

Informed Consent for Psychological/Mental Health Services

Welcome to Normandale Community College mental health services. Normandale Community College provides mental health counseling services, crisis intervention, consultation and referral services. If during the course of counseling, it is determined that a community resource/referral would be more appropriate, your provider will assist in providing and coordinating such a referral.

The information disclosed within counseling sessions is confidential, and is considered protected health information. As such, information shared in counseling sessions may not be shared with anyone without written permission by the client, via an authorization for release of information. For counseling clients age 16 and older, records are kept strictly confidential.

Please note, there are specific exceptions to confidentiality:

- 1) If the student/client expresses specific, imminent intent to harm oneself or to harm another, the provider is mandated to report such a specific instance of intent to harm. This may include contacting police, public safety, emergency contacts, and/or family members; please note in the event of direct threat of harm to another, the intended victim will be warned directly, as will law enforcement.
- 2) If the student/client discloses information regarding abuse of a minor, or abuse of a vulnerable adult, and/or if the provider reasonably suspects abuse of a minor or a vulnerable adult, the provider is mandated to report such abuse to the appropriate county Child Protective Services or Adult Protective Services.
- 3) If the student/client's records are subject to subpoena/court order, the provider will comply with the terms of the court order.
- 4) If the student/client signs an authorization to release protected health information, the information will be released to the specific party expressly stated in the release of information.
- 5) Normandale administrative staff have access to students' names and other identifying information, in order to schedule mental health appointments.
- 6) If a student/client is pregnant, and reports substance use as habitual or excessive use, for a nonmedical purpose, of any of the following substances or their derivatives: opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, or alcohol, the provider is mandated to report this use to a local welfare agency.



Client Rights and Responsibilities

As a client utilizing mental health services at Normandale Community College, you have rights and responsibilities according to the Family Educational Rights and Privacy Act (FERPA) and the MN Government Data Practices Act (MGDPA).

CLIENT RIGHTS:

- 1) To privacy and confidentiality
- 2) To respect and dignity
- 3) To know the credentials/professional background of your provider
- 4) To receive accurate information about your mental health care
- 5) To understand the possible risks and benefits associated with mental health treatment
- 6) To participate in decisions regarding your mental health care
- 7) To consent to, or refuse to consent, to mental health treatment
- 8) To review your mental health records with your provider
- 9) To select and/or change your mental health care provider
- 10) To be made of aware of after-hours/emergency and crisis resources

CLIENT RESPONSIBILITIES:

- 1) To provide honest, accurate and complete information about your health to your care provider
- 2) To ask/clarify any issue, policy, or term that you do not understand
- 3) To be respectful of your provider, support staff, and other students who may be utilizing mental health services
- 4) To maintain scheduled appointments, and/or cancel/reschedule appointments in a timely manner; if you are 15 minutes (or more) late to an appointment, your appointment will need to be rescheduled
- 5) To seek non-emergency care during regular business hours
- 6) To utilize identified community resources for after-hours crisis/emergency care
- 7) To follow your goals for treatment, and to disclose to your mental health provider if you feel you are unable to follow treatment goal

STUDENT/CLIENT CONSENT TO PSYCHOLOGICAL/MENTAL HEALTH SERVICES

I certify that I understand this statement of informed consent. I agree to the terms of this document in its entirety. I understand that I may terminate psychological services at any time.

Student/client signature

Date

I am digitally signing (by typing name and date above) this document, and understand and agree to the terms of the document.