

**LAKELAND UNIVERSITY COUNSELING CENTER  
POLICIES AND PROCEDURES**

*2019-2020*

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## **Mission Statement**

The mission of the Lakeland University (LU) Counseling Center is to provide holistic support to students as they develop academically, personally, socially, and spiritually, in accordance with Lakeland University's mission and values, and in the spirit of cultural humility. We strive to create an environment in which everyone can feel welcome and affirmed, no matter their unique backgrounds and beliefs.

## **Vision Statement**

We are strongly committed to enhancing the well-being of students and employees, and to addressing the mental health concerns of students, through campus outreach and education programs, and through direct clinical counseling services. We seek to enhance retention efforts with timely interventions and crisis management, and by building relationships through increased visibility on campus.

## **Goal Statement**

To respect individuals' privacy and confidentiality, guided by professional standards and ethics.

To provide individual counseling and crisis management in a timely manner to students in need.

To provide educational groups to students in response to identified campus needs.

To respect diversity, and to promote equity for underrepresented groups.

To provide consultation for staff and faculty.

To provide preventive programming on campus for students and employees.

To support retention efforts through intervention, remediation, and education.

To maintain a strong working alliance with other departments on campus.

To increase utilization of counseling services through outreach, education, and relationship-building.

To create a therapeutic community where all members feel competent to help students in distress.

To build and maintain community partnerships.

To stay abreast of developments in the field of college counseling.

To contribute to the development of emerging mental health professionals by providing supervision to counseling trainees.

To serve the university, the local community, and the counseling profession.

## Accessibility to Services

### Location

We are located in the Wellness Center on the lower level of Brotz Hall (LL21), opposite the campus safety office.

### Fees

Counseling services are available to students at no cost.

### Scheduling Appointments

Appointments can be made by emailing [counselingcenter@lakeland.edu](mailto:counselingcenter@lakeland.edu) or by calling the front desk: 920-565-1034, or directly with the counselors. General questions about appointments and scheduling can be directed to the front desk. Voicemails will be returned during normal business hours. Emails are not monitored 24/7 but a response can be expected within 24 hours, or 48-72 hours on weekends.

### Hours of Operation & Contact information

**Front desk:** 920-565-1034 or [Counselingcenter@lakeland.edu](mailto:Counselingcenter@lakeland.edu)

**Alex Liosatos**, LPC, Center Director: [liosatos@lakeland.edu](mailto:liosatos@lakeland.edu), 920-565-1034 ext. 2388.

**Christine Jenkins**, LPC, Campus Counselor: [jenkinsca@lakeland.edu](mailto:jenkinsca@lakeland.edu), 920-565-1034 ext. 2387.

We are open 8 a.m. – 5 p.m. Monday through Friday.

Later appointments can sometimes be accommodated by special arrangement. Updated information on hours and appointments is posted on the counseling page of the LU website:

<https://lakeland.edu/Campus-Life/counseling-services>

### Walk-ins/drop-ins and Emergencies

Virtual drop-in appointments (non-crisis) can be accommodated from 1 to 3 p.m. on Tuesdays, and 10 a.m. - 12 on Fridays, for brief consults and check-ins of around 15-20 minutes (as available).

Drop-in/walk-ins at other times depend on availability. Counselors are often fully booked with appointments but can be available to briefly assess needs in a mental health emergency in between student appointments. Please contact the front desk before walking in with an emergency. Campus safety is available 24/7 and can assist with mental health emergencies.

### After-hours Emergencies

For mental health needs after-hours and on weekends, students should contact their Resident Assistant (RA), Hall Director (HD,) or campus safety at 920 565-1126. In the event of an emergency, students are instructed to call campus safety at 920 565-1126, Mobile Crisis (local, free service with 24/7 trained counselors), or 911.

