

OFFICE *of* CAMPUS LIFE**INFORMED CONSENT TO RECEIVE PSYCHIATRIC TREATMENT**

The AU Student Health Center (SHC) provides short-term psychiatric assessment and medication management to AU Students. AU undergraduate, graduate, and professional students who are actively enrolled in at least one course are eligible for psychiatric services.

During your first appointment, one of our staff psychiatric providers will complete a psychiatric assessment and provide diagnostic and treatment recommendations. Please understand that this first appointment is a consultation, and that attending this appointment does not establish a patient-physician relationship with one of our staff psychiatric providers. If indicated, medications may be prescribed or continued for students currently taking medications but is based on the clinician's judgment and is not guaranteed. Some students may be referred to community clinicians for ongoing treatment. Our psychiatric services are best suited for students who are currently stable on psychiatric medication or students who are experiencing new onset of symptoms such as anxiety or depression. For students who are not currently stable or who require more frequent visits, we recommend checking your insurance policy for in-network psychiatrists outside AU who are covered in the Washington, DC area.

Our psychiatric providers do not provide urgency or emergency psychiatric evaluations. Urgent mental health needs are addressed by the AU Counseling Center (x3500) during their drop-in hours Monday through Friday 2-4 pm. For emergencies, call AUPD at x3636 if on campus, or MPD at 911 if off campus.

Students taking DEA controlled substances such as ADHD stimulants or benzodiazepines, will need to provide documentation of previous diagnosis before medications will be prescribed. These medications will also require a separate treatment agreement. Please see the ADD/ADHD services information on the student health center website for details and required documentation.

ACKNOWLEDGEMENT:

In signing my name below, I acknowledge that I am giving my informed consent to receive psychiatric treatment at the SHC. Psychiatric treatment consists of diagnostic services and medication management. While therapy is almost always a good idea for everyone, please note the SHC is a medication-based service and does not provide therapy. Should I desire therapy or am not considering psychiatric medications, I will contact the AU Counseling Center.

1. **Confidentiality:** I understand all discussions and records are confidential to the extent permitted by law. Information regarding your contact with SHC or the content of your conversations with staff psychiatric providers will not be shared with others outside the SHC without my consent or permitted by law. Your Psychiatric provider may obtain confidential consultation or supervision as necessary within the SHC. There are some situations that SHC would be permitted or required by law to disclose without your consent including but not limited to the following:

- Information may be disclosed to other individuals employed at SHC when and to the extent necessary to facilitate the delivery of professional services to you;
- Mental health information may be disclosed, on an emergency basis to certain individuals as defined in DC Code Section 7-1203.03 if the clinician believes that such disclosure is necessary to initiate or seek emergency hospitalization of the client under DC Code Section 21-521 or to otherwise protect the client or another individual from a substantial risk of imminent and serious physical injury;
- Information may be disclosed to comply with laws regarding the reporting of sexual abuse, abuse, neglect, or exploitation by another for minors or other at-risk populations (e.g. elderly and mentally and physically vulnerable populations);
- Information may be disclosed when it is required by the court (a) for criminal cases in which you are charged with killing or injuring another, (b) for criminal proceedings in which you raise an insanity defense or such defense is raised on your behalf, or (c) for civil proceedings in which you raise your mental or emotional condition as an aspect of a claim; or (d) for any other reason as otherwise required by law.
- Information may be disclosed to comply with laws regarding duty to warn regarding the reporting of an intention or plan to harm or kill someone else

Student Initials _____

I understand that any form of electronic communication (phone, fax, email) is not necessarily confidential, and will use the secure portal provided for students if I need to contact my provider between appointments. Only student health center staff have access to the student portal. I understand that secure messaging is the primary form of communication used by SHC staff because it is secure and confidential, and that notifications of secure messages are sent to my American university email account. I understand that if I do not check my American University email daily, I may miss important and time sensitive information from SHC staff that could adversely affect my health and treatment.

I understand with my written permission, I may request that a copy of my treatment record to be sent directly to another treating clinician, including the AU Counseling Center to an outside agency, if I am undergoing a security clearance.

Student Initials _____

2. **Fees:** I understand that there will be a fee charged for my visit which is not billed to insurance. Fees are as follows:

Initial appointment (50-60 minutes): \$75

Follow-up appointment (10-30 minutes): \$35

These fees can be paid by cash, check, credit card, Eagle bucks or may be billed to my student account. Charges applied to your student account will be listed as “student health center fee”

If I am experiencing financial difficulty, I can speak with a provider about waiving these fees in exceptional circumstances.

