

# Medical University of South Carolina

## Counseling and Psychological Services (CAPS)

### Consent for Treatment

#### Treatment Agreement:

I voluntarily consent to mental health evaluation and care, which may include psychological assessment, psychotherapy, counseling, and medication management, through Counseling and Psychological Services (CAPS) at the Medical University of South Carolina (MUSC.)

I am aware that I may be asked to complete psychological questionnaires and/or tests as part of my evaluation and treatment through this clinic. I understand that the results of these questionnaires and clinic records may also be used in scientific research and/or to ensure the quality of services offered through CAPS. However, when used in this manner, my confidentiality is assured by the data being combined with that of other CAPS clients and by all identifying information being removed.

I have the right to ask about alternate treatments for my condition. I have the right to ask for a referral to another provider and/or the right to terminate treatment at any point, if I choose to do so. I recognize it is preferable to have a final session when ending therapy in order to review and evaluate the sessions and assess overall progress. I understand that patients who have not had a session in more than 90 days will be considered inactive. An inactive patient who is still enrolled at MUSC and who wishes to return to active therapy may do so by contacting CAPS. I recognize that my provider has the right to terminate treatment or refer me for assistance elsewhere if she/he believes it would be in my best interest. I also understand that if I believe my provider has engaged in illegal, unethical, or incompetent actions, I may contact the South Carolina Board of Examiners in Psychology, P.O. Box 11329, Columbia, SC 29211-1329, (803) 896-4664; or the South Carolina Board of Medical Examiners, P.O. Box 11289, Columbia, SC 29211-1289, (803) 896-4500; or the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists, 110 Centerview Drive, Columbia, SC 29210, (803) 896-4300; or the South Carolina Board of Nursing, 110 Centerview Drive, Columbia SC, (803) 896-4550 to make a written or verbal complaint.

I am aware that all information that I disclose, and all written records are completely confidential and will remain accessible only to CAPS clinicians and Student Health Services clinicians. As such, information (including files) about my case is not open and accessible to others without my consent. However, I understand that my provider participates in supervision and may, at his/her discretion, choose to disclose some of this information for purposes of supervision. When it is indicated, my provider may consult with the Student Health Services team regarding my treatment. For health care operations, CAPS may use and disclose Private Health Information (PHI) for coordination of care and/or clinic operations. For example, CAPS may use the information to review its treatment and services and to evaluate the performance of CAPS staff in caring for me. For health oversight activities, CAPS will release information for federal or state audits, civil, administrative or criminal investigations, inspections, licensure, or disciplinary actions, as required by law. While I have a full right to confidentiality, I also recognize that my provider has a responsibility to breach confidentiality if any of the following conditions occur:

**1) Child Abuse:** When in a professional capacity, the CAPS staff has received information which gives them reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, CAPS must report such to the county Department of Social Services or to a law enforcement agency in the county where the child resides or is found. If the CAPS staff has received information in their professional capacity which gives them reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but CAPS believes that the act or omission was committed by a person other than the parent, guardian, or other person

responsible for the child's welfare, CAPS staff must make a report to the appropriate law enforcement agency.

**2) Adult and Domestic Abuse:** If CAPS staff has reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, we must report the incident within 24 hours or the next business day to the Adult Productive Services Program. The CAPS staff may also report directly to law enforcement personnel.

**3) Health Oversight:** The South Carolina Board of Examiners in Psychology, the South Carolina Board of Medical Examiners, the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists, and the South Carolina Board of Nursing have the power, if necessary, to subpoena my records. CAPS personnel are then required to submit to them those records relevant to their inquiry.

**4) Judicial or administrative proceedings:** If I am involved in a court proceeding and a request is made about the professional services CAPS provided me or the records thereof, such information is privileged under state law, and CAPS will not release information without my written consent or a court order. The privilege does not apply when I am being evaluated for a third party or where the evaluation is court ordered. I will be informed in advance if this is the case.

**5) Serious Threat to Health or Safety:** If I communicate to any member of the CAPS staff the intention to commit a crime or harm myself, CAPS may disclose confidential information when they judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by me on myself or another person. In this situation, CAPS must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.

**6) Workers' Compensation:** If I file a workers' compensation claim, CAPS is required by law to provide all existing information compiled by CAPS staff pertaining to the claim to my employer, the insurance carrier, their attorneys, the South Carolina Workers' Compensation Commission, or me.

**7) If I am required by my Dean or Program Director** to seek evaluation for mental health problems, professional or academic issues, or for alcohol or other drug abuse, I will be asked to sign a release to allow information regarding evaluation, treatment recommendations, and attendance to be provided to the Dean or Program Director.

**I acknowledge that I have read and understand the terms of treatment. I acknowledge that I have had ample opportunity to clarify any concerns I may have and agree to treatment under the conditions listed above.**

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I acknowledge receipt of the Privacy Policy Notice for Counseling and Psychological Services (CAPS). I have also received a copy of the Notice of Privacy Practices for the Medical University of South Carolina.**

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_