

_____ (print client's name) understands that the following conditions of treatment apply:

1. I voluntarily consent to treatment as recommended and explained to me by a CAPS clinician. I am free to withdraw my consent and discontinue treatment at any time.
2. I have been informed that CAPS only provides treatment to currently registered WSU students and that enrollment is routinely verified. If I become an inactive student, I will be unable to receive services from CAPS and will be referred for services to an outside source.
3. I understand that I am to follow through to the best of my ability in developing and achieving treatment goals and objectives, as agreed upon by my counselor and myself. I understand that if I fail to follow through on significant parts of my treatment plan, my counselor may choose to refer me to a more appropriate treatment setting.
4. I must comply with WSU Student Code of Conduct and, with regard to conduct which threatens or endangers another, may be discharged from treatment at CAPS should I violate the Code. I understand the possession of a weapon on university property is prohibited.
5. I understand that I will be refused a therapy appointment on any day that I come to my appointment intoxicated.
6. I have been informed that CAPS maintains clinical records both in paper and electronic formats and every effort is made to maintain the security of treatment files. I've been advised that any paper documents are locked in a secure area and that Titanium Schedule is the management software used to document the majority of my electronic treatment record. Security measures to safeguard this data include a data system firewall and encryption across the network.
7. I understand that confidentiality of records maintained by CAPS is protected by federal regulations and Michigan compiled laws. CAPS staff may not disclose any identifying information to anyone outside of CAPS regarding a client's treatment unless the client gives written consent. The following exceptions to confidentiality are mandated by Michigan law and/or professional ethics:
 - If, in the judgment of the counselor, there is imminent danger of serious harm to the counselee and/or others, the counselor is required by law to reveal that information to the appropriate person in order to prevent harm;
 - If a counselor, in the ordinary course of professional practice, has reasonable cause to suspect or believe that any child under the age of eighteen years, any elder, or mentally disabled person (a) has been abused or neglected, (b) has had non-accidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such person, or (c) is placed at imminent risk of serious harm, then the counselor must report this suspicion of belief to the appropriate authority;
 - Medical personnel, to meet a bona fide medical emergency when there is immediate threat;
 - Research activities and program evaluation. CAPS staff may not identify directly or indirectly any individual client in any report or otherwise disclose client identities in any manner;
 - Authorized by court order under Sub Part E-Section 2.61 of 42 Code of Federal Regulation (CFR) Part 2.
8. I have the right to request that CAPS release my protected health information to another individual or agency by signing a CAPS "Authorization for Release of Confidential Information" form. This form is signed in person with a CAPS counselor (whenever possible) to review information to be released and the purpose of such release.
9. I understand that therapy never involves sexual or business relationships, or any dual relationship that impairs the counselor's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitive in nature. Therefore, counselors are not permitted to accept gifts from clients or engage in any relationship outside of therapy with the client.

NO SHOW POLICY: In order to ensure that counseling is productive, it is essential that I attend all scheduled appointments. Cancellations require at least 24-hours advance notice to be rescheduled. Failure to keep an appointment or to cancel with less than 24-hour notice will be considered a "No Show". CAPS will only reschedule me one time after a no show for any appointment.

_____ (client place initials here) I understand that if I cannot attend a scheduled appointment, I will contact CAPS with at least 24-hours advance notice to reschedule. In the event that I am unable to provide advance notice for an appointment, I will contact my counselor as soon as possible to reschedule. Failure to communicate my intentions within 24 hours after a "no show" may affect my eligibility to continue receiving services.

SUPERVISION OF COUNSELORS-IN-TRAINING & COLLEGLIAL CONSULTATIONS: In addition to state-licensed practitioners, CAPS counselors include clinical interns who are graduate students in masters- or doctoral-level programs in psychology, counseling, or social work. CAPS interns are completing internship placements as part of their degree requirements and are closely supervised by senior clinical staff. Clinical interns will inform clients at intake of their training status. CAPS counselors engage in peer review with professional colleagues or supervisors regarding professional development and/or case consultation. The counselors, supervisors, and interns are all bound by the confidentiality policy noted above.

OBSERVATION & RECORDING OF SESSIONS: As part of clinical supervision, some therapy sessions may be audio-recorded, observed, and/or videotaped. However, CAPS will ask the client's permission before observing or recording therapy or assessment interviews and refusal will not affect treatment in any way. If I agree to allow my sessions to be recorded, I will be asked to sign an additional Informed Consent Form for Audio-Visual Recordings and Live Observation.

RESEARCH: As part of CAPS' professional and scholarly development, certain information related to a client's contact with CAPS may be used for research in the development of statistical data. Such information, which could include demographic data, questionnaire data, outside assignments, etc., is used in aggregate form only and never identifies the client by name.

RESTRICTIONS TO EMAIL COMMUNICATION: Email is not a secure medium and confidentiality cannot be guaranteed. To protect my privacy, CAPS staff will only communicate via email with my permission, and will use it only to schedule and/or confirm appointments, or for other administrative matters. Do not use email for crisis or emergency contact, as CAPS counselors do not maintain 24-hour access to email accounts.

EMERGENCY PROCEDURES: In an emergency, clients are encouraged to call CAPS during working hours to speak to their counselor at 313-577-3398. For life-threatening emergencies during evenings, weekends, and/or university closures, call the CAPS After-Hours Service at 313-577-9982 or report to your nearest emergency hospital. If you are on campus, you may also contact the Wayne State Police at 313-577-2222.

Should there be changes to federal regulations, Michigan compiled laws, or privacy practices related to mental health services, this notice will be updated to meet compliance.

My signature indicates that I understand and agree with the above information.

Client Name (Please Print)

Date

Student Access ID #

Client Signature

Witness Signature

Date

A client's ideas about psychotherapy (and psychotherapists) can be very important in determining how useful therapy can be. Please help us understand your ideas, so that we can be most helpful to you.

What is your goal in talking to a CAPS Counselor and how do you think counseling will help you achieve it?

The ideal therapist would:

For how many sessions/appointments do you expect to be working with a therapist? (circle one):

One (1) Three (3) Ten (10) One semester One year Longer

What concerns do you have about being in psychotherapy?

The following questions will allow us to begin to understand the specific concerns that have brought you in, within the larger context of your life. Please take some time to answer them thoroughly.

Who are the most significant people in your life?

Have you experienced any significant personal/emotional difficulties before now? If so, please tell us something about that time of your life:

Were you ever a court ward? Yes / No

 If yes, were you ever in foster care? Yes / No

 If yes, were you placed in foster care on or after your 14th birthday? Yes / No

Were you raised in a relative guardianship situation? Yes / No

 If yes, please explain.

Were you ever placed out of home as a result of a delinquency matter? Yes / No

Does any member of your extended family suffer from alcoholism, depression, anxiety, or anything that can be considered an emotional or mental difficulty? Did they receive treatment? How successful was it?

Are there any family members, or other important people in your life, who have had significant illness, disability, or other difficulty in life?

On how many days in the past two weeks have you had anything to drink? _____

On days you were drinking, what is the average # of drinks you had? _____

On how many days in the past two weeks have you used any drugs not prescribed for you? _____

Which drugs, if any? _____

On days you were using drugs, how much did you use? _____

Is this different than your normal drinking/drug behavior? Yes / No

How? _____

During the period in your life when you were using drugs or alcohol the most, how much were you using?
Please be very specific.