## **Eligibility for Services**

Currently-enrolled traditional undergraduate students are eligible to receive services at the Counseling Center at no cost. Summer appointments are available for students who are enrolled in summer and/or fall classes. We are not able to provide counseling services to graduate students, nor to employees. Employees can receive services through Prevea's Employee Assistance Program (EAP)

## **Missed Appointments**

Inconsistent attendance at scheduled appointments interferes with the effectiveness of counseling and also limits our ability to help the greatest number of students. Students who miss an appointment will be sent an email with an invitation to reschedule. Students who miss an appointment without notifying the counselor will typically be allowed no more than one additional consecutive "no show" before future appointments are assumed to be canceled. Three "no shows" in one semester may result in a student becoming ineligible for services for the remainder of that semester, or will result in limited eligibility, for example "same day" appointments only, as available. Counselors will notify students of such decisions via e-mail, with a copy placed in the student's counseling file. There may be exceptions to this policy, at the discretion of the counselor.

## **Termination of Services**

Services may terminate when the student, along with the counselor, agrees that the goals have been met; when a student does not show (without canceling 24-hours in advance and rescheduling) for two consecutive appointments, and at the end of an academic year (a new chart is created each academic year.) Students can terminate counseling at any time. It is preferred that students inform the counselor so that a closure appointment can be scheduled if needed, or referrals made as appropriate.

## **Description of Services**

- Personal Counseling: short-term individual counseling for matters such as anxiety, depression, identity issues, stress management, relationship concerns, grief and loss, family stress, sexual orientation, gender dysphoria, sexual or relationship violence, homesickness, personal growth and development, and referrals for more intensive or long-term care.
- Telehealth: counseling services as outlined above can be delivered electronically (see Appendix D), exclusively so in certain circumstances, for example, during a pandemic.
- Group counseling: groups are educational, unless run by a licensed professional who is experienced in facilitating counseling groups. Various groups are offered throughout the year.
- Couples counseling: couples can be seen together as long as there is no past or current individual counseling occurring with the same counselor.
- Academic Counseling: counseling services can help with test anxiety, time management, preparation, learning strategies, and motivation concerns.

- Mandated counseling: referrals for sanctioned counseling services, for substance use or conduct issues, will only come from the office of the VP for campus life and only where related to mental health need or assessment. Mandatory counseling will usually be completed in 2 – 3 counseling sessions, to include an initial assessment. Information regarding attendance and referral can be released with student’s written consent.
- Consultation services: available to all, including faculty and staff, regarding students of concern. Counselors do not usually reach out to identified students directly but can assist with next steps toward helping a student in distress.
- Student referrals: help with referrals to other resources on campus, such as health services and the Hayssen Academic Resource Center (HARC) and referrals to off-campus resources such as alternative counseling options and psychiatric care.
- Faculty, staff, and graduate student referrals: help with referrals to on-campus resources such as health services, and off-campus counseling resources such as the Employee Assistance Program (EAP), psychiatric care, and community counselors (we are unable to provide personal counseling to graduate students, nor to employees of Lakeland University)
- Crisis intervention: assessment, brief intervention, and referral for psychiatric hospitalization where indicated. Mobile Crisis, a local 24-hour counseling resource, campus safety, or law enforcement, may be contacted for further assistance when a student is deemed a danger to self or others.
- Outreach programming: education, prevention, and wellness programs for students, faculty, and staff, offered throughout the year.

### **Counseling Services Website**

Our website informs students, parents, faculty, and staff about services. The counseling center aspires to have a comprehensive webpage that meets the needs of the Lakeland community. The counseling center home page is located at: <https://lakeland.edu/Campus-Life/counseling-services>.

Please also follow us on Facebook at lakeland University Health and Counseling, Instagram @lucounseling1, or watch our videos (yoga, meditation, mental health) on the YouTube channel: LUCounseling.

### **Counseling Services Scope of Practice**

- Long-term counseling: The Counseling Center does not provide long-term, intensive counseling and psychotherapy for students diagnosed with serious psychiatric conditions, for chronic substance use/abuse, or for those who are at a recurring high risk of harming themselves or others in the LU community. Counselors will meet with students seeking such treatment to provide short-term symptomatic support, to assess the student’s needs, and to assist them with referrals to off-campus resources. We provide counseling services that can typically be resolved over the course of a semester, or in certain cases, an academic year.

- Legal cases: The Counseling Center does not offer court-mandated or forensically-oriented services (i.e. for criminal or civil court cases).
- Emotional support animals: LU counselors will not perform evaluations for Emotional Support Animal (ESA) requests. In order to obtain this evaluation you are encouraged to contact an independent health professional who is trained in this form of assessment.

