

A green light to greatness.

CONSENT FOR SERVICES AND HIPAA NOTIFICATION

In order to serve you, we must have you (or a legal guardian if under age 18) give Counseling and Testing Services consent to serve you. This service may include an assessment, a referral, education, and/or counseling/therapy. Please read our HIPAA statement which further explains our Privacy Policy and your rights. Our services are as private and confidential as the law allows. Your records are typically released only with your signed permission to do so. There are some limits to confidentiality because the law or professional standards (ethics) require the counselor to take action which may include disclosing some information. Although rare, *examples* of situations where Texas state law may require counselors to disclose information. Some situations where this could occur include suspecting abuse and/or neglect of a child, the imminent threat of harm to oneself or others, or a legal subpoena for records. Other situations not listed here may require disclosure. It is standard practice for professionals within the center to supervise or consult with one another in order to provide the best service possible. We always strive to keep clients informed about their privacy and protect it in every way that we can.

Please read each section below and its related question. Indicate whether or not you agree to the conditions of service by checking the appropriate choice. You must mark an answer for each section below. We are glad to answer any questions you may have regarding our services and/or your privacy.

CONSENT TO RECEIVE PROFESSIONAL SERVICES (evaluation, assessments, counseling, groups):

All students must indicate their informed consent to be treated by Counseling & Testing Services before they can receive any professional service. If you indicate that you do not agree to our policies and procedures as detailed in our CLIENT INFORMATION document, we may not be able to provide treatment for you.

By selecting "Yes", I indicate that I have received a copy of the CLIENT INFORMATION document and agree to abide by the policies and procedures of Counseling and Testing Services. I indicate that I understand that I may withdraw from treatment at any time, but should notify my counselor before doing so. I do hereby consent to an assessment and/or to receive treatment at Counseling and Testing Services.

Yes No

RECEIPT OF PRIVACY POLICY/HIPAA NOTIFICATION FORM:

By selecting "Yes", I confirm that I have received or seen a copy of the NOTICE OF PRIVACY PRACTICES and consent to the use and disclosure of my health information as described within the NOTICE OF PRIVACY PRACTICES document.

Yes No

Please ask the receptionist or your counselor if you have any concerns or questions about our privacy practices.

ARE YOU A CURRENTLY ENROLLED UNT STUDENT?

Yes No

Signature _____

Date _____

Name (Printed) _____

Student ID _____