Student Initials _____

3. **Medication:** During my initial appointment my provider will discuss medications that can be used in treatment along with potential side effects of these medications. My provider will also discuss with me what I should do if I experience any of these side effects.

I agree that I will not share my medication with anyone else. I also agree that I will not receive other psychiatric medications from other providers without first informing my American University psychiatric

provider.

I also understand alcohol and other drugs may compromise my treatment and make my symptoms worse and the student health center recommends I abstain from these substances while in treatment. Additionally, combining alcohol or opiates with benzodiazepines or hypnotics (like Ambien) is particularly dangerous and can be fatal. I may be asked during treatment to provide a urine drug screen at the student health center.

Student Initials

4. **Refills:** Medication refills are completed during appointment visits. It is my responsibility to schedule a follow-up visit within the agreed upon timeframe discussed during my appointment. We recommend scheduling your follow-up appointment when you check-out to ensure that you can be seen at a time convenient for you. During certain times of the year (for example mid-terms and finals) demand for appointments is higher and last-minute appointments may not be available. If I do not follow-up as recommended, my provider may not refill my medication until the next in-person appointment.

ADHD and Benzodiazepine refills always require a monthly, in-person appointment. If I miss or cancel my follow up appointment, I understand that my controlled substance medication may not be refilled until my next in-person appointment.

Medication changes or initiation of new medications will only be made during in-person appointments and based on the clinician's judgment.

Student Initials

5. **Missed appointments/Cancellations/Late Arrival:** If I am unable to make a scheduled appointment, I will call to cancel this appointment at least two hours ahead of time or I will be charged for the appointment. If I fail to show for three or more appointments without notice, or I do not follow up as recommended by my psychiatric provider, I may be referred elsewhere for services. I understand that a "no show" is defined as any of the following: missing an appointment without notifying the SHC, canceling an appointment with less than 24 hours' notice, or coming late to an appointment. If I arrive late to an appointment (intake or follow-up), I understand that my appointment may be cancelled by SHC and I may be charged a no show fee.

Once I have scheduled a psychiatry intake appointment, I understand that I will receive a welcome email from SHC, asking me to:

- Complete an online assessment, and
- Review and sign the Informed Consent to Receive Psychiatric Treatment, Permission for Medical Treatment, Psychiatry Telehealth Consent Form (and if applicable, the ADHD Medication Agreement).

I understand that if I do not review and sign these forms prior to the start time of my intake appointment, my intake appointment may need to be rescheduled. I understand that signing the Informed Consent to Receive Psychiatric Treatment, Permission for Medical Treatment, Psychiatry Telehealth Consent Forms is a requirement for psychiatric treatment at SHC. I understand that if I decline to sign these forms, I cannot initiate or continue to receive psychiatric treatment at SHC and I will be referred to appropriate outside mental health services.

Student Initials

6. **Limits:** There is no limit to the number of sessions I may receive during the academic year. However, there are situations where I may be referred off campus to a different psychiatric provider. These may include but are not limited to:
- a. In-depth neuropsychiatric testing for conditions including ADHD
 - b. Cases that may require a higher level of expertise
 - c. Cases that require being seen more than once per month
 - d. Drug and alcohol use disorders or dual diagnosis as diagnosed by my AU SHC psychiatric provider
 - e. Students with eating disorders

Student Initials _____

7. I understand that my psychiatric care may be terminated, and I may be referred elsewhere for services if:
- a. I do not follow the treatment recommendations of my psychiatric provider, including referrals, taking medications as prescribed, and following up in the recommended time frame.
 - b. I do not adhere to the patient responsibilities (including acting in a courteous and respectful manner in all interactions with SHC staff).
8. I understand that I may decline further participation or recommended treatment at any time.

Student Initials _____

I have read this description of services and understand and consent to the stated policies. I understand that I have an opportunity to discuss my questions regarding the psychiatric treatment services with the SHC. I understand that there are potential risks and the benefits to associated with the psychiatric treatment services. I have the right to make decisions about the psychiatric treatment services I receive, to refuse the psychiatric treatment services and to revoke this consent at any time except to the extent services have already been provided. Based on the information I have received, I consent to the psychiatric treatment services at the SHC.

I agree that this consent form may be electronically signed and that my electronic signature appearing on this consent form is the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. I understand that I may opt-out of signing this document electronically by contacting the Student Health Center.

I understand that I may receive a printable copy of this consent form by requesting it from SHC and providing my email address, and SHC will email the form to me. If I am unable to receive the form via email, I will notify SHC so that other arrangements can be made.

Signature _____

Date _____

Print Name _____ Student ID # _____