Carruth Center for Counseling and Psychological Services (CCCPs)

Informed Consent

Welcome to CCCPS. 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 CCCPS Services

I understand that WVU offers a variety of clinical services to students through CCCPS including: group counseling, consultations, short term individual counseling, 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 CCCPS Services

I understand that there may be both risks and benefits associated with CCCPS 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 CCCPS 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 CCCPS services may be beneficial for many students, it may not be helpful for everyone. There are alternatives to my care at CCCPS and I may ask my clinician about available alternatives.

CCCPS Clinical Staff

CCCPS is staffed with a range of clinical staff including licensed and supervised psychologists, counselors, social workers, graduate interns, and pre-doctoral psychology interns. Interns and residents work under the supervision of licensed professionals. Trainees are required to videotape their sessions and 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 CCCPS staff. This information is only accessible by CCCPS staff and, unless you direct otherwise, by authorized physicians and staff employed by WVU Medicine when necessary to coordinate treatment. In some cases this information may be shared with other third-parties, if necessary and only to the extent permitted by law. Your information 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.

CCCPS believes that allowing authorized physicians and staff employed by WVU Medicine to have access to your records when necessary to coordinate treatment is in your best interest. However, if you do NOT want authorized physicians and staff employed by WVU Medicine to have access to your records for the purpose of coordinating treatment, please check the following box: □
Please note that denying authorized physicians and staff employed by WVU Medicine access to your records may not prevent CCPS from disclosing your records without your consent for the reasons listed below in the “Confidentiality” section of this document.

Confidentiality

I understand that CCCPS clinical staff maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective clinical services sometimes require sharing confidential information to ensure good clinical care. CCCPS 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 CCCPS 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 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 CCCPS and came into contact with other individuals while at CCCPS. I hereby consent to the sharing of my location data as part of a contact tracing program.

Conflict of Interest

Graduate students who plan to apply for training opportunities at CCCPS 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.

Telehealth Services

CCCPS can offer telehealth services (THS) to eligible students using a secure video conference program. THS refers to any CCCPS services provided to a student via telephone or secure online videoconferencing. These decisions are made on an individual basis based upon best clinical practices.

THS is available only to students located within West Virginia, the state in which our counselors are licensed to practice.
There are some risks including:

- Session disruption or delay or communication distortion due to technical failures.
- Increased likelihood of misunderstanding as THS involves alternate forms of communication that may reduce visual and auditory cues.
- **Your counselor determining that THS is not an appropriate counseling option.**
- Limits to confidentiality in the event you choose to receive services in settings where others might overhear.
- Rare cases in which security protocols could fail.

WVU CCCPS works to reduce these risks by:

- Using Zoom as the primary means of providing THS.
- Utilizing secure videoconferencing software provided by WVU which is HIPPA compliant and suitable to the exchange of personal health information.
- Ensuring end-to-end encryption of the videoconference.
- Not recording without your consent and asking that you not record, the session.
- Making sure that staff members have received the appropriate training to engage in THS.
- Conducting, and asking that you conduct, THS only from a private location where you will not be overheard or interrupted and are free from distractions.
- Asking you to use your own computer or device, or a WVU-owned device, on a secure internet connection that is not publicly accessible, rather than on public or free Wi-Fi.
- Asking that you ensure your computer or device has updated and operating anti-virus software.
- Asking that you provide your location, information for at least one nearby emergency contact, and the name of the emergency room closest to your location. This allows CCCPS to contact these supports if you are in crisis or your counselor is unable to reach you.

You will need a webcam or smartphone for videoconferencing, and you will be provided instructions on how to use the videoconferencing software. Should there be technical problems with the videoconferencing session, the most reliable substitute is to make contact by telephone. Phone calls from CCCPS may show up as “unavailable.” If you experience technical problems and cannot make a videoconference connection, please contact CCCPS. You may choose to contact your counselor by email, but please remember that email is not a confidential form of communication and your contact should be limited to matters related to scheduling only.

If we believe that you may be in crisis and we are not able to contact you, we may call your emergency contact or local emergency service providers.

**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. CCCPS after-hours services are available any time that CCCPS is closed and can be reached by calling 304-293-4431. A crisis text line is also available to students 24/7 by texting WVU to 741741.

**CONSENT**
I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of CCCPS Services. I hereby give my consent to authorize CCCPS to evaluate, treat, and/or refer me to others as needed. I have had the opportunity to discuss any questions regarding the above information.

PRINTED NAME: __________________________________________________     __________________
First   Middle   Last     Student ID Number

☐ I have been provided with and read this Informed Consent document.

Signature: __________________________________________________   Date: _______________
Witness: __________________________________________________   Date: _______________