

# 2018-2019 CONSENT FOR TREATMENT / POLICIES / FEE SUMMARY



THE UNIVERSITY OF ARIZONA

**CAMPUS  
HEALTH**

Counseling & Psych Services

Welcome to Counseling & Psych Services (CAPS) and Oasis Sexual Assault and Trauma Services (Oasis). CAPS and Oasis are part of the University of Arizona (UA) Campus Health Service (CHS) within the Division of Student Affairs. In order to ensure ethical and quality care, this Consent for Treatment form does the following: 1) offers you information regarding our services; and 2) gives us your written consent to provide such services. Please read it carefully and let your provider know if you have any questions before signing this form.

**PURPOSE:** Our mission is to offer high-quality mental health services to currently enrolled UA students to assist them in the pursuit of their educational goals. We are primarily a brief treatment unit and will assist in securing community resources when we believe you could benefit from more extensive or a different type of treatment than we offer.

**TREATMENT DESCRIPTION AND OUTCOME:** Treatment may include discussion of emotional issues, lifestyle issues, behavioral patterns, and family and/or relationship dynamics. Methods may include the use of educational materials, expressive methods, and stress management techniques, and may involve referral to other types of treatment, as indicated. Benefits of treatment may include reduction of symptoms, improved quality of life, emotional well-being, and improved academic performance. This process requires effort on your part, may require you to face difficult issues to effect changes, and may involve emotional risk or discomfort. There is no guaranteed outcome.

**MEDICATION:** Medication may be recommended and, if you agree, prescribed. Your provider will discuss possible benefits as well as risks and side effects. Your provider will also review potential alternatives and possible consequences of not taking the medication as prescribed. The dosage of any recommended medication may need to be adjusted over time to achieve optimal results. You have the right to discuss any medication concerns or questions with your provider and may withdraw voluntary consent for medication at any time.

**CONFIDENTIALITY AND RECORDS:** CHS began using electronic medical records in 2005. Records regarding your treatment and services are stored on a secure server, entirely separate from academic records. Laws governing confidentiality of mental health records apply to the maintenance and disclosure of these records. Only authorized CHS staff can access these records; we believe in an integrated approach to overall health and, accordingly, medical providers within CHS can access your mental health records. This information will not be released outside of CHS without your written consent, the consent of your parent or guardian if you are less than 18 years of age (a minor), or unless required by law. Although your confidentiality must be protected, CHS is required by law to disclose information in certain circumstances. Examples of these confidentiality exceptions include: response to a valid subpoena or court order; risk of danger to yourself or others; reasonable belief that a child or vulnerable adult is at risk for abuse or neglect; and legal mandates such as the USA Patriot Act of 2001. If you are utilizing insurance benefits, CHS may be required to disclose certain information to your insurer. You have the right to request information in your CAPS records and/or a treatment summary from CAPS. A request for such records must be in writing.

**PROCEDURAL INFORMATION:** CAPS and Oasis clinical services are provided by licensed mental health professionals. A small number of providers may be in training and are closely supervised by licensed staff. In most cases, a triage specialist will meet with you for a brief session to determine the kinds of services that will best meet your needs. After this, you may be scheduled for follow-up with a counselor on the CAPS or Oasis treatment team, referred to other appropriate UA resources, or assisted in securing community resources. Appointments with a member of our psychiatry staff are by CAPS/CHS/Oasis referral only. In the event of an emergency or unavailability of your assigned provider, you may be offered an appointment with another member of our treatment team.

**TREATMENT PLANNING:** You have the right to participate in treatment decisions and planning. You can terminate this treatment relationship at any time and can accept or decline any recommended treatment. You may withdraw this consent to treatment at any time and will then be advised of the ramifications of such withdrawal from services. A CAPS or Oasis provider may terminate the professional relationship when deemed therapeutically necessary. If that occurs, you will be given other treatment options, as appropriate.

