

Consent for Treatment in Belmont Counseling and Health Services

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To provide you with the highest quality of care, the offices of Counseling and Health Services utilize an integrated treatment approach. Both clinics are staffed by various medical and mental health professionals to help you address your physical and emotional concerns. The Health Services clinic is staffed by board-certified nurse practitioners experienced in treating various medical problems. Counseling Services staff come from various professional disciplines and adhere to ethical standards set by professional licensing boards.

These clinicians, from diverse disciplines, work collaboratively as a team to optimize your wellness through prevention and intervention. Your clinician will assist you in deciding which services are most appropriate for you based on your presenting concerns, unique experiences, and goals for treatment.

Informed Consent for Treatment:

Participating in the services provided by Counseling and Health Services can result in several benefits to you, including improvement or resolution of the specific concerns that led you to seek care, a better understanding of yourself, enhanced coping skills, and improved interpersonal and academic functioning. When engaging in our services, you are entitled to receive information about the methods and duration of treatment, techniques used, fee structure, and associated risks, if known. Treatment is an active and cooperative effort involving both you and your care providers. For example, it will be important for you to take medication as prescribed and follow an agreed upon treatment plan set in collaboration between you and your provider. There are risks associated with any treatment, such as worsening symptoms, emotional discomfort, or allergic reactions to medications. We will work with you during unexpected treatment outcomes and/or refer you to a higher level of care with the capability to treat your condition. If you should have any concerns about your progress or the results of your treatment, we encourage you to discuss them with us at any time. You can request a transfer to another provider or terminate treatment at any time.

Counseling and Health Services Clinics participate in the teaching mission of the university. Therefore, professional students in training may participate in your care under close supervision of a licensed professional. You have the right to decline if you do not wish for a student to be involved in your care. To ensure the highest quality counseling services and to comply with professional training standards, some services provided by practicum counselors may be audio/video recorded as part of their professional training. These recordings are used only for agency supervisory purposes and kept strictly confidential. All recordings are permanently erased at the end of counseling and supervision. No video recording is performed at the Health Services Clinic.

Services

Health Services provides non-emergent, outpatient medical care for all currently enrolled students. Our Services include visits for acute illnesses/injuries, medication management, physical exams, screenings, immunizations, lab services, travel consultations, and allergy shots. Our staff can connect and refer students to community providers for chronic or specialized conditions.

Students presenting with mental or physical complaints that are outside of the scope of practice of the nurse practitioners working in Health Services will be referred to an outside urgent or nonurgent facility for further evaluation, treatment and management of these conditions.

Costs

All office visits to Health Services are covered by the Student Fee. Some lab tests, medications, medical supplies and procedures offered during a visit are provided for a nominal charge. These charges are covered by the Belmont Graduate Student Health Insurance Plan (SHIP). Health Services does not accept any other health insurance nor submits claims to insurance carriers for these charges. You are responsible for payment of these charges at the time of service. Health Services charges cannot be applied to student accounts. You should be prepared to provide your health insurance card when obtaining health-related services off-campus. It is important to verify that your insurance provider covers health-related services in the Nashville area.

Counseling Services takes a personalized and flexible mental health care approach to provide easy access to short-term care to all currently enrolled students. Services are offered both virtually and in person. Services include assessment, triage, group or short-term individual therapy, or referral to on- or off-campus resources depending on severity of issues presented. Some of the issues that are commonly addressed through referral to community providers include: need, or request, to be seen more than once a week, desire for uninterrupted long-term therapy, complex and or chronic mental health conditions, chronic suicidal and/or self-injury behaviors, presence of significant drug and/or alcohol problems, presence of significant eating disorders, mandated therapy.

All services in the Counseling Clinic are free of charge.

Policies

Confidentiality:

All information discussed within sessions and office visits is confidential and no clinical records will appear in any academic records or transcripts. In order to provide quality whole-person collaborative care, your health information will be shared among professional staff participating in your treatment across the following areas: Counseling, Health Services, and Timely Care. Licensed professionals/supervisors have the right to confer about all aspects of care provided by professional students working at the clinics (e.g., graduate students, medical students, nursing students). Medical information may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. Except as permitted by FERPA, state licensure law, or described in this policy, we will not disclose information about you or your health care to persons outside of the above-mentioned parties without your permission. In most cases, your written and signed authorization is required before information concerning your care can be disclosed to individuals outside of these clinics, such as parents, roommates, friends, partners, and faculty.

In the case of a life-threatening emergency, this consent may be implied for the time of the emergency. Please be aware that clinicians within Counseling and Health Services are legally required to disclose information in the following circumstances:

- i. Where there is reasonable suspicion of abuse involving a minor or senior/vulnerable adult.
- ii. Where there is reasonable suspicion that a client presents a danger of harm to self or others unless protective measures are taken.
- iii. Disclosure of records may be required by a court of law in special circumstances.

Furthermore, medical providers are legally required to report the following:

- i. Reportable communicable diseases.

Consent for Treatment of Students who are Minors:

Students under 18 require parental/guardian consent to be treated for health/mental health-related services in Belmont University Health and Counseling Services clinics. This consent must be signed prior to any services being rendered. Please ask to speak to a clinical staff member if you want to discuss your individual situation.

In addition to this consent for treatment, the state of Tennessee requires the specific written consent from a parent or guardian before administration of a vaccine to a minor. This consent form will be provided to any student who is a minor prior to a vaccine appointment.

Examples of How We May Use and Disclose Medical Information About You.

We use and disclose your medical information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your medical information without your authorization, including for treatment, payment for health-related services, health care operations and certain other situations. Specifically, we may use and disclose your protected information as follows:

Immunization Records.

