



UNC
GREENSBORO

Division of Student Affairs
**Counseling &
Psychological Services**

Counseling & Psychological Services Consent to Treat a Minor

North Carolina law requires the consent of a parent or legal guardian for a client under the age of 18 to receive mental health services from a non-physician, with the exception of a few circumstances:

- 1) When the student is or has been married;
- 2) When the student serves in the armed forces;
- 3) When the student is legally emancipated.

Unless the above exceptions apply, you as the parent or legal guardian of a minor must complete and return the following consent form to:

**Counseling & Psychological Services
Student Health Services
107 Gray Drive
The University of North Carolina Greensboro
Greensboro, NC 27412
Phone: 336-334-5874; Fax: 336-334-3900**

I, _____ (print name here) am the parent/legal guardian of
_____ (print name of student), a minor whose birthday is ___/___/___.
_____ (Student ID #)

I authorize the UNCG Counseling & Psychological Services to provide mental health counseling services to my student. I understand that my student will benefit most from having a confidential relationship with their counselor, so I will agree to limited communication with the mental health provider unless otherwise needed. I further understand that, once my student turns 18, my consent for treatment will no longer be required.

By signing this, I acknowledge that I have read and understand this consent, and that I have been able to call Counseling & Psychological Services (336) 334-5874 to have any questions answered before signing.

Signature of Parent/Guardian

Date

Parent/Guardian's Phone Number(s): Home _____ Work: _____

Cell: _____



UNC
GREENSBORO

Division of Student Affairs
**Counseling &
Psychological Services**

Counseling & Psychological Services Information and Consent to Treatment

Student Name: _____ **Student ID#:** _____

The UNCG Counseling & Psychological Services (CAPS) provides a wide range of counseling and psychological services to currently enrolled UNCG students. The services may include: short term individual counseling, group therapy, crisis intervention, and/or consultation. Our staff is committed to meeting the needs of people of diverse racial, ethnic, and national backgrounds, gender, sexual/affective orientations, mental and physical abilities, religious/spiritual beliefs, and socioeconomic backgrounds, as well as other types of diversity.

Initial Screening: You can call our office to schedule an initial phone screening, come in during afternoon "Same Day Service" hours, or access our crisis intervention services. During your initial screening you will discuss your concerns and needs with a therapist and determine what services will be most effective. When indicated, we will help you connect with on-campus and/or community resources. Students who have been clients here are not eligible to become graduate student trainees at the CAPS.

Subsequent Services and Appointments: Counseling and psychiatric services are most effective when clients actively engage, help establish and work on treatment goals, complete out-of-session assignments, and discussing difficult issues. Counseling and psychiatry appointments are limited; we ask that you cancel/reschedule 24-hours in advance so that another student might make use of that time. **Failure to cancel/reschedule counseling or psychiatry appointments at least 24-hours in advance will result in a \$25 no-show fee.** In order to provide comprehensive care, if you are 10 or more minutes late for a psychiatry appointment, it will be cancelled, and you will be charged the \$25 no-show fee. You will be responsible for rescheduling your appointment. Services may be terminated if you have an excessive number of cancellations or no-shows.

Failure to cancel/reschedule at least 24-hours in advance of an appointment and/or students who are 10 or more minutes late for a psychiatry appointment will be charged a \$25 no-show fee. Your initials here show your understanding of and consent to the \$25 no-show fee.

Initials: Student: _____ **Date:** _____ **Parent/Guardian:** _____ **Date:** _____



UNC
GREENSBORO

Division of Student Affairs
**Counseling &
Psychological Services**

Workshops and Group Therapy: Some concerns are most effectively addressed in workshops and/or group therapy. Therefore, your provider may discuss with you the option of participating in a workshop or a therapy/support group.

Urgent Matters: During business hours, if you are experiencing a mental health crisis or urgent mental health need, same day services are available. If you are experiencing urgent mental health needs outside of our office hours, you can speak with an on-call counselor at 336-334-5874. If you are experiencing a crisis, call the UNCG Police at 336-334-4444.

Communication: If you opt into the service, you will receive appointment reminders through the patient portal and be alerted through your UNCG email of such messages. Additionally, CAPS providers only communicate with you via phone (if you grant permission) and through Patient Portal Secure Messages. You will be informed of this secure communication through your UNCG email address and will then need to log in to your Patient Portal to read the message. CAPS staff will not communicate with you via any social media networking site.

Confidentiality: The personal information you share with your provider is confidential in accordance with North Carolina Privileged Communication laws, professional ethical codes, and federal privacy regulations. Your provider may consult with other CAPS or Campus Violence Response Center (CVRC) to ensure that you receive the best treatment possible. Outside of the exceptions listed below, no information is released to parties, outside CAPS, CVRC, and those with a need to know within UNCG Student Health Services (SHS), without your expressed written consent. Your provider may share information with other SHS professionals for the purpose of coordinating care, which may become part of your SHS medical record.

Your initials here show your understanding of and consent to the above communication between CAPS

and other parts of SHS: Initials: Student: _____ Parent/Guardian: _____
Date: _____ Date: _____

The exceptions to this rule of confidentiality are the following:

- If you are clearly likely to do physical harm to yourself or another person in the near future, it is your provider's duty to take steps to protect your safety and the safety of others.
- If you share information about currently occurring abuse or neglect of a child or dependent adult, state law requires that your provider report the information to the Department of Social Services.
- If ordered to do so by a judge as part of judicial proceedings, the Counseling & Psychological Services may release information contained in your counseling record.



UNC GREENSBORO

Division of Student Affairs
**Counseling &
Psychological Services**

Your Rights: As counselors, psychologists, psychiatrists, psychiatric nurse practitioners, and social workers, we uphold ethical and professional standards. If you have any questions/concerns about your treatment at the CAPS, please bring these issues to the attention of your provider or the CAPS Associate Director/Director. It is also important to know that you have the right to discontinue treatment at any time or request a change in provider. We request that you let your provider know of your intentions, so that other treatment options may be suggested; or, you may complete a “Transfer of Provider Request” form which you can ask for at the CAPS front desk. You also have the right to complete a Comments, Concerns, Complaints or Kudos form at <https://shs.uncg.edu/about/comments> that will be addressed by an administrator. Please refer to the Student Health Services Rights and Responsibilities Statement for additional information.

Please let your therapist know if you have any questions about the above information.

My signature below indicates that I have read and understand the above information, and I consent to treatment at the UNCG Counseling & Psychological Services. I understand that my treatment at the Counseling & Psychological Services is voluntary and that I may discontinue treatment at any time.

Printed Name and Signature of Student

(Date)

Printed Name and Signature of Parent/Guardian

(Date)