

# WVU Carruth Center for Psychological and Psychiatric Services (CCPPS)

## Informed Consent

Welcome to CCPPS. This informed consent document is intended to provide you with general information about our services. This is a legal document; please read it carefully before signing. If you have any questions about this document and/or would like a copy please ask your clinician.

### Eligibility

I understand that eligibility for services is typically contingent upon my status as an enrolled or continuing WVU student. If I am not enrolled as a student, staff may assist me with accessing services in the community.

### Provision of CCPPS Services

I understand that WVU offers a variety of clinical services to students through CCPPS including: group counseling, consultations, short term individual counseling (on average, most students utilize 4-6 sessions), psychiatric services, crisis intervention, case management, and referral. During my initial assessment, a clinician and I will work together to determine how best to meet my needs. I further understand that appropriate referrals will be provided to me if it is determined that I would be best served by a community resource.

### Nature of CCPPS Services

I understand that there may be both risks and benefits associated with CCPPS services. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process often requires discussing the unpleasant aspects of life. If medication is recommended, I understand that adverse effects may occur. However, participation in CCPPS services may improve my ability to relate to others as well as provide a better understanding of myself, my values, and an improved ability to deal with stressors. Although CCPPS services may be beneficial for many students, it may not be helpful for everyone. There are alternatives to my care at CCPPS and I may ask my clinician about available alternatives.

### CCPPS Clinical Staff

CCPPS is staffed with a range of clinical staff including licensed and supervised psychologists, counselors, social workers, psychiatrists, psychiatric residents, graduate interns, and pre-doctoral psychology interns. Interns and residents work under the supervision of licensed professionals. Supervisors may view videotapes of this work.

### Records

Your records are stored electronically and include the information you provided and information about clinically relevant interactions (e.g. clinical notes, phone calls, consultation, emails, medication refills) with CCPPS staff. This information is only accessible within CCPPS and is protected by multiple security measures. This information is separate from your academic records but may be de-identified and used for research or quality assurance purposes.

### Confidentiality

I understand that CCPPS clinical staff maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective clinical services sometimes requires sharing confidential information to ensure good clinical care. CCPPS and other WVU Medicine clinicians work collaboratively to ensure that students are provided with the best possible care. Staff often consult

about students whom they are mutually treating. Should you have concerns about this, please talk with your clinician. I understand that no records or information about me will be released from CCPPS without my consent, **except under the following circumstances:**

- When doing so is necessary to protect clients or someone else from imminent physical and/or life-threatening harm.
- When a client lacks the capacity or refuses to care for him/herself and such lack of self-care presents substantial threat to his or her well-being.
- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected.
- When a client pursues civil or criminal legal action against the Center or its staff, or when a client makes a complaint to a Professional Board about a clinician.
- When a client is involved in a legal proceeding and there is a court order for the release of records, or when a release is otherwise required by law.
- To coordinate care with other WVU Medicine staff.
- To share location data, if necessary, with designated WVU employees and other health officials not employed by WVU as part of a contact tracing program established to combat the spread of COVID-19 and other serious communicable diseases.

#### Contact Tracing

I understand that WVU may participate a contact tracing program established to combat the spread of COVID-19 and other serious communicable diseases. I further understand that as part of a contact tracing program, a limited number of designated individuals – some of whom may not be employed by WVU or WVU Medicine (e.g., county health officials, etc.) – may be given access to my location data, and that my location data might disclose the fact that I visited CCPPS and came into contact with other individuals while at CCPS. I hereby consent to the sharing of my location data as part of a contact tracing program.

#### Risks of In-Person Services During COVID-19

I understand that if in-person services are deemed necessary, I am assuming the risk of exposure to COVID-19. I have received, reviewed and understand the requirements related to in-person services.

#### Conflict of Interest

Graduate students who plan to apply for training opportunities at CCPPS and whom are interested in accessing counseling services should schedule a meeting with the Director or Clinical Director to discuss treatment options and potential multiple role conflicts.

#### **EMERGENCY**

**If you are experiencing a psychological emergency that is life threatening, call 911 or go to your nearest emergency room. In the event that you are experiencing a psychological emergency that is not life threatening, please contact the center at (304)293-4431.**

#### **Consent**

**I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of CCPPS Services. I hereby give my consent to authorize CCPPS to evaluate,**

