 HelpLine you can access by calling 239-745-3277 ("EARS") anytime.** If you are in imminent danger to yourself or others, call 911 if you are off campus and 590-1900 if you are on campus, or have someone take you to the emergency room at the nearest hospital. You may also contact the National Suicide Prevention Lifeline at 1-800-273-TALK.

#### **Scope of Services**

CAPS is best suited for short-term, targeted therapy. Due to the high number of students seeking CAPS' services, **we are able to offer up to 6 (six) individual sessions per semester.** After that, students might be referred to providers in the local community. In addition, some students experience concerns that require specialist treatment or a service that CAPS does not provide. This is an issue that your clinician will discuss with you should we need to make a referral. Participation in groups is unlimited, subject to group availability.

#### **Communicating with CAPS**

Non-emergency messages can be left through the main office number Monday through Friday 8 AM- 5:30 PM. Hours vary during summer and holiday breaks; when the university is closed, CAPS is closed. You may leave a confidential non-emergency message on the CAPS voicemail at any time. We do not retrieve messages when the office is closed (nights, weekends, and holidays). Some staff members are not in the office every weekday and non-emergency messages may not be received and returned for several days. When you complete your initial forms, and at the end of this document, you will be asked how you wish to receive communication from CAPS, including appointment reminders or other contacts CAPS may need to make.

## EMAIL

Email should only be used sparingly, such as to arrange or modify appointments. Please do not email content related to your therapy sessions. Your email communications with CAPS become a part of your client file. If you choose to communicate with your clinician via email, be aware that under Florida Sunshine Laws there is a real but remote possibility that email sent to or from the University, for any reason, may become searchable record.

## CAPS Eligibility and Fees

Office visits for therapy, career counseling, consultation, and psychiatry are already paid as part of tuition/fees for enrolled, fee-paying FGCU students. There is an additional fee for some testing/assessment services. Your clinician will discuss any fees with you prior to rendering services. You are responsible for the cost of any medication prescribed by the psychiatrist. You will be charged fees for no-shows and late cancellations (see below). For summer semesters in which you are not enrolled, or if you are sitting out a semester, please ask about the **Health Bridge** program. Minors are required to have a parental consent form on file after initial contact.

## CAPS Attendance Policy

CAPS makes every effort to provide individual services as quickly and efficiently as possible. Due to the high demand for counseling/therapy and psychiatry services, the following attendance policy is in place. This policy applies to students receiving any clinical service from any member of the clinical staff.

- (1) You may opt in to an automated, HIPAA-compliant appointment reminder system used by CAPS. By opting in, you give permission for CAPS to contact you by **text message** about upcoming appointments. This is a courtesy service and you do not have to participate. If you wish to receive an appointment reminder, provide the requested information and give your consent on the last page of this document. **Opting in or out of the reminder system in no way changes any no-show charge.**
- (2) Clients who do not show for an appointment will be charged a no-show fee. **The fee is \$25 for any clinician, any appointment type or length** (not including group sessions), **and \$45 for the psychiatrist or LD/ADHD testing.** It appears on your FGCU account as a miscellaneous medical charge. **You will be charged a no-show or late cancellation fee if you do not cancel at least 24 hours before your appointment time.**
- (3) Clients who need to cancel or change an appointment with any clinician are expected to do so as far in advance as possible. Many FGCU students utilize our services and if you no longer need or cannot attend your appointment, please leave that space/time for other students. You may leave a message on nights/weekends to cancel for the next day. Do not use the HelpLine (EARS Line) to change or cancel an appointment.
- (4) If you are ill in any way and may be contagious, please call to cancel or reschedule your appointment. While we love to share our time and space with you, we prefer to not share germs. We will do our best to acknowledge your responsible decision to cancel your appointment if you are ill and, if you cancel less than two hours before your appointment time and provide a doctor's note within a week we will happily waive the late cancel fee.
- (5) If you **no-show** for an appointment with any clinician you must call to reschedule within 24 hours or **all future appointments may be removed** from the schedules of your clinician and the psychiatrist.

