Confidentiality in College Health: Ethical, Clinical and Legal Considerations

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ACHA Annual Meeting
Thursday, May 30, 2013
American College Health Association

Administration
Advanced Practice Clinicians
Clinical Medicine
Health Promotion
Mental Health
Nurse-Directed Health Services
Nursing
Pharmacy
Students/Consumers
Multiple Roles and Multiple Conversations
Individual Beliefs & Values – by Role
Student Affairs – Multiple Roles
Language in Each Role
Multiple Conversations
Silos and Babel
“Babel” occurs at the intersections of Student Affairs departments

Dean’s Office – Health Services

Residential Life – Health Services

Safety/Security – Health Services

Academic Advising – Health Services

MCC – Health Services

Admissions – Health Services
Sometimes....even Counseling Services and Health Services
Confidentiality

1) The ethical principle of discretion associated with the professions, such as medicine, law and psychotherapy

2) Ensuring that information is accessible only to those authorized to have access

3) Releasing information is not “all or nothing”
Presentations Related to Integration of Services and Confidentiality

11/03  NECHA – Saratoga Springs, NY - JM  
Collaboration of Medical and Psychological Counseling Services

11/04 NECHA – Portsmouth, NH – JM  
After Hours Assessment of the “At-Risk” Student

11/06 NECHA – Portland, ME – JM & DL  
Mandatory Medical LOA  
What is the MIT/Shin Case Still Telling Us?

9/07  Austen Riggs College Counseling Conference – Stockbridge – MGF, JM & DL  
The At Risk Student; Models for Anticipating and Responding

6/08  ACHA – Orlando, FL - DL & JM  
Partnering to Respond to the ‘At Risk’ Student; Administrators, Clinicians & Counsel

10/08  NECHA – Mystic, CT – MGF & JM  
Multiple Roles & Multiple Conversations in College Mental Health

6/09  ACHA – San Francisco, CA – JM  
Ivory Towers of Babel; Deciphering Conversations in College Health

10/10 NECHA – Providence, RI  
Responding to the ‘At-Risk’ Student – DL & JM  
A Deer in the Headlights – MGF & JM

5/11  ACHA – Phoenix, AZ – JM  
Recognizing and Managing Psychiatric Disorders in the Medical Clinic

11/12  NECHA – Portland, MD – JM, MGF & DL  
To Be or Not To Be; Confidentiality in College Health

5/13  ACHA – Boston, MA – JM, MGF & DL  
Confidentiality in College Health; Ethical, Clinical and Legal Considerations
Other Related Conversations
Higher Education Mental Health Alliance (HEMHA)

MISSION: To provide leadership through a partnership of organizations to advance college mental health.

The Alliance...an inter-association partnership:

The American College Counseling Association (ACCA)
The American College Health Association (ACHA)
The American College Personnel Association (ACPA)
The American Psychiatric Association (APA)
The American Psychiatric Nurses Association (APNA)
The American Psychological Association (APA)
The Association for University and College Counseling Center Directors (AUCCCD)
The Jed Foundation (JED)
The National Association of Student Personnel Administrators (NASPA)

PURPOSE: The Alliance affirms that the issue of college mental health is central to student success, and therefore is the responsibility of higher education. Accordingly, The Alliance will provide leadership to:

- Think about college mental health issues at a strategic level
- Identify and share mental health resources
- Promote full community engagement in the mental health continuum of care
- Define the role of advocacy in mental health
- Support and disseminate evidenced-based practice

What can we accomplish together that we cannot accomplish alone?

Through focus on advocacy actions, policy development and review, practice dissemination, and the promotion of research across the mental health continuum -- The Alliance is committed to advancing mental health throughout the realm of higher education and improving student recruitment, retention, and learning outcomes.
Considerations for Integration of Counseling and Health Services on College and University Campuses

College and university counseling services and student mental health issues have garnered considerable attention over the past several years. Various studies have drawn attention to the growing mental health needs of students and the positive impact of counseling services on college student success (Sharkin, 2004). However, counseling services vary considerably with respect to administrative structures and clinical practices. Understanding the operations of an individual counseling service must occur within the context of the college or university and the administrative reporting structure.