**PREVENTIVE CARE—ABOR Student Health Insurance Plan (only):** The ABOR Student Health Insurance Plan, administered by Aetna Student Health, identifies specific preventive screening, preventive counseling, immunization, annual routine physical, and well woman gynecological exam services as preventive services. These preventive services will be available **only at CHS to ABOR Student Health Insurance Plan student participants**. There is no out-of-pocket cost to the student for preventive services provided by CHS unless any other service is provided during the same visit, in which case the standard CHS out-of-pocket cost for that other service(s) will be charged to the student. Services are not preventive if they are received as part of a visit to diagnose, monitor, or treat an illness or injury.

CAPS F-GENADM 7/2018

## COUNSELING & PSYCH SERVICES

The University of Arizona / Campus Health Service  
P.O. Box 210095 Tucson, AZ 85721-0095  
Phone: 520-621-3334 FAX: 520-626-6105

[www.health.arizona.edu](http://www.health.arizona.edu)

Fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC), Inc.

LABEL

**BILLING:** Fees incurred at CAPS/Oasis may be billed to your bursar's account or paid at CHS on the day of your appointment. As with other bursar's charges, your student standing may be affected by non-payment of fees.

CAPS Fees* (effective July 1, 2018)	Regular Fee	Campus Care Fee	Student Health Insurance Plan
		(8/16/18 – 1/3/19 & 1/4/19 – 5/31/19)	(8/16/18 – 12/31/18 & 1/1/19 – 8/15/19)
CAPS Triage Visit	\$10	\$8	\$5
Initial Counseling Appointment	\$35	\$20	\$20
Individual Follow-Up Counseling Appointment	\$25	\$20	\$20
Couple Counseling Appointment (Initial/Follow-Up if both are students)	\$40 (\$20 each)	\$30 (\$15 each)	\$40 (\$20 each)
Couple Counseling (Initial/Follow-Up if one partner is not a student)	\$60 (\$20/40)	\$55 (\$15/40)	\$60 (\$20/40)
Assessments: Substance Abuse and Eating Issues	\$50	\$20	\$20
CAPS Groups and Psycho-Educational Workshops	Typically \$5 per group session		
Oasis Individual Counseling (fees imposed after first visit)	\$25	\$20	\$20
<b>Psychiatrist Fees:</b>			
Initial Psychiatric Evaluation	\$150	\$50	\$20
Psychiatric Medication Checks – In Person or by Phone	\$50	\$40	\$20
Brief Phone Consult	\$20	\$20	\$20

**\*Please note:** If you have an insurance plan that CAPS accepts, co-pay fees vary depending on your policy. Please check with the CAPS Reception Staff.

**ALL CAPS/OASIS APPOINTMENTS NOT KEPT OR NOT CANCELLED BY 4:00 PM THE DAY BEFORE THE SCHEDULED APPOINTMENT WILL BE CHARGED A NO-SHOW / LATE CANCELLATION FEE, AS FOLLOWS:**

**No Show Fee / Late Cancellation Fees:**

• Initial Counseling and Assessments	\$35	\$35	\$35
• Follow-Up Counseling	\$25	\$25	\$25
• Couples Initial and Follow-Up Counseling	\$35	\$35	\$35
• Initial Psychiatric Evaluation	\$50	\$50	\$50
• Psychiatric Medication Checks	\$50	\$50	\$50

**Time/Date stamped cancellation phone line is available 24 hours and on weekends at 520-621-3334.**

If you are late for an appointment, you may be asked to reschedule and will be charged for a missed appointment.

**Administrative Fees:**

Document Preparation CAPS/Oasis – Letters, forms, etc.	\$15	\$15	\$15
Records Review CAPS/Oasis	\$15	\$15	\$15

**CONSENT:** I have read and understand all of the information contained in this UA CAPS/Oasis Consent for Treatment and Policies and Fee Summary. My signature below indicates my consent for treatment, acknowledgement of the Policies, and agreement to the Fee Summary. I understand that if I am a minor, then CHS must obtain written permission from my legally authorized parent/guardian before I receive treatment.

\_\_\_\_\_  
Student Signature (Parent/Legal Guardian if minor)

\_\_\_\_\_  
Date

**Student has confirmed his/her understanding of the above information.**

\_\_\_\_\_  
CAPS Provider Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date