

Habif Health and Wellness Center
Washington University in St. Louis

Consent for Mental Health Services

Please read this information about counseling and psychiatric services provided through the Habif Health and Wellness Center (HHWC).

1. **Initial Interview:** In your first meeting, you will discuss your concerns and situation with a counselor or psychiatrist and consider the appropriate resources to help you best manage your situation. If you return for further appointments here, it may or may not be the same counselor or psychiatrist.
2. **Missed Appointments: Counseling-** Sessions missed or not cancelled 24 hours in advance will result in a \$20 fee. In any given academic year, if more than two appointments are missed without proper notice, a meeting with the Director of Mental Health Services or their designee is required before further appointments can be scheduled. It is up to you to reschedule your appointment either online or by contacting our appointment desk at 314-935-6695. **Psychiatry:** The same fee and scheduling policy for missed appointments applies.
3. **Referrals:** If your concerns call for services not available within Habif, we will help you find resources appropriate to your situation, either within the university or in the St. Louis community.
4. **Fees: Counseling:** Nine counseling visits are provided free of charge via the Health and Wellness Fee. The same insurance billing policy as described below pertains to the collection of any counseling fees. There are no fees for group counseling. **Psychiatry:** Fees for psychiatry appointments will be billed to your insurance company on your behalf. Some benefit plans require a co-pay. This co-pay will be collected at the time of service. You will be billed for any balance due once the insurance company has paid your benefit to Habif. This bill will go to the local address you have noted in Webstac. Failure to pay the balance within 30 days of receiving this bill will result in the outstanding balance being charged to your student account.
5. **Risks of Therapy:** Just as medications sometimes cause unexpected side effects, counseling can stimulate painful memories, unanticipated changes in your life, and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases client's symptoms become worse during the course of therapy before they get better. This is not unusual and may actually be sign of progress as you gain greater access to feelings that were previously unexpressed.
6. **Ending Treatment:** Either the client or the provider may end therapy at any time. If you or your provider feel that you are no longer benefiting from treatment or your provider feels there is a conflict in goals, they may discuss ending treatment. Ending treatment may also occur if failed appointments continue to occur after attempts to address the issue have been exhausted. If you or your provider feel that additional counseling or treatment beyond what we can provide is needed, your therapist or psychiatrist will provide you with a referral.
7. **Emergencies:** Regardless of where you attend your appointments, if you experience an emergency and need to speak with someone urgently while we are open, come to the Habif Health and Wellness Center. After we are closed, use the Timely Care app to reach a Talk Now staff member or call 314-935-6666 and follow the prompts. For situations that require active rescue, on campus dial 5-5555 or off campus dial 911.

**There may be a pre-certification requirement for psychiatry or counseling visits. This means that your insurance company has the right to review the requested service and make a determination if it is medically necessary. It is your responsibility to phone your health insurance company to find out if you need pre-certification approval for any proposed treatment. If so, SHS will help you complete the process. Failure to abide by any requirements of your insurance company may lead to a denial of benefit payment on your behalf, resulting in the full amount of the visit being your responsibility. Students covered under the University student health insurance plan do not need pre-certification for mental health services provided at HHWC.

The following information deals with your rights as a client. To let us know you understand and accept these procedures, please indicate your consent to each item in the space provided. If there are any questions, please ask your counselor or psychiatrist.

Initial

1. **Confidentiality:** Your personal health information will be treated confidentially and is protected from release to external individuals or inappropriate internal sharing. Any records maintained by the Habif Health and Wellness Center (HHWC) are not considered part of your academic record.

The Habif Health and Wellness Center approaches care in an integrated, holistic manner. When necessary for the purposes of the continuity or coordination of care, our colleagues within Habif Medical Services or the Relationship and Sexual Violence Prevention (RSVP) Center may also access your mental health information.

As a client of the HHWC, you also have the ability to access some of the records related to your care via the student portal. To maintain your privacy, it is very important to keep your WUSTL Key and password login and password private. Should you have any questions or concerns accessing the portal or the internal sharing of your personal health information, please discuss this with your MHS clinician.

Exceptions: If you pose an immediate danger to yourself or to anybody else, we are required to take action to prevent harm. Also, if you describe a situation where a child, an elder, or someone unable to protect themselves is in danger of abuse, we may be required to take action. A court order may also require that information about your counseling or psychiatry visits be released.

- 2. Psychiatric Resident Staff: [For students being evaluated for medication]. Each psychiatric resident is carefully selected and closely supervised by an experienced member of the licensed professional staff. By initialing, you agree to receive psychiatry services provided by a psychiatric resident if appropriate.
- 3. Contact Information: If necessary, I understand that HHWC will contact me via a Secured Messaging Service (confidential email) using the primary email address I have on file with the university.

I also give consent to be contacted by phone. _____
(providing your number indicates consent)

I have read this description of services and understand and consent to the stated policies.

Signature _____ *Date* _____

Print Name _____ Student ID # _____