



University Counseling Center
 McCannel Hall, Room 200
 2891 2nd Avenue N., Stop 9042
 Grand Forks, ND 58202-9042
 Phone: 701.777.2127 Fax: 701.777.4189

Notice of Client Privacy Practices and Informed Consent

Effective August 6, 2020

Please read the document below. After you have read and understood the document, indicate your understanding by signing below. If you have any questions or comments regarding this notice please contact the University Counseling Center (UCC) at the below-mentioned address or telephone number.

Client Rights at University of North Dakota Counseling Center

As a student at the University of North Dakota (UND) you are eligible to receive services at UCC. Special circumstances may require a fee to UND students, which will be discussed with students as necessary. Participation at UCC is voluntary and any student may receive services from another provider if they so choose.

As a client at UCC, you have the right to actively participate in your treatment plan with the freedom to review and revise goals throughout service at any time. You have the right to:

1. Confidential Communications. You have the right to request that we communicate with you about your health care and related issues in a particular manner or at a certain location. For example, you may not want a family member to know that you are seeing a therapist at UCC. Upon your request, correspondence will be sent to another address.
2. Requesting Restrictions. You have the right to request certain restrictions regarding the use or disclosure of your information, except when there is an exception by law or regulation.
3. Inspection and copies. You have the right to receive from your therapist a summary of your counseling start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. UCC strongly encourages you to discuss this with your primary therapist before this step is taken.
4. Amendment. You may ask us to amend the information in your UCC record if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to UCC at the address provided below. We may deny your request if we believe that the information that would be amended is already accurate and complete or if other special circumstances apply.
5. Accounting of Disclosures. You have the right to obtain an account of all persons to which we have disclosed information about you for any purpose except your treatment or our healthcare operations.
6. Right to a copy of this notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.

Informed Consent

Clients have the right to understand and decide voluntarily to participate in assessment and treatment. Clients have opportunities to ask questions in order to understand options available to them, consequences of different choices, and how UCC can help them achieve their desired outcomes. The following are components of informed consent:

- *Staff qualifications, credentials, and training level.
- * The types of service to be provided, expected length of service, results of any risks, benefits and alternatives
- * Range of services available
- * Procedures for case closure

You have the right to revoke consent for treatment and health care operations at any time. You may revoke an authorization by giving UCC written notice at our contact address listed above. Your revocation will be effective as of the time we receive it and will not apply to any uses or disclosures which occurred before UCC received such a request.

For assessment and treatment to be most effective, it is important that you take an active role in the process. This involves keeping scheduled appointments, listening to your therapist, being honest with your therapist, and completing outside assignments agreed upon with your therapist. Please note that though a text message reminder is a courtesy we strive to offer, students are responsible for monitoring their scheduled appointments. While counseling can be of benefit to most

people, the counseling process is not always helpful and there is no assurance that you will feel better. It is important that you discuss with UCC staff any questions or discomfort you have regarding the counseling process or any behavioral changes you may be experiencing. Your therapist may be able to help you understand the experience and or use different methods or techniques that may be more satisfying.

Confidentiality

Although federal privacy requirements for protected health information generally excludes student health information, we comply with all applicable laws and professional standards pertaining to the privacy of client information. UCC recognizes that confidentiality is essential to effective treatment. We believe that for your treatment to work best, you must feel safe about sharing personal information about yourself with your therapist. All of UCC's records are confidential and do not become part of any central University record. In most cases, no information about a client, including the fact that they have scheduled an appointment or sought services, may be released without that student's written consent authorizing the release of information. However, there are some exceptions where the minimum amount of information necessary will be shared without a client's written consent. Examples of such circumstances occur when:

- We may use or disclose information about you for treatment purposes to doctors, counselors, therapists, or other individuals who work in our agency and who are involved in providing healthcare.
- If you are reasonably suspected to be in imminent danger of harming yourself or someone else. This may include notifying family members or other emergency contact, contacting the police, or seeking hospitalization for the client. If any of these situations occur, every effort will be made by your therapist to fully discuss the situation with you before taking any action.
- If you disclose abuse or neglect of children, the elderly, or disabled persons.
- To qualified personnel for certain kinds of program audits or evaluations.
- If documents are court ordered to be released to the property of the court.
- If UCC makes a referral on your behalf to Student Health or other health care facilities in order to coordinate treatment. Only relevant and pertinent information relating to treatment planning shall be shared.
- To the members of UND's Behavior Intervention Team (BIT) when there is information that involves a threat of harm to self or others. Only relevant and pertinent information shall be shared.
- If there are legal or regulatory actions against a UCC professional.
- Where otherwise legally required.
- UND and UCC may use student information for the purpose of program evaluation according to the Family Education Rights and Privacy Act. No specific treatment information will be provided for purposes of program evaluation.

The above is considered to be only a summary. If you have questions about specific situations or any aspect of the confidentiality of UCC records, please ask a member of the UCC staff.

Tele-Mental Health Service Options

The UCC offers both in-person and tele-mental health service options. Distance mental health services are available through the UND University Counseling Center via the tele-mental health platform—two-way audio and visual communication—and use of electronic medical records. Tele-mental health services will be provided by a clinician licensed in the state where the client is currently located during the duration of the appointment. Tele-mental health services are available for eligible students.

In the event a client chooses to participate in tele-mental health service options with UCC, they are confirming they meet the definitions of eligibility for students and understand the statements listed below.

1. At the time of each appointment, you are responsible for confirming that you are located in the state you indicate to the UCC mental health provider you are meeting with for the duration of the session.
2. Records of all visits will be documented in the client's electronic medical record and strict confidentiality of the records will be maintained.
3. The tele-mental health platform potentially introduces a privacy risk and the UCC has taken precautions to limit the potential for risk.
4. It is up to you, the client receiving tele-mental health services, to secure your own private location while engaging in a tele-mental health appointment.
5. A client may refuse or stop the tele-mental health appointment at any time. If direct communication is desirable, an alternative appointment can be provided over the phone with the UCC Case Manager or in-person at UCC (if available).

- 6. At each session, you will be asked to establish your current address and the contact information for the local emergency support services, should an emergency arise.
- 7. If technical difficulty or breakdown occurs, the appointment may need to be rescheduled.
- 8. If an urgent counseling session is needed in between scheduled appointments, you should utilize UCC Emergency Services or call 911 for immediate assistance.
- 9. There are some risks with tele-mental health services, which include, but are not limited to: a) the transmission of your medical information could be disrupted or distorted by technical failure; b) the transmission of your medical information could be interrupted or intercepted by unauthorized persons; and c) the electronic storage of your medical information could be accessed by unauthorized persons.
- 10. You may benefit from distance counseling, but results cannot be guaranteed or assured.

UCC reserves the right to change the privacy and informed consent policies and practices described in this notice. A current version of this document is available on our website.

If you have questions about this notice, disagree with a decision we make about access to your records, believe that your privacy rights have been violated and wish to file a complaint with our office or have other concerns about your privacy rights, you may contact the University Counseling Center **Director**, University Counseling Center, McCannel Hall Room 200, 2891 2nd Ave N Stop 9042, Grand Forks, ND 58202-9042, 701-777-2127

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. UCC will not retaliate against you for exercising your right to file a complaint.

By selecting "Yes", printing my name, and signing below, I acknowledge the following: *I have read, understood, and consent to the above information. I have had the opportunity to ask questions about the information above and I will be provided a copy of this document upon request. I understand that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature.*

Date: _____

Client Name: _____

Student ID#: _____

Client Signature: _____