**Consent for Mental Health Services**

Please read this information about counseling and psychiatric services at Student Health Services.

1. **Initial Interview:** In your first meeting, you will discuss your concerns and situation with a counselor or psychiatrist and consider the appropriate resources to help you best manage your situation. If you return for further appointments here, it may or may not be the same counselor or psychiatrist.

2. **Limits:** **Counseling:** Full-time students are eligible for up to 16 sessions per academic year. **Sessions missed or not cancelled 24 hours in advance** will result in a $20 fee. In any given academic year, if more than two appointments are missed without proper notice, a meeting with the Director of Mental Health Services is required before further appointments can be scheduled. It is up to you to reschedule your appointment either online or by contacting our appointment desk at 314-935-6695. **Psychiatry:** There are no appointment limits to consult with a psychiatrist. The same fee and scheduling policy for missed appointments applies.

3. **Referrals:** If your concerns call for services not available within Student Health Services, we will help you find resources appropriate to your situation, either within the university or in the St. Louis community.

4. **Fees:** **Psychiatry:** Fees for psychiatry appointments will be billed to your insurance company on your behalf. Some benefit plans require a co-pay. This co-pay will be collected at the time of service. You will be billed for any balance due once the insurance company has paid your benefit to SHS. This bill will go to the local address you have noted in Webstac. Failure to pay the balance within 30 days of receiving this bill will result in the outstanding balance being charged to your student account. **Counseling:** The first nine counseling visits are provided free of charge via the Health and Wellness Fee. Beyond session 9, your insurance company will be billed on your behalf. Some benefit plans require a co-pay. The same insurance billing policy as described above pertains to the collection of counseling fees. There are no fees for group counseling.

**There may be a pre-certification requirement for psychiatry or counseling visits. This means that your insurance company has the right to review the requested service and make a determination if it is medically necessary. It is your responsibility to phone your health insurance company to find out if you need pre-certification approval for any proposed treatment. If so, SHS will help you complete the process. Failure to abide by any requirements of your insurance company may lead to a denial of benefit payment on your behalf, resulting in the full amount of the visit being your responsibility. Students covered under the University student health insurance plan do not need pre-certification for mental health services provided here at SHS.**

The following information deals with your rights as a client. To let us know you understand and accept these procedures, please initial each item in the space provided. If there are any questions, please ask your counselor or psychiatrist.

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**Initial**

1. **Confidentiality:** All information you share about yourself will be kept confidential. Mental Health records are maintained separately from your medical records. Only you can authorize releasing information to anyone outside Student Health Services. When necessary for the purposes of the continuity or coordination of care, our colleagues within Student Health Services may also access your mental health information.
   
   Exceptions: If it develops that you pose an immediate danger to yourself or to anybody else, we are required to take action to prevent harm. Also, if you describe a situation where a child, an elder, or someone unable to protect himself or herself, is in danger of abuse, we may be required to take action. A court order may also require that information about your counseling or psychiatry visits be released.

2. **Psychiatric Resident Staff:** [For students being evaluated for medication]. Each psychiatric resident is carefully selected and closely supervised by an experienced member of the licensed professional staff. By initialing, you agree to receive psychiatry services provided by a psychiatric resident if appropriate.

3. **Contact Information:** If necessary, I understand that SHS will contact me via a Secured Messaging Service (confidential email) using the primary email address I have on file with the university.

   I also give consent to be contacted by phone. ____________________________ (providing your number indicates consent)

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I have read this description of services and understand and consent to the stated policies.

**Signature** ____________________________  **Date** __________

Print Name ____________________________  Student ID # __________