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 Telehealth counseling)

Counseling & Psychological Services (CPS) offers *short-term* psychological services to students who have paid the full-time Columbia Health and Related Services Fee. Among the services offered, when clinically appropriate, are consultation, brief counseling, group experiences, psychiatry, and referrals for longer term treatment off campus. CPS 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 departments 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 found in the Patient Portal and Columbia Health website.

In consenting to treatment by telehealth counseling, 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.

Telehealth offers the convenience of engaging in therapy from a location and setting of your choice. However, there are some potential limitations to consider. While uncommon, technical issues such as equipment failure or internet connection disruptions (due to deficiencies or failures of equipment or internet connection) may delay evaluation and treatment, or in very rare instances, compromise privacy. Teletherapy may also be inappropriate for addressing significant psychiatric concerns or emergencies, such as situations where an individual poses a danger to themselves or others. In such cases, your CPS provider may 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 on the Columbia Health website.

We look forward to being of assistance.

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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

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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: ____________________________