



Division of Student Life  
Student Counseling Services

## Consent to Treat

### **Accreditation**

Creighton's Student Counseling Services (SCS) operates within the ethical and professional guidelines established by the American Psychological Association (APA), the American Counseling Association (ACA), and Creighton University. The SCS is accredited by the International Association of Counseling Services (IACS).

### **Limits of Services**

SCS is an outpatient mental health service dedicated to treatment of enrolled, full-time, undergraduate, graduate, and professional students, within the personnel resources of the SCS. Generally, SCS can treat the emotional difficulties that can safely be managed within the structure of an outpatient service. The services that SCS can provide are: individual counseling appointments, group counseling sessions when an appropriate group is running, access to psychiatric or general medical consultation for medication, and occasional crisis intervention meetings. There are certain mental health disorders that cannot be effectively treated within the structure and resources of SCS. Students who cannot be treated effectively or safely within this structure of resources will be referred to mental health resources within the community (in Omaha or in the student's home community). If the demand for services at SCS exceeds resources, students may be referred to mental health resources with the community. Additionally, if students miss three or more appointments annually without 24 hours' notification, they will be referred to a provider in the community.

### **Staff Credentials**

SCS is staffed by licensed psychologists, a Psychiatric Consultant, licensed mental health professionals, and by professionals in training for licensure. You are entitled to know the training level of your counselor, and should discuss this with your counselor. Trainees are required to disclose to clients that they are in training, and to disclose who is supervising their work. You are entitled to meet with your counselor's supervisor. Trainees are required to record counseling sessions for the sake of the review of their work in supervision. All recordings are kept confidential with passwords and computer security, and are erased within two weeks. You will be asked to sign for permission to tape sessions. If you do not wish to be seen by a trainee, you may request to see a professional staff member. Any questions or complaints about counseling services should be referred to the Director of SCS.

### **Fees**

There is no fee charged for counseling services. There is a fee charged for psychological assessment for learning disorders or attention disorders. There is a fee charged for psychiatric consultations, and there is a no-show fee for these appointments when not cancelled with 24 hours' notice. Please discuss fees with your treating professional.

### **Confidentiality**

SCS observes the confidentiality guidelines of the State of Nebraska, FERPA (Family Educational Rights and Privacy Act), APA, ACA, and IACS. All information disclosed by you, including your status as a client of SCS, is protected information and may not be disclosed to any person without your written permission. There are, however, the following exceptions to this confidentiality: situations involving imminent danger or risk of imminent danger/harm to yourself or others; child or elder abuse (which state law requires reporting); and some legal situations (for example, subpoena of your records by a Court).

### **Records**

SCS maintains records of your treatment, both written and on computer. The written records are maintained under secure lock. Computer records are protected by a secure server, and further protected by passwords. Any questions or complaints should be referred to the Director of SCS.

### **Electronic Communication**

Electronic communication (e.g., email, texting, faxing) is not a secure mode of communication. It may be used for administrative purposes (e.g., scheduling, billing) and should not be used for clinical matters. In case of emergency, call Counseling Services, Public Safety, or 911, or go to the nearest emergency room.

### **Consent to Treatment**

I hereby certify that I have read the above statements describing the SCS' policies regarding eligibility, limits to service, fees, and confidentiality. I voluntarily consent to treatment at SCS. I understand that my treatment at SCS is voluntary and that I may discontinue treatment at any time.

I consent to treatment by SCS

**Counseling and Health Consultation**

Creighton University's Student Counseling Services and Student Health Services are separate services within the Center for Health and Counseling. Student Health Services and SCS work jointly to coordinate treatment. I hereby give my permission to the service providers in Student Health Services and Student Counseling Services to exchange information about my current or past treatment in order to coordinate the treatment.

I agree to the exchange of information.

I decline the exchange of information.

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

\_\_\_\_\_  
Parent/Guardian/Authorized Representative Signature  
(Required if student under age 19)

\_\_\_\_\_  
Today's Date

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