All counseling services generally provide some form of individual counseling or psychotherapy with additional services varying tremendously among centers. Some provide couples, group, and/or family therapy; alcohol and drug treatment; eating disorders treatment; psychiatric services; psychological assessment; and career counseling. Most centers also provide some type of outreach and consultation services. Similarly, the student health service plays an important role on the college campus. Many students with mental health concerns may feel more comfortable seeing a healthcare professional rather than a mental health professional. A number of mental health concerns may initially present with physical symptoms (e.g., panic disorder) that bring them to the student health center for evaluation and treatment—demonstrating how student health services is an important resource for the counseling program. For some mental health problems (e.g., depression), a medical evaluation can be important to rule out possible physical illness. In addition, certain mental health conditions (e.g., eating disorders, drug and alcohol problems) are best managed by having both student health and counseling professionals involved in a student's care. Therefore, the relationship between the student health and counseling services is an important one to understand. In recent years, this relationship has been of growing interest and concern.

Taking a more integrated approach may provide the best foundation for providing holistic care to students. This approach is consistent with some of the societal and cultural shifts that emphasize wellness. An integrated approach between counseling and health services may allow for an alignment of support services and systems. Staff morale and professional satisfaction may be bolstered by professional training and education that enhances staff relations, improves communication, and fosters mutual respect across disciplines. Alscher, Hoodin, and Byrd (2008) argue that integration may result in better detection and early treatment for a wide range of disorders. Collaboration between counseling and health services may be instrumental to provide leadership from a public health perspective and to address issues such as responding to students with eating disorders, alcohol and other drug concerns, and at-risk students. However, integration also involves administrative coordination, merging diverse systems, developing staff philosophical consensus, allocating resources, and developing clear communication with the university community about services.

While clearly recognized standards for college and university counseling services currently exist (e.g., guidelines from the International Association of Counseling Services (IACS) and Council for the Advancement of Standards (CAS)), an understanding of what constitutes "best practice" in merged or integrated services is evolving. This paper provides a snapshot of the current organizational structures of student health and counseling services across the country and explores the benefits and challenges various schools have encountered.
ACHA Guidelines

General Statement of Ethical Principles and Guidelines

As the principal advocate and leadership organization for college and university health, the American College Health Association (ACHA) is dedicated to advancing the health of college students. ACHA serves, supports, and represents a diverse group of professionals and students who provide health promotion, mental health, and clinical services at institutions of higher education. ACHA also serves, supports, and represents the members of the campus community who seek their services. Advocating ethical conduct of its individual and institutional members, ACHA is committed to enhancing the health and affirming the value, worth, and dignity of each individual in accordance with the core values expressed by ACHA:

- Social justice, human dignity, and respect for all
- Provision of student-centered services
- Professional excellence, responsiveness, and ethical practice
- Multidisciplinary and collaborative approaches to health
- Commitment and participation of those who advance health
- Active involvement of students

All members of ACHA are expected to adhere to the general principles and standards of ethical conduct set forth in this General Statement.

Ethical Principles

Although a General Statement cannot offer standards that anticipate all possible situations with ethical implications, or provide precise formulae for resolving all ethical questions or conflicts, certain ethical principles assist ACHA members in making appropriate decisions when confronted with ethical dilemmas. This document is not only a resource when responding to problems and conflicts in daily practice, but also a framework for dialogue about moral issues among all those involved in advancing the health of college students and their community.

- **Provide beneficial and caring services.** Commitment to humane, kind, and compassionate treatment of people is essential to meet their physical, psychological, cognitive, and interpersonal needs. Further, as college health professionals, it is our obligation to focus on providing care designed to benefit the health and well-being of individuals. Caring treatment creates affirming relationships, reduces anxiety and avoidance, and encourages health seeking behavior.

- **Do no harm.** Engaging in activities that cause or result in physical, psychological, or social harm to any individual is unacceptable and contrary to all standards of practice in the helping professions. Risk of harm must be managed and weighed against the potential benefit to the individual. Monitor and take steps to assure that association and institutional policies, programs, and practices do not threaten any individual's health and well being, self-worth, dignity, or safety, or are unjust or illegal.

