



Brandeis Counseling Center Student Agreement

Student Rights

I agree to participate in services at the Brandeis Counseling Center (BCC). I understand that all services at the BCC are voluntary and that I can terminate treatment at any time. I understand that if I am at any point concerned or dissatisfied with my care, that I should first discuss this concern with my therapist. If the situation is not resolved to my satisfaction, I can ask to meet with the BCC's Associate Director, Sarah McCann.

Evaluation and Assessment

I understand the extent and type of services to be made available to me will be determined through an assessment and evaluation. I will be involved and engaged in this process and my subsequent care. I authorize BCC staff, trainees, and consultants to perform diagnostic procedures and interventions, which in their judgment may be necessary as part of my psychological assessment and treatment.

I understand that the BCC offers an array of services that are effective for a wide breadth of issues and based on my treatment goals, it may be recommended that I pursue a different modality (e.g., individual or group), frequency (e.g., weekly or biweekly), or length of treatment than I initially expected. I understand that I may be referred to both on- or off-campus resources as they are deemed clinically appropriate. I understand that if I am interested in psychiatric medication management only, I will be referred to an off-campus provider. I agree to participate in the development of my treatment goals and plan.

What to Anticipate

I understand that while psychotherapy and psychiatric medication may provide significant benefits, they may also pose certain risks. For example, psychotherapy may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories; medications may have side effects. There are also no guarantees with regard to outcomes or lengths of treatment.

There may be times that my therapist will need to adjust our meeting schedule. If I arrive 15 minutes later than our scheduled appointment time, I may be asked to reschedule. I understand that if I miss two consecutive appointments (or three within a semester) without contacting my therapist in advance, my therapist may not be able to continue to hold appointment times for me, and I may be asked to go on a waiting list.



Hours of Operation

The BCC is open 9am-7pm Mondays and Thursdays, and 9am-5pm Tuesdays, Wednesdays, and Fridays, except on University holidays. After hours, on call clinicians can be reached by calling the BCC main number at 781-736-3730. In cases of emergency, students should contact Brandeis Public Safety at 781-736-3333.

Staff

I understand that a range of mental health professionals, some of whom are in training, provide services at the BCC. All professionals-in-training are supervised by licensed staff.

Confidentiality

I agree to provide necessary social and personal information; I understand I have the right to not to share information, though this may impact the achievement of treatment goals. I understand that information shared with staff at the BCC is confidential, protected by HIPAA, and no information will be released from the BCC without my consent except in cases when:

- there is a risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent harm.
- there is a suspicion that a child (i.e., person under the age of 18), elder (i.e., over the age of 60), or person from an at-risk population (e.g., resident at a long-term care facility, or someone who has a disability and dependent on others for care) is being physically or sexually abused, the clinician is legally required to protect that individual by contacting the proper authorities.
- a valid court order is issued by a judge for medical records, the clinician is bound by law to comply with such requests.

I understand that if I have multiple providers at the BCC (e.g., an individual therapist, group leader, and psychiatrist), they may collaborate and discuss my treatment to coordinate care. Additionally, as the BCC is a training facility, my clinical information may be shared between trainees and staff in the interest of teaching and providing sound treatment. All information shared among BCC staff/trainees is treated with respect for confidentiality.

I understand that the Health Center and the Counseling Center share the following information about students: diagnoses, medical history, allergies, appointments scheduled, lab results, and medications.

I understand that in all other circumstances, consent to release information is given through written authorization; this applies to parties both on- and off-campus. Consent to release information can be revoked in writing at any time.



Financial Responsibility

All counseling services are provided without out-of-pocket or direct costs passed along to students. I understand that the BCC submits insurance claims for its services rendered using my insurance information on file with the University. Related copayments are paid through student fees, and the University pays for uncovered claims. I may be asked to present my health insurance card for verification.

I agree to allow my insurance program to make payments directly to Brandeis University or its billing representatives. I also agree to forward to the BCC any insurance payments made directly to me. I authorize the release of medical or other information as necessary to process insurance claims.

I understand that if I need specialized or emergency care and am referred to off-campus providers or facilities, I will be financially responsible for those services.

Use of Email

I understand that students and staff may use email for scheduling or other related purposes but that email is not confidential. I understand that to protect confidentiality, any other information should be conveyed in person, on the phone, or via the BCC's secure online messaging service.

Additional Terms

This agreement remains in effect for the duration of the academic year. Terms are subject to change, and students will be notified of any relevant changes.

By signing below, I acknowledge that I have read, understood, and agree to the above:

Student Signature

Date

Print Name

Parent/Guardian Signature
(Required if student is under 18)

Relationship to Student

**Please upload a completed copy of your form to the Secure Patient Portal at
<https://brandeis.medicatconnect.com> in the "Upload" section**

If you encounter any difficulties, you can give a completed printed copy
to your provider or drop it off at the BCC during operating hours.