### **Code of Ethics and Confidentiality Statement**

LU Counselors adhere to the ethical standards and best practices of the American Counseling Association (ACA), see <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Confidentiality is strictly maintained. It is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act (HIPAA) and requirements of Wisconsin statutes. The exceptions to confidentiality are on the Informed Consent form which students receive and sign during their first meeting with a counselor. (See Appendix A)

See Appendix B for the full Lakeland University Counseling Center Confidentiality Policy.

### **Records Management Policy Statement**

Student records are stored in the Counseling Center in locked file cabinets. They are not a part of the student's academic records. They are held for seven years after service termination and then disposed of using a HIPAA-compliant shredding service. No part of a student's health records will be released without written consent of the student aside from the rare instance of a court subpoena.

### **Use of Electronic Mail and Social Media**

LU Counselors utilize an automatically generated "signature" on their e-mail, containing an advisory indicating that the confidentiality of messages sent via electronic mail cannot be assured.

E-mail messages will only be sent to students who have indicated their permission by signing the Patient Rights form. Counselors will only contact students for scheduling matters or to collect confidential counseling center evaluations unless you have given written permission otherwise; even then, personal health information will never be shared via e-mail.

LU counselors do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). It may compromise student confidentiality and counselor privacy. It may also blur the boundaries of the therapeutic relationship.

### **Evaluation of Services**

Assessment of counseling services may be conducted through outcome studies and satisfaction surveys. A release of information for both types of assessment will be signed as part of the intake document (Appendix C)

## **Crisis Intervention Policy Statement**

Crisis intervention is a service that is provided to students who are in serious or immediate emotional distress. Counseling services staff are trained to handle emergencies such as suicide attempts, suicide threats, reports of rape or attempted rape, sexual assault, physical assault, or other types of crisis. Students in crisis can call the counseling services front desk or contact campus safety at ext. 1126.

Mobile Crisis may be contacted in the case of a crisis. Mobile Crisis will determine the needs of the student using the concept of the “least restrictive environment.” If the student is deemed safe to stay on campus with a safety plan, Mobile Crisis will contact campus safety, who will enlist the help of a hall director on duty if the student agrees. Mobile Crisis will create a safety plan using either natural supports such as a local emergency contact (contact information provided by campus safety with student’s permission), or a hall director. Peers/RAs will not be involved in safety planning.

When a student in crisis is referred for psychiatric hospitalization they will usually be transported to the local hospital emergency room by Mobile Crisis, local ambulance, or law enforcement, for safety and liability reasons. If the treating emergency room physician determines that immediate hospitalization is needed, the student will be encouraged to agree to a voluntary hospitalization. If the student does not agree to, or is incapable of agreeing to, a voluntary hospitalization, a 24-hour immediate detention or a 72-hour emergency detention may be pursued in order to assure the student’s safety and well-being.

## **Hospital Discharges**

Students are encouraged to sign a release of information at the hospital for a discharge plan to be sent to the Counseling Center, or student will provide the LU counselor with a hospital discharge plan upon their return to campus.

Students should contact their LU counselor, or the director of the counseling center, to schedule a meeting to review the hospital discharge plan. The meeting may also be arranged by the VP for campus life under certain circumstances. The meeting will be private, but can include other campus representatives at student’s request, and as appropriate, such as the VP for campus life, the director for residence life, or the Americans with Disabilities Act (ADA) coordinator. This meeting should occur within 48 hours of hospital discharge, if possible. The purpose of the meeting is to review the safety and well-being of the student. This will give the student the ability to schedule follow-up appointments and put accommodations in place if needed.