**Clients who show a pattern of no-show or cancellation of appointments may have their eligibility for services suspended. Clinicians reserve the right to suspend or terminate services after consecutive missed (cancelled or no-showed) appointments.** If you have any questions about the Attendance Policy, please consult your CAPS clinician.

## **Record Keeping**

All CAPS clinical records are confidential and not part of any other university records. State laws and professional ethics and rules assure this confidentiality. You have one electronic chart at CAPS where all CAPS staff (clinicians, psychiatrist) will keep clinical visit notes. We may also store communications with you or about you in your chart. We may store large files, such as forwarded records or testing materials, on paper, locked in a file cabinet in our office. Access to our confidential and dedicated server is restricted to a limited number of pre-identified users. Access to case notes and clinical data is restricted to CAPS clinical staff. Records are kept for a minimum of 7 years after your last visit. Should your clinician leave CAPS, your chart stays in our system.

## **Confidentiality/Release of Confidential Information**

CAPS has both a legal and an ethical duty to ensure that clinician/client communications remain confidential, but there are certain legal requirements that may override this duty. According to Florida statutes, there are exceptions to maintaining confidentiality:

- (1) If CAPS has reason to suspect that a child, elderly, or disabled person is being abused, neglected, or taken advantage of, we are legally obligated to disclose this information to a state agency.
- (2) CAPS may choose to disclose confidential information if we believe someone's safety is seriously/immediately at risk. This may be danger to yourself or danger to others.
- (3) Confidential information may be disclosed when the clinician or psychiatrist is a defendant in a civil, criminal or disciplinary action brought against the therapist or arising from your therapy.
- (4) If there is a waiver (Authorization to Use or Disclose Confidential Information) obtained from you in writing.
- (5) If a client's mental status or emotional condition is introduced at a legal proceeding, by court order CAPS may be required to turn records over to a court or testify.
- (6) If you are a minor (not yet 18), your parent or legal guardian may have access to your records.
- (7) A medical emergency.

If you need treatment information sent to another provider, or would like to authorize a non-CAPS provider to communicate treatment information to us, please come to the office to sign the *Authorization to Use or Disclose Confidential Information*. Provide the full name, address, and telephone number of the provider. FL Statute allows providers 30 days to respond to requests for information. Should it be necessary for CAPS to release confidential information in a situation where we are not required to get your signed authorization, your clinician will make every reasonable effort to discuss this matter with you first. When possible, we prefer to make any such disclosures together, from the CAPS office.

**CAPS Staff Consultation:** Staff members consult each other about clinical issues and/or for training purposes. Any CAPS staff with whom your clinician speaks is also bound by confidentiality. CAPS may also exchange clinically relevant information with our HelpLine clinicians, and we add a summary of any CAPS HelpLine call to your file.

**Legal Issues:** We are not experts in matters involving the law, and do not conduct evaluations or treatment ordered by a court. If a client is involved in, or intends to commence, a legal proceeding in which any aspect of his or her mental, emotional, or behavioral functioning will be at issue, it is essential that this matter be discussed with your CAPS clinician as soon as possible. As a matter of policy, we do not perform forensic evaluations or evaluation of fitness (e.g., to drive a motor vehicle, etc.). A client involved in litigation is potentially subject to certain additional exceptions to the right to confidential communication.

## **Other Consents and Releases**

If you request to be seen by the psychiatrist, for learning disability testing, for couples therapy, if you are a minor, if you are assigned to a graduate clinician, or if you are invited to participate in research or pilot projects, additional information and consent will be required before services are rendered.

## **Research and Reporting of Group Data**

Information for an annual report of services is routinely compiled and reported as group averages with no individually identifying information. This is used for program planning, service evaluation, and to assess service needs. CAPS also participates in a national research project on trends in university counseling centers. Data is stripped of all personally-identifying information and then combined with anonymous, numeric data from other colleges nationwide for statistical analysis. Because data cannot be linked to specific individuals, there are virtually no risks to contributing data. Aggregate, de-identified data may also be used for other legitimate research projects. Your personal or identifiable data is not at risk of disclosure through research projects.

