



# Student Counseling & Psychological Services

## Urgent Walk-In Informed Consent

Student Counseling and Psychological Services offers Urgent Walk-In Appointments during open business hours for students who are experiencing a mental health crisis. For after-hours crisis services, you may call the Georgia Crisis & Access Line at 1-800-715-4225 and/or find safe transportation to your nearest emergency room. Examples of crises may include:

1. **Suicidal thoughts, intent, plan, and/or other risks of harm against one self**
2. **Homicidal thoughts, intent, plan, and/or other risks of harm against other(s)**
3. **Recent traumatic event (e.g., victim of a crime or natural disaster; sexual and/or physical assault)**
4. **Recently experienced the loss of a loved one**
5. **Severe reaction to a psychiatric medication**
6. **Perceptual disturbances such as hearing things or seeing things that others do not hear or see**
7. **Difficulty providing for one's own basic needs, such as housing, food, clothing, hygiene**

The intended purpose of the Urgent Walk-In appointment is for a mental health clinician to conduct a risk assessment and to take appropriate measures for immediate safety and wellbeing.

Urgent Walk-In Appointments do not constitute an Initial Appointment. In order to establish a relationship with a mental health provider for the assessment, diagnosis, and treatment of a mental health condition, including ongoing counseling, a student must receive an Initial Appointment.

Student Counseling and Psychological Services adheres to strict confidentiality guidelines set by each professional's national and state ethical codes/guidelines. All conversations in-person and by telephone and email are confidential. Communications will be made in-person, by phone and/or email (unless otherwise requested by the client). Any and all records kept by Student Counseling and Psychological Services relating to clients 18 years of age and older are kept confidential, except in these cases:

- a. When the client is determined to be a threat to the health and safety of self or another, including abuse of a child, elder or disabled adult. If a counselor determines a client's personal safety or the safety of another person is at risk, counselors are required by law to take protective actions. This may include notifying family members or other emergency contacts, contacting the police, seeking hospitalization for the client, notifying potential victims of harm or contacting others who can help provide protection. In the case of abuse, counselors are required by law to notify the appropriate state agency. If any of these situations occur, every effort will be made by your counselor to fully discuss the situation with you before taking any action.
- b. When documents are court ordered to be released to the property of the court.
- c. When Student Counseling and Psychological Services professional staff/interns discuss case material for the purpose of consultation, supervision, or treatment team planning.
- d. When Student Counseling and Psychological Services staff makes a referral on your behalf to Student Health in order to coordinate treatment. Only relevant and pertinent information relating to treatment planning shall be shared.
- e. When a CARE Report about a client involves threat of harm to self and/or other(s).
- f. When the client has given consent to share specified information with identified person(s).
- g. Clients younger than 18 must have a parent/guardian sign this form before treatment begins (requires an Initial Appointment). The client, counselor and parent(s) will together identify confidentiality parameters.
- h. Client names and appointment information is shared with front office staff for scheduling, reminder, and check-in purposes.

I have read, understand, and have had an opportunity to ask questions about the above statements, and I agree to receive Urgent Walk-In services knowing and understanding these statements.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

Parent/Guardian Signature (if client is younger than 18) \_\_\_\_\_

\_\_\_\_\_  
Date