- **Ensure respect and autonomy.** Autonomy addresses individual freedom and the right to choose what will happen to one's own person. Individuals should always be duly informed and permitted to make decisions regarding their education, treatment, and care. The individual has an inherent knowledge of personal needs and is most profoundly affected by any decision made. Supporting autonomy mitigates against undue influence to choose a particular course of action.
Major Areas of Conflict Surrounding Confidentiality in a College Setting

1) Joining the Mission of the Institution

2) Multiple Roles for a Clinician

3) The Student At Risk

4) The Student of Concern

5) Integration of Medical and Counseling Services
Problems with Confidentiality in College Health: 
The Perspective of College Legal Counsel

Daryl J. Lapp, J.D. 
Edwards Wildman Palmer LLP 
Boston
Multi-disciplinary committees for students “at risk” or “of concern” have become standard.

- They represent the state-of-the-art for addressing the primary legal issues
  - risk management
  - compliance with disability discrimination laws

- They properly institutionalize difficult decisions.
There are real limits to patient/client confidentiality on campus.

- Both risk management concerns and disability rights compliance require sharing at least some information some of the time.
- Patients/clients need to understand this.
- Clinicians also need to understand this.
- Rigid adherence to a “private practice” model of patient confidentiality will not work.
The HIPAA myth persists

- HIPAA does not apply to college student health information.
- The definition of PHI excludes both any health records covered by FERPA and any health records excluded from FERPA (treatment only).
- There is nothing left.
- The legal requirements for patient confidentiality are “only” those arising under state law.
The Revelation and Containment of Intimate and Emotional Information stirs Up Deep and Powerful Human Feelings
NECHA 2008 Annual Meeting
Mystic, CT

Multiple Roles & Multiple Conversations:
Challenges for College Mental Health Professionals

Pre-Meeting Workshop
Wednesday, Oct. 29, 2008
8:30am – noon

Ivory Towers of Babel:
Deciphering the Conversations between Students
and
College Mental Health Professionals

Wednesday, Oct. 29, 2008
2:00pm – 3:30pm

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“We don’t need to know what happened to them when they were 5 years old!”

We can’t share because...”it’s our professional ethic”

... “maybe our strict adherence to confidentiality promotes stigma”
Confidentiality is a TECHNIQUE developed and developed to facilitate the Mission/Task of Therapy:

Making the Unconscious Conscious
Anonymity, Neutrality, and Confidentiality in the Actual Methods of Sigmund Freud: A Review of 43 Cases, 1907–1939

David J. Lynn, M.D., and George E. Vaillant, M.D.

Objectives: The aim of this historical study was to examine the methods actually used by Sigmund Freud in his practice of psychoanalysis in his mature years (1907–1939) and to assess the relationship between these methods and Freud's published recommendations concerning anonymity, neutrality, and confidentiality. Method: The authors used both published and unpublished sources, including reports or autobiographies by analysands, letters by analysands, interviews of analysands, letters by Freud, published works by Freud, and clinical records of subsequent treatment. Results: Information concerning Freud's actual methods was found in 43 cases, including 10 clinical psychoanalyses, 19 didactic analyses, and 14 with combined clinical and didactic purposes. These 43 cases probably encompassed a majority of Freud's psychoanalytic hours during these years. Deviations from Freud's recommendations were found to the following extent: for anonymity, 43 cases (100%); for neutrality, 37 cases (86%); for confidentiality, 23 cases (53%). In addition, there were significant extranalytic relations between Freud and 31 of these analysands (72%). Conclusions: These results show a substantial disparity between Freud's recommendations and his actual methods. Freud's prescribed method, as defined by his recommendations, was not tested or used in his practice. Freud's actual methods were never explicitly described in his writings and cannot be replicated.


The quantity of information available to scholars concerning how Sigmund Freud actually conducted his psychoanalyses has been steadily growing for several decades, but the location and compilation of these data have not been simple tasks. Since Freud did not allow others to observe his clinical work, reliable information about his actual practices can come only from Freud or his analysands. Freud's published work includes his notes in the famous case of the Rat Man (1, pp. 259–318), but otherwise the standard edition of Freud's works contains little material describing how Freud actually treated analysands or how he conducted his relations with them. A large number of Freud's letters became available for review at the Library of Congress in the 1980s, but the relative illegibility of his gothic script and the suppression of some important passages remained as obstacles. These obstacles have been partly overcome in the past 4 years by the publication of his complete correspondence with Ernest Jones (2) and much of his correspondence with Sandor Ferenczi (3, 4).

