

**RIGHTS AND RESPONSIBILITIES FOR
PERSONS USING SERVICES AT
COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)**

Welcome to Montclair State University's Counseling and Psychological Services (CAPS). This handout summarizes important information that you should know about our services; please take a few minutes to read it. Because CAPS serves individuals with a wide range of concerns, some of this information may not be relevant to your particular situation; however, it is important that you read through this material. Should you have any questions about this handout, please feel free to discuss them with the intake counselor who you will be meeting shortly.

I. RIGHTS

Eligibility

Full or part-time students who are currently enrolled at Montclair State University (MSU) are eligible for a voluntary and confidential counseling appointment. During this appointment the student and counselor will discuss counseling options which may include individual, group or couples counseling at CAPS, or a referral to comparable or more appropriate services in the community. For students who are assigned to work with a CAPS therapist, CAPS also provides psychiatric evaluation and medication management, if appropriate. These services may only be accessed at the recommendation of the student's assigned CAPS therapist. Please note that CAPS does not provide services that require court testimony/reports or involve legal proceedings.

Prompt Service:

The initial appointment with the intake counselor is for screening/assessment. During this appointment, counseling options and goals will be discussed. Students will be assigned to an appropriate counselor based on student availability and the recommendations of the CAPS staff. On rare occasions, at busy times during the semester CAPS may have a waiting list for services. Counselors will make every effort to estimate the amount of time before counselor assignment and a first appointment can be scheduled. Our waiting list is generally managed on a first come, first served basis. If, however, you are placed on our waiting list and experience a crisis before you are assigned to a counselor, please contact your intake counselor immediately so that crisis intervention services can be arranged.

Respect:

The counselor will respect you as an individual and convey this respect by keeping appointments or contacting you if a change in time is necessary, giving you complete attention during sessions, avoiding interruptions during sessions and providing you with the most effective counseling possible.

Notice of Privacy Practices:

Psychologists and counselors are bound by New Jersey State Law, the American Psychological Association and/or American Counseling Association ethical guidelines, and the Health Insurance Portability and Accountability Act (HIPAA, 1996) to maintain confidentiality and to insure the privacy of oral, written and electronic mental health information. Although CAPS is not what is termed a "covered entity," we follow the best practices incorporated into the obligations imposed by HIPAA by controlling the disclosure and dissemination of confidential mental health information.

How We Maintain Your Privacy:

CAPS is required, by law, to maintain the privacy of all information received during the course of therapy, testing, group sessions, teaching and research, which are considered confidential. We will not release any information obtained in these ways without your written consent. This includes information transmitted via fax or email. In addition, our records are kept locked in a secure location in the Gilbreth House and electronically on a file server that is password protected and stored in a physically secure facility. No one except CAPS staff has access to these records. Our records are maintained separately from your academic records. Your records are never shared with anyone within or outside of the University. If you have any questions regarding your records, please feel free to talk to your counselor or call CAPS.

Confidentiality:

A psychologist/counselor must preserve the confidentiality of information obtained from a client in the course of teaching, practice (therapy/counseling) or research. This means that all communications between a client and psychologist/counselor are protected by law and cannot be released to anyone, within or outside the University, without your written consent. The exceptions to this rule have to do with the psychologist/counselor's belief that you are likely to harm yourself or another, the psychologist/counselor has reasonable cause to believe that a child has been or will be abused or, in some judicial proceedings, if a court orders that your records be obtained. In addition, in order to provide you with the best possible professional help, CAPS psychologists/counselors confer with one another and/or are supervised for professional and/or training purposes. These supervisors are also bound to maintain strict confidentiality.

PLEASE NOTE: The exceptions to confidentiality are extremely rare. However, if they should occur, it is CAPS policy that, whenever possible, we will discuss with you any action that is being considered. Legally, we are not obligated to seek your consent, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect your and/or another person's physical safety.

(OVER)

I. RIGHTS, (con't)

Permissible Uses and Disclosures Without Your Written Consent:

We are responsible for maintaining your privacy and confidentiality. However, there are times when we do not need written consent to disclose information to the appropriate person(s) concerning the following:

- If there is clear and imminent danger to an individual or the public or when there is cause to believe that there is a likelihood of danger to a person or persons.
- If there is clear and imminent danger or likelihood of danger to yourself.
- If there is reasonable cause to believe that a child (person under the age of 18 years) has been subjected to acts of abuse/neglect (physical, sexual or emotional) or if there is reason to believe that these acts will occur.
- If, in the case of judicial hearings, the court issues a subpoena and court order for your records or your counselor's testimony.
- If, in the case of violations of the rules, regulations or orders of the New Jersey Board of Psychological Examiners, the Board may subpoena and court order your counselor as a witness and/or require the production of documents or other information.
- All CAPS counselors receive supervision and/or confer with one another within the department. These consultations are for professional and/or training purposes only. Supervisors are bound by the same laws regarding confidentiality.