The below flowchart is how Crisis Situations will operate during business hours and after business hours:

**Crisis Situation Occurs  
Non-Hospitalization**

During Business Hours	After Business Hours
<b>Step 1:</b> Contact counseling center, or campus safety if counselors are busy	<b>Step 1:</b> Contact hall director and/or campus safety
<b>Step 2:</b> If indicated, suicide risk screening (C-SSR) will be conducted by counselors or campus safety to assess ongoing needs, both immediate and longer-term.	<b>Step 2:</b> If indicated, campus safety will conduct a suicide risk screening (C-SSR) and call Mobile Crisis for further on-campus assistance if necessary. If Mobile crisis creates a safety plan, the plan will not include a student/RA but may include a hall director, or a local emergency contact, with student's permission
<b>Step 3:</b> Student will be monitored periodically by hall director or campus safety (frequency determined on a case-by-case basis)	<b>Step 3:</b> Student will be monitored periodically by hall director or campus safety (frequency determined on a case-by-case basis)

**Crisis Situation Occurs/In progress  
Hospitalization**

<b>Step 1:</b> Campus Safety will call Mobile Crisis or law enforcement
<b>Step 2:</b> If indicated, student will be transported to hospital by Mobile Crisis, ambulance, or law enforcement.
<b>Step 3:</b> If emergency room staff assesses the need for immediate hospitalization, student will be admitted voluntarily. If the student does not agree to, or is incapable of agreeing to, a voluntary hospitalization, a 24-hour immediate detention or a 72-hour emergency detention may be pursued in order to assure the student's safety and well-being.

**Community and other Resources**

Mobile Crisis/Sheboygan County Mental Health Crisis Line	920-459-3151
Lifeline Crisis Chat	<a href="http://www.crisischat.org">www.crisischat.org</a>
HOPELINE	Text "HOPELINE" TO 741741
National Suicide Prevention Lifeline	1-800-273-8255
COPE Hotline	262-377-2673
Mental Health America of Sheboygan	920-458-3951
Department of Health and Human Services	920-459-6400
Catholic Charities	920-458-5726
Lutheran Social Services	920-458-4161
Aurora Behavioral Health Services (Sheboygan Clinic)	920-457-4461
Prevea Behavioral Care Health	920-458-5557
Domestic Violence Crisis Center (Safe Harbor)	1-800-499-7640 or 920-452-7640

## APPENDIX A

### Lakeland University Counseling Center

#### Patient Rights

Under Wisconsin's State Mental Health Act, each individual in treatment has rights.

##### **Treatment Rights:**

1. Treatment is available to all currently enrolled Lakeland University students.
2. Students have the right to receive prompt and adequate treatment. For certain concerns, referrals outside the LU Counseling Center may be recommended.
3. Students may refuse, as a voluntary patient, treatment or medication at any time.
4. Students will not be asked to participate in any form of drastic treatment.
5. Students may request, in writing, that protected health information (PHI) be viewed, amended, or restricted. The LU Counseling Center does not have to agree to requests that PHI be amended or restricted.

##### **Communication/Privacy Rights:**

6. Students have the right to have treatment records and conversations kept confidential (see exceptions below). Students also have the right to have confidential information released, but only with a signed disclosure of information form. Counseling Center records are not a part of a student's academic record.
7. Students have access, although at times limited, to information in their records.

##### **Civil Rights:**

8. No students will be refused services on the basis of race, creed, color, religion, age, sex, sexual orientation, or national origin.

##### **Right to Complain:**

9. If a student feels their rights have been violated, they have a right to use a grievance procedure. The grievance procedure should begin with the campus counselor.

#### Informed Consent

##### **The Process of Treatment:**

1. The benefits of therapy:
  - a. Therapeutic benefits are met when students meet specified goals that are established in conjunction with the treating therapist. These goals may be associated with, but not limited to, an improved ability to relate with others; a clearer understanding of self, values, and direction; decreased depression, confusion, anger, or anxiety; increased academic productivity; an ability to deal better with everyday stress; an increased confidence in decision-making, problem solving, and/or adjusting; and/or receiving support through crisis intervention.
2. The administration of treatment:
  - a. A treatment plan will be formulated based on student goals.
  - b. If a student does not think that his/her goals are being met, a conversation should occur immediately with the therapist for evaluation, recontracting, or referral to a therapist who may better meet the student's stated needs and goals.
  - c. Sessions are normally scheduled on a weekly basis and last approximately 45-50 minutes.
  - d. You may contact the counselor at 920-565-1034.
3. The side effect of treatment:
  - a. Negative side effects of therapy are usually minimal, however, at times unhappy feelings may increase before students begin to feel better.