Your immunization record is part of your academic record and may be disclosed to pertinent university officials on “need to know” basis.

Payment.

Your medical information will be used to obtain payment for services that are provided to you. This may include use and disclosure of medical information for certain activities requiring approval or payment.

Communications with Individuals Involved in your Care or Payment for your Care.

If you provide us with an authorized emergency contact, health professionals, using their professional judgment, may disclose to your identified emergency contact(s), medical information relevant to that person’s involvement in your care or payment related to your care. If circumstances do not permit prior authorization (for example in an emergency or if you are unconscious or otherwise unable to give consent), we will make our best judgment as to whether such disclosures are in your best interest.

Worker’s Compensation.

We may disclose your medical information to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs established by law.

Research.

Under certain circumstances, we may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or disclose medical information. Often, you will need to give permission before we share your information with others for use in research. If your information is used, the researcher must keep your information safe and confidential.

Public Health.

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Electronic Medical Records:

All protected health information in the electronic medical record is stored in a secure data center and is encrypted. Only authorized staff have access to your health information, and audit logs are monitored to ensure appropriate access. Despite these rigorous precautions, there is a remote chance that a breach could occur. In the unlikely event of such a breach, you will be notified as required by law. Your

counseling and health records will be destroyed after 10 years. For minors, health and counseling records will be destroyed after the patient reaches the age of majority (18 years) plus 10 years.

Appointments:

Since demand for services is typically high, we ask that you only schedule appointments that you are confident you will keep. If you need to cancel or reschedule, please call (615) 460-5506 to reach the Health Clinic or (615) 460-6856 to reach the Counseling Clinic with as much advance notice as possible so that we may make the time slot available to another student. Appointments can also be scheduled and canceled online through the Health Portal available on your myBelmont website.

Please arrive 15 minutes early for your appointment. If you are more than 6 minutes late to a health appointment, you will be asked to reschedule. If staff cannot keep an appointment with you, the reception staff will contact you to reschedule. If you experience a crisis between appointments, please contact the office so that crisis services can be arranged. If you repeatedly no-show for appointments, we may no longer be able to provide you with services and will provide an off-campus referral.

Emergency Procedures:

Should an emergency or urgent situation arise, the Counseling and Health Services have triage clinicians available during our normal hours of operation to assist you. Urgent triage clinicians should not be used as a replacement for regular treatment but are dedicated to addressing isolated, urgent situations. Frequent use of urgent care may result in a referral to an on- or off- campus provider for more consistent care.

If an emergency or urgent situation occurs outside of our business hours:

- **Call 9-1-1 or go to the nearest emergency room for an emergency**
- **For on Campus Emergencies 24/7, call Campus Security (615) 460-6911**

OR

- **For medical concerns:** Use Timely Care 24/7 Medical Now service available to all students.
- **For psychological concerns:** Use Timely Care 24/7 Talk Now services available to all students; call Mental Health Cooperative (615) 726-0125; or VU Psychiatric Assessment Services (615) 322-7000.
- **National Suicide Prevention Lifeline:** Call or text 988

Communication:

Health and Counseling Services may contact you by phone, voicemail, email, letter, text message, or through our patient/client portal, at the contact information you have provided to follow up on care or provide a reminder of an appointment. You are responsible for ensuring that your contact information is kept accurate and current with each clinic. We will use reasonable means to protect the security and confidentiality of e-mail sent and received. However, we cannot guarantee the security and confidentiality of e-mail and will not be liable for improper disclosure of confidential information that is not caused by intentional misconduct. By signing this release, you are consenting to the use of e-mail for non-clinical information, such as scheduling. We ask that you contact us by phone with any sensitive clinical information. Additionally, we cannot guarantee that any e-mail will be read and responded to within any particular period of time. Therefore, please do not use email regarding a clinical emergency or other time-sensitive matters. The content of phone calls, voice mail messages, text message, and e-mail/secure messaging will be incorporated into your electronic health record (EHR).

Compliments or Complaints:

We welcome and appreciate your feedback to assist us in providing the highest quality of care. If you have compliments, comments, or complaints about your care at the Counseling or Health Clinic, we encourage you to discuss them with your provider. If you are unable to do that, please ask to speak to the department's supervisor. You may share your concerns with the Director of Health Services at (615) 460-5506, the Director of Counseling Services (615) 460-6856, or with a member of the Dean of Students office at (615) 460-6407.

Your Rights:

Your rights are listed below. If you would like to exercise any of these rights, inquire at the front desk or ask a staff member for the proper form.

- The right to inspect and receive copies: You may request a copy of your records, by submitting the request to Student Health and Counseling.
- The right to request confidential communications: You are assured of this by communicating with us via our secure messaging system.
- The right to amend your record: You may request to amend your record if you think it is incorrect or that important information is missing.
- The right to obtain an accounting of disclosures: You may request to receive a list of certain instances when we have disclosed your health information.

Electronic Signature:

Student Health and Counseling Services use electronic signatures. I understand that by entering my name here and the last four of my Belmont ID, I am electronically signing this document, thus agreeing to services at Belmont University Counseling and Health Centers including in person and/or telehealth services.

I have read and understand the information contained in the above stated provisions and policies. I understand I may request a copy of this document at any time. If I do not sign this consent, or later revoke it, Counseling and Health Services may decline to provide services to me. This consent will remain in effect until rescinded or an updated consent is signed.

Student Name: _____

Student BUID (last 4 digits): _____

Date: ____/____/____

*****Note: STUDENTS UNDER AGE 18 MUST ALSO HAVE SIGNED AUTHORIZATION BY PARENT/GUARDIAN*****

For Students UNDER AGE 18:

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____