Data from analysands are found in much more scattered and diverse places. Published accounts, including book-length memoirs, autobiographies, and shorter reports from more than 20 analyses, appeared by the end of the 1980s. Unpublished accounts, reports and transcripts of interviews of analysands, and letters written by analysands have gradually emerged. However, no index or bibliography of these materials has ever been available.

Past attempts to review Freud's methods have been limited by the sources that were used. One of Freud's biographers, Gay (5), noted several cases in which Freud's actual methods differed from his recommendations: the preexisting friendships in the cases of Max...
“The ‘Recommendations on Technique’ I wrote long ago were essentially of a negative nature. I considered the most important thing was to emphasize what one should NOT do.”

Study of deviations from simple, negative recommendations is easier to do

“The study of deviations and adherance to more complex, POSITIVE recommendations would be vastly more difficult.”
Release of Information

The Handling of Confidentiality is a Transference / Countertransference Process and ? a missed opportunity
The appropriate integration of information facilitates and allows a student to learn and move through important, personally difficult impasses in the establishment of an authentic self.
A Deer In The Headlights: Challenges for College Mental Health

M. Gerard Fromm, PhD
John Miner, MD

NECHA Annual Meeting
October 28, 2010
Providence, RI
Clinical and Organizational Considerations about Confidentiality

M. Gerard Fromm, Ph.D.
Director, Erikson Institute for Education and Research
Austen Riggs Center
Stockbridge, MA
Mission

• The mission of an institution is what it’s doing on behalf of society.
  – Missions and Mission Statements
  – Not about public relations or politics
  – A transcendent value; an ideal; a sacred trust
  – Negotiated rather than promulgated

• The mission of a college is very broadly the education and development of its students.
  – Development has challenges! Therefore the counseling service.

• The mission of the counseling service is an extension of the mission of the college.
  – Confidentiality is a provision of the College!
Developmental Task of College Students

• Separation – Individuation (which implies negotiating boundaries between oneself and one’s parents)
• Moving from dependence to independence (which implies competence).
• Moving from how one has been authored (the story of who we are to others) to authority for one’s own life and (the story we are shaping out of that original story).
• In Erikson’s terms, from identification to identity
  – Who I am and who I am not; what I think and feel
  – From a place in the family to a place in the world
  – From the preceding task of Industry vs. Inferiority
  – To the upcoming task of Intimacy vs. Isolation
Who I Am

• Therapist at the Austen Riggs Center
  – A different mission: treatment rather than education.
    • The patient is in serious trouble and so depends more on the staff.
  – Intensive psychotherapy in an open residential treatment setting
  – Therapeutic Community
    • Patients as citizens; patient leadership
    • Many come to us from college.
  – Psychodynamic orientation
    • Feelings mean something; relationships are crucial; family issues get played out in the service of development; authority is a special focus.

• Director of the Center’s Erikson Institute
  – Education, research, scholarship and application
  – The annual College Counseling Service Working Conference
Confidentiality

• Confidentiality is a provision of the counseling service,
  – and therefore of the college;
  – It’s a provision of a trustworthy setting,
  – in which the student may come to know herself better as a person
  – and take more authority for dealing with the emotional, social and learning challenges of college life.
Confidentiality

• Confidentiality says to the student “it’s safe to talk personally to me.”
  – Safe from embarrassing exposure to others.
  – Safe from judgment.
  – Safe to say to yourself things you haven’t told yourself yet.
  – Safe from feelings and fantasies being mistaken for actions.

• The limits of confidentiality are also a provision of safety.
  – Play and “irreversible purpose” (Erikson)
Confidentiality

• Confidentiality also provides safety for the therapist.
  – It safeguards our identity as a clinical professional (an anchor)
  – It safeguards our ideals about the social/clinical contract we make with students (a trust).
  – It safeguards our autonomy in the face of the massive power of the institution (a bulwark).
Confidentiality

• What confidentiality does for us and for the student can make it difficult to think clearly about complex situations that arise in the course of college life.

• “To be or not to be,” or, in other words, what to do!
  – Hamlet’s father was poisoned in the ear.
  – Hamlet’s duty to his father put him up against the power of the king.
  – His mother betrayed his father leading him to feel rage and vengefulness.
  – And he killed someone for listening in on a private conversation.

• What we take in through the ear can lead to trouble!
The Student of Concern

• To some degree, as part of growing up, all students play out what they need from adults as part of their effort to meet developmental challenges.