**Limitations of Confidentiality:**

- 4. Although rarely, limits of confidentiality may occur when a student may be a danger to him/herself or another, when there is an indication of child or elder abuse/neglect, when there is a court order to release records, for certain types of investigations, at the request of specific civil authorities, and/or when required by law for national health concerns.
- 5. Should serious concerns about a student’s behaviors arise, the counselor reserves the right to share information with the appropriate authorities, such as the Director of Security.
- 6. Some private health information may also be disclosed when consultation takes place between LU campus counselors or when a designated administrative assistant assists with scheduling or medical charts. Other disclosures, for example with other health providers on or off campus, would require a signed release of information.

**Social Media and Email:**

- 7. LU counselors do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc.) It may compromise your confidentiality and our own privacy. It may also blur the boundaries of the therapeutic relationship. Email is used only for scheduling appointments. No personal information should be shared. Counselors will only contact you for scheduling matters or to collect confidential counseling center evaluations, unless you have given permission otherwise.

**Emotional Support Animals:**

- 8. Based on Standards C.2.b and E.13.c of the ACA Code of Ethics, the LU staff will not perform evaluations for Emotional Support Animal (ESA) requests. In order to obtain this evaluation you are encouraged to contact an independent health professional who is trained in this form of assessment.

**Termination of Services:**

- 9. Services may terminate when the student, along with the counselor, agrees that the goals have been met, when the student chooses to withdraw consent or discontinue counseling; when a student does not show (without canceling 24-hours in advance and rescheduling) for two consecutive sessions; at the end of an academic year.

**Emergency Services:**

- 10. Emergency services for mental health are available 24 hours a day via campus safety (ext. 1126) or the Sheboygan County Crisis Center (920-459-3151).

**Assessment of Services:**

- 11. Assessment of services may be conducted through outcome studies and satisfaction surveys. You may be asked to sign a release of information for both types of assessments.

I have read, agree to, and understand the Rights of a Patient and Informed Consent. I understand that I may revoke this agreement (must be done in writing) at any time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LU Campus Counselor

\_\_\_\_\_  
Date

Revised 07/13/2020

## APPENDIX B

### Lakeland University Counseling Center Confidentiality Policies

The Lakeland University (LU) Counseling Center staff provides confidential services. Laws and professional ethics protect students' privacy, although there are a few rare exceptions, listed on page 4 of this document. Aside from these rare cases, we will only disclose information with the student's written permission.

#### Notice of Privacy Practices

Counseling records are kept separate from all other academic files to ensure that students' privacy and confidentiality are maintained. No information is released without the knowledge and written consent of the student except for those rare instances where clinicians are required by law or by court order to reveal particular information. This notice describes how mental health information about you may be used and disclosed by the LU Counseling Center and how you can get access to this information. Please review this notice carefully.

#### Understanding Your Protected Health Information (PHI)

When you visit the LU Counseling Center, a record is made which consists of your mental health information. Your record is the physical property of the medical health care provider, but the information within belongs to you as well. Being aware of what is in your record will help you to make more informed decisions when authorizing disclosure to others. In using and disclosing your protected health information (PHI), it is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act (HIPAA) and requirements of Wisconsin law.

#### *Your mental health and/or medical record serves as:*

- A basis for planning your care and treatment.
- A means of communication among the mental health professionals who may contribute to your care.
- A legal document describing the care you received.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

#### Responsibilities of the LU Counseling Center concerning your Protected Health Information (PHI)

#### *The LU Counseling Center will:*

- Maintain the privacy of your PHI as required by law and provide you with notice of our legal duties and privacy practices.
- Abide by the terms of this notice currently in effect. We have the right to change our notice of privacy practices and to make the new provisions effective for all protected health information that we maintain, including that obtained prior to the

change. Should our information practices change, we will post new changes and provide you with a copy.

- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests to communicate with you about PHI by alternative means or at alternative locations.
- Use or disclose your health information only with your authorization except as described in this notice.