Disclosures and Changes to Your Mental Health Information:

Just as we are committed to maintaining your privacy and confidentiality, we also want to help you manage your confidential information and disclosures of such in the most effective way. You, as a client of CAPS, have the right to:

- **Request restrictions.** You have the right to state, specifically, what information you would like disclosed to another person, facility, organization, etc., with your written consent, as well as information you would like restricted. Information that you want disclosed would be stated on your signed consent form.
- **Revoke authorization.** If you have given your written consent to disclose information about you to a third party, you have the right to revoke that agreement at any time, except in the event that we have already taken action on it.

- **Inspect, copy, and amend.** You have the right to inspect and have copies of information regarding your treatment. We reserve the right to charge a fee for the costs of copying, mailing or other supplies needed to fulfill your request. A request to inspect or copy must first be discussed with your counselor. If you are concerned that the information we have about you is inaccurate or incomplete, you may request that the information be amended. Speak with your counselor if you would like to request an amendment. We may deny the request for amendment if the information was not created by us, is not part of our records, is not part of the information which you would be permitted to inspect or copy, or which we deem to be accurate and complete. If we deny your request, we will advise you in writing and you will have the right to file a written statement of disagreement. We have the right to prepare a written rebuttal with a copy to you.
- **Determine how confidential information is to be released.** If you would like confidential information regarding your case to be released to any person, organization, institution, etc., you have the right to decide how the information will be disclosed (for example, via face-to-face contact, phone contact, postal mail, email or fax).
- **Provide Feedback.** CAPS staff is interested in any positive or negative feedback you may have regarding the services you receive. You will have an opportunity to provide feedback at the end of your final counseling session through our "Client Satisfaction Survey". You are, of course, welcome to provide us with feedback at any time during the therapy process. If, for any reason, you are not satisfied with your counselor, we encourage you to discuss this first with your counselor. If your concerns are not resolved to your satisfaction, you may request an appointment with the Director of CAPS to discuss possible reassignment or other counseling options.
- **Receive a paper copy of this document.**

The mission of CAPS is to help students function more effectively within the MSU community. We are here to assist you in your personal, social and academic development, as well as to help you achieve your life goals. We care about your privacy and pledge to protect your confidentiality. If you have any questions regarding the safeguarding of your confidential information, or any of our services, please contact us at (973) 655-5211. Also, please visit our website at www.montclair.edu/caps.

II. RESPONSIBILITIES

Participation:

Your active participation in the counseling process is necessary for progress to be made. Counseling sessions typically last for 50 minutes. Your promptness for these sessions will allow you to take full advantage of your appointments. Once you have been assigned to a counselor, it is your responsibility to keep scheduled appointments. If an emergency arises, please cancel your appointment by calling the receptionist at CAPS, preferably one day in advance.

No-Show Policy:

If you miss a regular appointment with your counselor and have not cancelled it in advance, you are responsible for calling to reschedule an appointment or for informing the counselor that you are no longer interested in receiving services. If you miss an appointment without canceling in advance, we may not be able to keep your regular appointment time open for you.

III. GENERAL INFORMATION

CAPS Training Program:

Your counselor may be a psychologist or a graduate psychology or counseling student working under the supervision of a psychologist. If you are working with a trainee, your written consent to videotape your counseling sessions will be requested. This is done so the counselor and his/her supervisor can review sessions in order to aid the counseling process. These videotapes are confidential, locked in a secure place, used for supervisory purposes only and are erased after use.

E-mail Policy:

On the intake form you will be asked if you would like to be contacted by our office through email for scheduling. Because of the high value we place on the privacy of those utilizing our services, CAPS staff members do not use email to communicate confidential information. We request that communication with CAPS staff through email be limited to appointment and scheduling issues only. If you would like to discuss matters other than those mentioned above, you are strongly encouraged to contact CAPS in person or by phone.

If you have any questions regarding the above information, please discuss them with your intake counselor.

I HAVE READ THE ABOVE MATERIAL REGARDING THE RIGHTS AND RESPONSIBILITIES OF COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) CLIENTS AND UNDERSTAND ITS PROVISIONS. I UNDERSTAND THAT THE RESULTS OF COUNSELING CAN BE VARIABLE, AND THAT THE ATTAINMENT OF A POSITIVE OUTCOME IS DEPENDENT UPON THE EFFORT EXPENDED BY BOTH MY COUNSELOR AND MYSELF.

SIGNATURE: _____

DATE: _____

IF MINOR:

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____