• Students of concern carry more developmental challenges and more emotional “baggage” from their families.
  – Relationships are unstable; feelings are intense.
  – Trauma may be part of the family story.
  – Feelings are communicated in action rather than words.
  – Action has effects on the community, complicating things even further.
The Student of Concern

- Often the family system has fragmented under the weight of its own strains and has been unable to provide emotional containment and usable speech to the student.
- So the student plays out his unfinished business within the college community.
  - This is first of all an effort to get what is needed from adults.
  - But it often leads to a “split” between parts of the community.
    - The Counseling Service vs. the Dean’s Office.
    - The choice seems to be empathy or accountability, when both are needed.
  - Ironically and sometimes tragically, this often replicates the split between the parents who have not been able to work together to raise their child.
Transference

• What I’ve just described is what is meant by transference.
• Students of concern, whose right to good-enough parenting has often not been met, are understandably angry about this, about the events that caused it, and about the failures that have resulted from it.
  – Acting out in college discharges some of this built-up anger.
  – It spreads the anger around so that no one person has to bear it.
  – And it communicates something to its targets – often the authorities in college who represent parental authority.
  – This is actually hopeful because it invites both containment and communication, but it also presents challenges.
Working with the Patient’s Authority: Shifting to Riggs

• The fundamental importance of a therapeutic alliance; the therapist and patient are the most important “team.”

• Other members of the staff “team” form a safety net of people and important functions under this primary team.

• The task of therapy is understanding the full range of the patient’s experience through speaking openly.

• The patient leads with what she wants from the work and what she wants to tell me; my job is to follow and offer back the sense I am making of what I’m hearing.
Working with the Patient’s Authority: Dilemmas

- The patient wants a guarantee that I won’t report what he says to anyone else.
  - “It sounds like you think I would need to report it. It must be serious.”
  - “What’s been your experience with people holding confidences?”
  - “If you don’t feel you can trust my judgment, don’t tell me. But can we talk about what you’re worried about between us?”

- Hearing something important about the patient from others.
  - “I heard this about you from the Nursing Staff, but I haven’t heard it from you. It must have made sense to you not to tell me. How come?”
Working with the Patient’s Authority:  
Dilemmas

• Hearing from my patient that something dangerous is going on with other patients.
  – “This feels like an impossible spot, since they are my patients too. How do we understand this? How do you want to get us out of this?”
  – “If you don’t let people know about this, I’ll have to, but I won’t do that without telling you first.”

• Hearing from my patient that he feels suicidal.
  – “Something’s happened to make you feel like ending our work together. Can we talk about how that makes sense to you?”
Working with the Patient’s Authority

• Centering on the patient’s feelings and decisions
• Holding to a “How is the patient right?” stance
• Taking as a first consideration that something has gone wrong between us
• Exploring how that makes sense and then perhaps the potential sense it makes in the family context.
  – E.g., the patient who wanted me to choose his confidentiality over the safety of his fellow patients was in a longstanding and fierce competition with his younger siblings.
• From a basis in this kind of understanding, negotiating what we do next.
Institutions and Organizations: 2 Sides of One Coin

• Institutions stand for something; organizations carry out what the institution stands for.
• Institutions are about why we do something; organizations about how we do something.
• Institutions need leadership; organizations need management.
Confidentiality again

• Confidentiality is part of both the organization of the counseling service – a tool to do the work – and part of the institution of the counseling service – both a value (e.g., personal privacy) and an ongoing part of the therapy task.
  – It’s not simply procedural, not simply about signing forms.
  – It’s an ongoing opportunity for discovering meaning at the boundary between the authority of the student and of the therapist. It’s a primary site of the work!
  – Remember that negotiating boundaries between self and other is a big part of the student’s developmental task; working with dilemmas around confidentiality is an opportunity for that.
The Director’s Role

- To hold both the “how” and the “why” of the work
- To manage the operation of the counseling service
  - What procedures need to be in place to carry out the work?
- To provide space and a framework for thinking about what’s happening.
- To lead the negotiation of boundaries
  - Internally: how to think clearly about boundaries in various situations, not only in terms of what to do but what something means.
  - Externally: how to negotiate the counseling services responsibility to the college community and to consider the potential meaning for the student of what is being enacted.
Recommendations