## **Doctoral Intern and Graduate Student Clinical Staff**

Part of CAPS mission is to help train new therapists. Your CAPS clinician may be an advanced graduate student (master's or doctoral) in the field of counseling, psychology, or social work. If you are assigned to an intern or graduate clinician, they will notify you of this status as well as the name and credential of their CAPS licensed clinical supervisor. The Intern or Graduate Clinician will also ask for written consent to digitally video record sessions with you for use in supervision. Refusing to be seen by a trainee or to be recorded will not change your eligibility for services, and you may be transferred to another clinician.

## **Social Media Policy**

**FRIENDS and FOLLOWING:** Clinicians do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Doing so can compromise your confidentiality and our respective privacy. In addition, it can confuse the boundaries set within a therapeutic relationship. Some services (such as Twitter and Pinterest) allow anyone to follow another person. Our clinicians do not expect that you will follow them; however, if you choose to do so, your clinician may discuss this with you. Clinicians do not friend/follow current or former clients.

**OTHER ELECTRONIC INTERACTION:** Please do not use messaging on social networking sites to attempt to contact a clinician. Do not use wall postings, @replies, or other means of engaging with a clinician in public online. If there are things from your online life that you wish to share with your clinician, please bring them into your sessions where you can view and explore them together, during the therapy hour.

## **Your Rights Regarding Your Records**

**Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, CAPS is not required to agree to the restriction that you request if we conclude that it would hinder the appropriate care that we can provide you.

**Right to an Accounting of Disclosures** – You may request an accounting of disclosures that occur regarding your confidential information.

**Right to Access Records** – Access to mental health related records is highly regulated by state and local statute, professional ethics for psychologists, counselors, and psychiatrists, and agency policy. According to Florida Law, mental health practitioners must respond in a timely manner to a patient's request for records. Please consult with your clinician, the Director, or Clinical Director if you are requesting your records. The front desk staff is NOT able to fulfill this request for you. **The law does not make any provision for you or anyone else to have "on demand" access to your records.**

If you have any questions or concerns about confidentiality issues, release of confidential information, or any of our policies and procedures, please ask your clinician or contact our office at 239-590-7950.

## CONSENT FOR TREATMENT

Please read each item below. In order to utilize counseling/psychotherapy or psychiatry services, you must sign Item 1, and give the requested information in sections 2&3 below. Please ask for clarification if you have any questions or concerns.

### 1. Consent for Treatment

After having read this entire **CAPS INFORMATION and CONSENT FOR TREATMENT** document, I freely consent to participate in psychotherapy/ counseling or psychiatry at Counseling and Psychological Services at Florida Gulf Coast University. I agree to abide by the policies and procedures detailed in this document.

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

\_\_\_\_\_  
UIN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This consent above is considered active while you are a CAPS client. Revocation of your consent for treatment makes you ineligible for services at CAPS.

### 2. Attendance Policy (INITIAL each item):

\_\_\_ I understand that any appointment I make but do not attend and do not cancel is a **no-show** and I will be charged \$25 for a missed clinician visit of any type or length (excluding group sessions) and \$45 for a missed psychiatry or LD/ADHD testing visit. It will appear on my FGCU billing statement as a miscellaneous medical charge. **I will be charged a no-show fee if I do not cancel at least 24 hours before my appointment time.**

\_\_\_ I understand that services at CAPS may be suspended or terminated if I demonstrate a poor pattern of attendance or have consecutive no-shows or unexplained cancellations.

### 3. Courtesy Automated Appointment Reminders (If you choose to opt in to the system, initial the first item and choose delivery method and number, otherwise initial next to your wish to NOT receive appointment reminders).

\_\_\_ I consent to receive a text reminder regarding upcoming CAPS appointments and I understand that "I didn't get the message" due to the failure of any of my device (e.g., phone died/lost), network outages, or other reasons does not negate the no-show charge.

» Text message to this number \_\_\_\_\_

\_\_\_ I DO NOT wish to receive appointment reminders.

*Thank you for your cooperation with our policies and procedures. We look forward to working with you!*

**A PAPER COPY OF THIS ENTIRE DOCUMENT, OR A COPY OF YOUR SIGNATURE PAGE, IS AVAILABLE AT YOUR REQUEST.**