### **Your Protected Health Information (PHI) Rights**

#### ***You have the right to:***

- Review and obtain a paper copy of the notice of information practices upon request. You may also be informed about what is contained in your protected health information. Reviewing material in a Counseling Center record needs to be requested in writing and needs the approval of the director of the Counseling Center. PHI will usually be given in summary form and if possible should include the presence of the treating therapist.
- Request and provide written authorization and permission to release information (both verbally and/or in writing) for purposes of outside treatment and health care operations.
- Revoke your authorization in writing at any time to use, disclose, or restrict health information except to the extent that action has already been taken.
- Request a restriction on certain uses and disclosures of protected health information. The LU Counseling Center may not be required to agree to the restriction request. You should address restriction requests, in writing, to the director of the LU Counseling Center.
- Request that we amend your health information. This request must be submitted in writing, with the reasons supporting the amendment.
- Obtain an accounting of disclosures of your health information for purposes other than treatment and care operation and certain other activities for the last seven years.

### **Disclosures for Treatment and Health Operations**

The LU Counseling Center will use your PHI, *with your consent*, in the following circumstances:

- Disclosure to Others Outside of the Counseling Center  
If you give the LU Counseling Center written authorization, we will discuss (verbally and/or in writing) information that is mutually agreed upon between you and your therapist with an outside party. You may revoke a written authorization permitting a release of your protected health information at any time. However, the revocation will not affect any use or disclosures permitted by your authorization while it was in effect. The LU Counseling Center will not use or disclose your PHI without your authorization except as described below:
- For Health Care Operations  
With your permission, members of the LU Counseling Center may use information in your health record to assess the performance, operations, and outcome of services.
- General Contact

With your permission, the LU Counseling Center may contact you to provide appointment reminders, information about treatment alternatives, other health-related benefits and services that may be of interest to you. You will be asked how you would like the Counseling Center Staff to contact you, e.g. phone (with the type of information that may be conveyed) and/or letter. The LU Counseling Center does NOT use e-mail as a form of communication with students receiving therapeutic services unless the communication relates to appointment scheduling or evaluation.

The LU Counseling Center will use your PHI, ***WITHOUT your consent or authorization***, in the following circumstances:

- Child Abuse  
If the LU Counseling Center has reasonable cause to suspect that a child/minor has been, or is in danger of abuse, neglect, or threatened with abuse or neglect, a report must be made to a relevant county department, child welfare agency, police, or sheriff's department.
- Elder Abuse  
If the LU Counseling Center has reasonable cause to suspect that an elder person is the victim of abuse, neglect, domestic violence, or other crimes, a report may be filed with the relevant county department or state official.
- Serious Threat to Health or Safety  
If the LU Counseling Center has reasonable cause to suspect, exercising best judgment and professional care and skill, that you may cause harm to yourself or another person, steps may be taken to notify or assist in notifying a family member, personal representative, LU Official(s), police, and/or anyone else who may help maintain your, or another's physical safety. A plan may be developed which requires an assessment for commitment proceedings.
- Judicial or Administrative Proceedings  
If you are involved in a court proceeding and a request is made for information about your diagnosis, treatment, and/or mental health records, such information is privileged under state law and will NOT be released without written authorization from you or your personal or legally-appointed representative. The privilege does not apply when a third party is evaluating you or where the evaluation is court ordered. A court order may also require, without your consent, the release of LU Counseling Center records.
- As Required by Law for National Security and Law Enforcement  
We may disclose your health information, under certain circumstances, to military authorities. The LU Counseling Center may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. The LU Counseling Center may also disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- Law/Health Oversight  
As required by law, we may disclose your health information for investigative purposes. For example, if the Wisconsin Department of Regulation and Licensing requests that we release records to them in order for the Psychology Examining

Board to investigate a complaint against a provider, we must comply with the request.

- As Required by Law for Purposes of Public Health  
The LU Counseling Center may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Consultation/Office Management  
Therapists may consult with other therapists in the LU Counseling Center to help manage and coordinate your treatment. Administrative staff (e.g. office manager/receptionist) may also have limited access to protected health information (PHI).

### **For More Information or to Report a Problem**

If you have questions and would like additional information, please ask your clinician. Your clinician will provide you with more information.

If you are concerned that your privacy rights have been violated, or if you disagree with a decision the LU Counseling Center has made about access to your health information, or if you would like to make a request to amend or restrict the use or disclosure of your health information, you may discuss these issues with a campus counselor.

If you believe that your privacy rights have been violated, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

The LU Counseling Center respects your right to the privacy of your health information. There will be no retaliation in any way for filing a complaint with the U.S. Department of Health and Human Services or any other appropriate agency, department, or person.

