

§ We encourage students to actively participate in the treatment planning process and determining the care that may be most helpful to accomplish their goals. We encourage students to discuss any concerns about the therapeutic process, including treatment intervention and progress.

§ **Confidentiality** is an essential component for effective mental health treatment. All counseling records are maintained separately from all academic, administrative, disciplinary and medical records, unless otherwise noted. No information about a student's contact with OUAZ Counseling Center is released without the knowledge and written consent of the student. However, Arizona law and professional ethics allow the treating provider(s) to **breach confidentiality** in the following circumstances:

- In a situation where you pose an immediate threat to yourself or anyone else's safety, we are required to take action to prevent harm.
- If a situation is discussed where a child, elder, or a person unable to care for themselves may be in danger of abuse or neglect, we are legally required to report this to the proper authorities.
- A court order may be issued by a judge and may require information about your counseling be submitted and/or additional, rare instances where disclosure is required or allowed by law.

§ The **therapeutic relationship** involves mutual respect and safety between the student and the counselor. If you engage in threats, harassments, or intimidation toward the counselor, this may be grounds for immediate termination of therapy. You also grant permission for the counselor to share information about any threatening behavior with law enforcement and/or university officials as necessary to protect the counselor's safety.

§ In addition, the counselor may share information as permitted within their ethical and legal guidelines, and only for the purpose of consultation, treatment planning, and diagnosing, and while maintaining the student's confidentiality, to ensure that the student is receiving best services.

§ **In case of emergency**, where there is a concern for your safety and we are unable to contact you, the necessary authorities, including but not limited to Student Affairs staff, Campus Security and law enforcement will be contacted. If an emergency medical/psychological evaluation is deemed necessary, contact will be made with Campus Security, the OUAZ CARE team and Emergency contact.

§ **Unexpected absence:** In the event of unforeseeable events, where the counselor may be unexpectedly unable to complete work duties, communication will be sent to the student body notifying all students of the temporary closure of the counseling center. You will not be notified individually in order to protect your privacy. Counselor will notify clients of minor absences by phone/email and assist in rescheduling accordingly.

§ With respect to **electronic communication**, I understand it is not a confidential means of communication. I understand email is not an appropriate way to communicate confidential, urgent, or emergency information. The counselor will not engage in therapeutic work via email or electronic messaging. Electronic communication will be used for coordination of treatment including scheduling appointments, outreach and follow up, as necessary.

§ **Social media:** The counselor will not accept friend or contact requests from current or former clients on any social media networking site (Facebook, Instagram, LinkedIn, etc.) in order to respect confidentiality and privacy. This will also help to maintain the boundaries of the therapeutic relationship.

§ **Smart devices and recordings:** You are welcome to take notes in session, if helpful to you. However, audio and video recording of sessions is prohibited. Please note, if you bring a smart device (such as a cell phone) to session, that device likely has the option of voice control and if enabled, the microphone may be always on and snippets of conversation may be recorded and sent to the device maker. If you prefer not to take this risk, please disable voice control on your devices while in session.

§ **Emotional Support Animals:** As listed in the Ottawa University's ESA Policy, under Statement 5.a., the counselor will not complete applications and/or letters for emotional support animals.

§ **Zoom appointments:** We discourage clients from coming to the office sick. Zoom appointments are available in the case of illness, to ensure everyone's safety. You are welcome to discuss the need for this accommodation with the counselor prior to your scheduled appointment and have the chance to review risks and benefits of telehealth services.

§ Please understand that we are unable to provide continuous 24-hour crisis services. In the event of **an emergency involving a threat to your safety or others**, please call the Crisis Hotline/Crisis Mobile Response Team at 602-222-9444, contact OUAZ Campus Safety and Security at 623-546-1666, call 911, or go to the nearest emergency room.

Counseling services are free of charge for OUAZ students. Visits usually last 50 minutes. The first session is an opportunity to gather information about the student, their motivation for treatment and review/clarify any questions about the treatment process. In most cases the student will continue with the OUAZ counselor, however, there are occasions when a student will be referred for services at an outside agency, as it would better serve their mental health needs.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Student

Date

Clinician

Date

(See attached page for parent/legal guardian consent, if applicable)

CONSENT TO TREAT A MINOR

I _____, do hereby consent to the assessment and treatment of
(Parent/Legal Guardian/In Loco Parentis)

_____, DOB ____/____/____, provided by OUAZ Counseling Center.
(Student's Name)

By signing below, parent/legal guardian understands that the facility will make no effort to notify them for further consent related to services after the receipt of this consent.

This written authorization may be withdrawn at any time by extending an online request and/or by providing notice in writing to:

**OUAZ Counseling Center
15950 N. Civic Center Plaza
Surprise, AZ 85374**

Parent/Legal Guardian/In Loco Parentis Signature

Date

Witness

Date