1) Integrate Health Services
2) Update Information Sheets/Websites
3) Update Informed Consent Process to make it part of therapy
4) Include the student
5) Work Out Integrated Teams
An Exercise for Early in the Year: 
Anticipating Dilemmas

• 1. Bring all relevant staff together.
  – Director outlines the exercise and manages the event.
• 2. Work in small same-role groups.
  – E.g., therapists, Deans, health personnel, dorm staff, etc.
  – Each group, from its role, produces three vignettes describing difficult situations it expects to face this year, each involving some aspect of confidentiality.
• 3. Work in small group teams of different roles.
  – Teams work on the vignettes produced by the same-role groups.
  – Task is: “In this situation, what do we need to work out with each other to lead to the best possible outcome for the student?”
• 4. Come back together as a whole group to discuss what was learned.
  – Consultation may be useful throughout the event.
Sample Forms and Documents

1) Mission Statement for Health Services

2) Confidentiality and Exceptions to Confidentiality Statement

3) Informed Consent for Counseling
University of Rochester 2009

Learn, Discover, Heal, Create  ---

And Make the World Ever Better

INSTITUTIONAL MISSION
The mission of Health Services is to provide a variety of health services which will enable students to optimally engage in the complex academic, civic and personal learning to which the College / University is committed and to provide these services in ways that meet the developmental, health and wellness needs of young adults as they are preparing to make contributions in their careers, their communities and their personal lives.
Confidentiality and Exceptions to Confidentiality

As an integrated Health Center, all of the professionals working at the Center may share pertinent health information when clinically indicated. All clinical information is kept in your health and counseling records, which are never part of your educational records and are handled confidentially, like all health care records.

As a general matter, information concerning your contact with our clinical services will not be made available to anyone outside of Health Services, including College personnel, parents, family members, friends, or outside agencies, without your explicit permission.

There are, however, certain exceptions to this general rule, which you should be aware of when entering into a treatment relationship with us. In all of these exceptions, we will attempt to inform and discuss with you the likelihood of sharing information before we proceed, using our judgment in emergency situations.

Information concerning your contact with Health Services may be made available to others in the following circumstances:

- Information will likely be shared with College officials and may be shared with your family in the event of any critical health events or hospitalizations.

- If your clinician determines that you pose a direct threat of harm to yourself or to another person, we may disclose information in an effort to prevent the potential harm from happening. This may include, for example, contacting College officials, your family, other professionals or local officials.

- If College officials have occasion to review and determine whether you pose a direct threat of harm to yourself or another person, we may disclose clinical information or lend other assistance needed to make that determination.

- In the event you are experiencing psychological, learning or other health conditions that appear to be substantially interfering with your ability to successfully participate as a student at the College, we may disclose limited information to College officials in order to facilitate the consideration of remedies, supports or academic accommodations.

- If you report information indicating that a child, or a disabled or elderly person is currently suffering abuse or neglect, your clinician may be required to report the information to law enforcement or other authorities.

- A court order could require us to release information contained in your records or could require a clinician to testify in a judicial proceeding.
CONSENT FORM

DATE: __________

I, ____________________________, have come to the Counseling Services (CS) for the purpose of assessment, counseling, therapy or treatment.

I have received a copy of the CS ‘Student Information Sheet’, which briefly describes the services and policies of the CS, including the description of ‘Confidentiality and Exceptions to Confidentiality’.

I understand that all information that I share will be held privately and confidentially within the Health Center, except as provided in the guidelines that I have received.

I understand that in all situations where my health information is requested by College officials, I will be contacted and my authorization will be procured, except as provided in the guidelines.

I have had the opportunity to discuss the issues of confidentiality with my clinician and been given the opportunity to discuss any concerns that I may have about it.

I also understand that I can request specific considerations in regards to my privacy and confidentiality that can be noted on the back of this form.

My clinician has reviewed my situation and has made the following counseling or treatment recommendations:

________________________________________

________________________________________

I understand and consent to pursuing the above recommendations, within the nature and limits of confidentiality as a client of CS and of the Health Center.

I also understand that this consent remains in effect through the academic year within which I am currently enrolled.

Signature ___________________________________ Date ____________
Clinician _______________________________ Date ____________

See reverse side for any requested considerations related to any disclosure(s) of my health information.
Requested considerations related to disclosure of my health information outside the Health Center. (date, student initial, clinician initial)

(Use additional sheets if necessary)