COLUMBIA HEALTH
Counseling & Psychological Services

Alfred Lerner Hall, 8th Floor
2920 Broadway, Mail Code 2606
New York, NY 10027

Phone (212) 854-2878
health.columbia.edu/cps

# CONSENT FOR TREATMENT AT CPS
## (Including Telecounseling)

Counseling & Psychological Services (CPS) offers *short-term* psychological services to students who have paid the full Columbia Health fee. Among the services offered, when clinically appropriate, are consultation, brief counseling, group experiences, psychiatry, and referrals for longer term treatment off campus. CPS care providers include psychiatrists, psychologists, social workers, psychiatric residents, and postdoctoral fellows (advanced trainees) in psychology. CPS providers work as a team and consult with one another as needed. There may also be communication between CPS and staff in other confidential Columbia Health units in order to coordinate care or when otherwise clinically indicated.

Some students may be offered the opportunity for treatment with our telehealth service partner Mantra Health. If a student agrees to receive services from Mantra, the student consents to have information shared with Mantra and Wellround Medical Group, P.A., Mantra Health's affiliated provider group.

At present, CPS offers some services in-person and others both in-person on campus and by telehealth. Telehealth counseling with CPS providers is ordinarily available only to students residing in New York State. Students unable to come to campus and residing outside of New York State may, however, receive assistance from CPS by phone or Zoom in treatment planning, participate in virtual community support spaces, and receive virtual counseling through our partner agency, Work Place Options. Reasonable and appropriate efforts have been made to minimize confidentiality risks associated with the provision of telehealth services, and all existing confidentiality protections under federal and New York State law apply. These strict standards of confidentiality are detailed in the Notice of Privacy Practices. Please be aware that, while unlikely, delays in evaluation and treatment could occur due to equipment failure.

**Click here to access the *Notice of Privacy Practices* document and please complete and return the *Acknowledgment of Receipt of Records*.**

In consenting to treatment by teletherapy, you are responsible for ensuring that you have the privacy and equipment needed to proceed and agree not to record any session, in whole or part, nor to permit others to view or participate in sessions without the explicit permission of your CPS provider. In initiating a telehealth session, you are attesting that you are situated in New York State at the time of that session.

Teletherapy may be inappropriate for addressing significant psychiatric problems or emergent situations such as those in which one poses a danger to oneself or others. In these instances, your CPS provider may elect to arrange in-person appointments as clinically appropriate.

Detailed descriptions of your rights and responsibilities as a CPS patient are posted in all clinical spaces and may be found online on the Columbia Health website.

We look forward to being of assistance.

COLUMBIA HEALTH
Counseling & Psychological Services

Alfred Lerner Hall, 8th Floor
2920 Broadway, Mail Code 2606
New York, NY 10027

Phone (212) 854-2878
health.columbia.edu/cps

## Personal Information

Your Legal Name: _____ Preferred Name (if different): _____

Pronouns (optional): _____

Have you used CPS in the past? ☐ Yes ☐ No

Select the option that applies:

☐ Married ☐ Domestic Partnership ☐ Single ☐ Divorced ☐ Widowed ☐ Other

If you selected 'other' you may explain here: _____

School of enrollment: _____

Major: _____

Anticipated Degree: _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

## Current Location

Please provide your current address below and indicate whether this is:

☐ Your permanent address
☐ Your local residence in New York City

If temporary residence, please indicate the date until which you anticipate being at this residence (if known): _____

_____
Street Address Apt./Room #

_____
City State Zip

## Permanent Location (if different from Current Location)

_____
Street Address Apt./Room #

_____
City State Zip

COLUMBIA HEALTH
Counseling & Psychological Services

Alfred Lerner Hall, 8th Floor
2920 Broadway, Mail Code 2606
New York, NY 10027

Phone (212) 854-2878
health.columbia.edu/cps

## Emergency Contact

In the event of an emergency, we may contact a close family member or other responsible person. Please indicate the person(s) you would prefer be contacted:

Name: _____ Relationship: _____

_____
Street Address Apt./Room #

_____
City State Zip

Phone Number: _____ Alternate Phone Number: _____

## ACKNOWLEDGMENT

**By signing my name below, I consent to the terms of treatment described above:**

Name: _____ Today's Date: _____