Updated 7/17/2019

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## **APPENDIX C**

**Lakeland University**



**Counseling Center**  
W3718 South Dr.  
Plymouth, WI 53073  
(920) 565-1034

**Intake Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_  
Major \_\_\_\_\_

LU Address (hall & room #) \_\_\_\_\_  
Permanent Address \_\_\_\_\_

E-mail: \_\_\_\_\_  
(Email to be used for appointments, and possibly a brief satisfaction/outcome survey)

Emergency Contact Name (relation to you) \_\_\_\_\_  
Emergency Contact Phone # \_\_\_\_\_

I give the campus counselor permission to contact me and leave a general message at the following phone number if needed: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

---

**Below is a list of issues that sometimes cause concern. Circle those that apply to you.**

- |                               |                                |
|-------------------------------|--------------------------------|
| Relationship concerns         | Family problems                |
| Problems with eating/appetite | Concern with weight/appearance |
| Feeling stressed or anxious   | Grief/loss                     |
| Loneliness                    | Feeling sad or depressed       |
| Suicidal thoughts/gestures    | Low self-esteem                |
| Irritability/anger            | Alcohol/drug use               |
| Academic/learning problems    | Time management                |
| Domestic violence             | Abuse/assault issues           |
| Health concerns               | Sleep difficulties             |

Spiritual/religious/moral issues

Sexuality

Other concerns \_\_\_\_\_

**APPENDIX D**

**Lakeland University Counseling Center**

**Informed Consent for Telemental Health Services**

This document covers your rights, risks and benefits associated with receiving telemental health services, my policies, and your authorization. Please read this document carefully, note any questions you would like to discuss, and sign: with Adobe electronic signature (instructions on request), scan and fax/email, or print, sign, take a photo and upload to email. In all cases, your student ID must be written with the signature.

### **Telemental Health Defined**

Telemental health means the remote delivering of health care services via technology-assisted media, in this case, synchronous (at the same time) phone call, or secure two-way video conferencing, using a HIPAA-compliant platform, in this case, doxy.me

### **Limitations of Telemental Health Services**

While Telemental health offers several advantages such as convenience and flexibility, it may involve disadvantages and limitations such as potential disruption to the service (e.g. phone gets cut off or video drops). This can be frustrating and interrupts the normal flow of personal interaction. If this happens, we will continue a discussion by phone until service resumes. There is also a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, we might not see various details such as facial expressions or hear differences in tone of voice. Additionally, the therapy office decreases the likelihood of interruptions. There are ways to minimize interruptions and maximize privacy and effectiveness.

- As the therapists, we will take every precaution to ensure a technologically secure and environmentally private psychotherapy session.
- As the client, you are responsible for finding a private, quiet location for session duration. Consider using a “do not disturb” sign/note on the door. The virtual sessions must be conducted on a secure wifi connection for the best connection and to minimize disruption.

We cannot provide crisis care in this service delivery mode. If you are in crisis please call 911, campus safety if you are on campus (ext.1126), the National Suicide Prevention Lifeline (1-800-273-8255), or your local mobile crisis/emergency room. You can also get help by texting HOPELINE to 741741.

### **Cancellation Policy**

In the event that you are unable to keep a Telemental health appointment, we ask that you notify us at least 24 hours in advance, if possible.

### **Information to be provided before first session (please fill in):**

Address from which you will be participating:

Your phone number:

Your student ID number:

Emergency contact number of someone local, and your relationship to them:

Local crisis number/emergency room number:

This “informed consent” form, second page, signed (see first paragraph) and returned by email.

**Preparation for sessions:**

Notifications on phone and/or computer should be switched off  
Private room should be secured

Note: you will be asked to confirm your location and your identity at the start of each session (using student ID number or photo ID.)

**Consent agreement**

I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of my user ID, password, and/or connectivity link. I shall not allow another person to use my user ID or connectivity link to access the services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.

I understand that there will be no recording of any of the discussions and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.

**Consent to Treatment**

I voluntarily agree to receive online therapy services for an assessment, continued care, treatment, or other services and authorize Lakeland University counselors to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Lakeland University counseling services at any time. By signing this “informed consent” form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein.

Student Signature, Date of birth and ID #:

Date: