

Consent for Treatment
Johns Hopkins University Student Health and Well-Being Mental Health Services

This statement provides you with essential information about the services provided by the Johns Hopkins University Student Health and Well-Being Mental Health Services organization. Please read this material carefully. If you have any questions, do not hesitate to discuss them with your provider(s).

- I. **SERVICES PROVIDED AND CONSENT FOR TREATMENT.** The Johns Hopkins University Student Health and Well-Being Mental Health Services organization (a.k.a. SHWB MHS) provides mental health treatment and well-being support to Johns Hopkins University students and learners (see eligibility requirements below) at locations in our Washington D.C., and Baltimore area campuses. Our staff includes licensed psychiatrists, psychologists, social workers, and counselors. In addition to licensed staff, SHWB MHS employs pre-licensed clinicians and graduate trainees who are supervised by licensed clinicians. If your provider is under supervision, they will provide you with the name and contact information of their clinical supervisor, whom you can contact in case of questions or concerns.

We offer initial consultations to determine treatment needs, individual and group counseling, crisis intervention, psychiatric evaluation and management of medication, referrals to community providers/programs, and case management services. Note: Some services may not be available at all MHS locations.

There is no charge to students and learners for care rendered at any Mental Health Services location. If you are taking psychiatric medication, you will be responsible for the cost of medication or any co-pays or co-insurance related to your health insurance benefits. If you are referred to an outside agency such as a community provider, intensive outpatient program or the hospital, you and/or your insurance carrier will be responsible for any costs associated with that care.

Most of the care provided by SHWB MHS is goal-oriented and addresses a specific condition or concern. While SHWB MHS does not impose specific session limits, we cannot address all mental health needs, nor can we provide weekly appointments over a long period. If we determine that your treatment requires specialized care or services beyond what SHWB MHS can provide, we will assist you with a referral to an appropriate mental health provider or agency in the community. It is strongly recommended that you review your insurance benefits and that it includes sufficient mental health coverage to address your needs.

When you are in other US (United States) states or outside the US, your clinician may provide a consultation via a HIPAA-compliant telehealth platform, telephone, or email, focusing on problem solving from a distance and connecting you with resources in your location. SHWB MHS provides consultation rather than counseling in these situations because licensing and ethical guidelines prevent clinicians from providing counseling services outside the states in which they are licensed. Mental Health Services is unable to provide ongoing care to individuals outside of Maryland and Washington, D.C.

By signing this form, you provide your consent to treatment by SHWB MHS providers, and consent for your medication refill history to be released to my provider(s) or MHS staff through the e-prescribing services used by SHWB MHS (Surescripts and RCopia) and for pre-authorization purposes or as

required by the pharmacy benefit management program of my health plan. In addition, there may be phone and/or fax contact with pharmacy, if needed.

- II. **NON-DISCRIMINATION POLICY.** All patients will be treated without discrimination related to age, race, ethnicity, religion, culture, language, physical or mental disability, social or economic status, gender, sexual orientation, gender identity or gender expression.
- III. **CRISIS AND AFTER-HOURS SUPPORT.** If you experience a mental health crisis, there are resources available from SHWB MHS as well as in the community. The Behavioral Health Crisis Support Team (BHCST) is a SHWB MHS service and is available for in-person mobile crisis response within the Baltimore area campus footprints. The BHCST partners with Johns Hopkins Public Safety personnel to co-respond to individuals in distress. Once the scene is determined to be safe, the BHCST clinician makes an assessment and works with the distressed individual(s) to plan for stabilization of the crisis and follow-up care. Each SHWB MHS location also has after-hours crisis support by phone; your provider(s) will review this information with you, and it is also [available at the Student Health and Well-being website](#).
- IV. **RISKS AND BENEFITS OF TREATMENT.** I agree to have SHWB MHS providers evaluate and treat my condition. I understand that the practice of medicine and counseling is not an exact science and no guarantees have been given to me by anyone as to the results or outcomes that may be obtained from examinations, treatments, therapies or other health care services. Most clients can expect to benefit from counseling and/or psychiatric medication management, resulting in symptom reduction and positive changes in thoughts, feelings, and behaviors. The results of treatment can be variable, and a positive outcome depends on mutual effort between patient and provider. Even the most successful treatment may at times be uncomfortable, as you may experience a range of challenging emotions. As you make personal changes, potentially stressful changes may also occur in your relationships with others. Your treatment provider(s) will regularly discuss your treatment progress with you, and you are strongly encouraged to discuss any difficulties you are having with treatment compliance or other issues that arise that may impact your engagement in care.

If you are prescribed medication, your psychiatrist will review any specific risks, benefits, or contraindications with you. It is imperative that you disclose any health concerns, pre-existing conditions, and substance use and that you notify your treating provider(s) of any changes to your health or substance use that might impact your care.

- V. **CONFIDENTIALITY.** Information shared in the context of mental health treatment is confidential. The Student Health and Well-Being Mental Health Services organization (a.k.a. SHWB MHS) includes several clinic locations and entities: the Johns Hopkins Counseling Center (CC), the Johns Hopkins Student Assistance Program (JHSAP), the Johns Hopkins Behavioral Health Crisis Support Team (BHCST), University Health Services Mental Health (UHS-MH). To provide the best possible care to patients, we conduct clinical consultations and coordination of care within SHWB MHS, as well as with healthcare providers at the Student Health and Wellness Center (SHWC) on the Homewood campus, and University Health Services (UHS) in East Baltimore. Information between primary care and mental health providers is shared only when relevant to a learner's treatment, including but not limited to clinic visit notes, appointment history, plan of care, prescription medications, diagnosis(es) and relevant laboratory tests.

Information will not be disclosed outside of SHWB MHS and SHWB Primary Care without your written permission unless as required or permitted by law. The following exceptions are legal and ethical obligations of treatment providers:

- a. If we believe you are in imminent danger of causing harm to yourself or others, we need to take action to protect you and/or to inform the other vulnerable person(s) and/or relevant authorities. These actions may include notifying the potential victim, contacting the police, or initiating hospitalization.
- b. If we have reason to believe you have engaged in acts of child or dependent adult abuse or neglect, or that you were the victim of child abuse or neglect, we have an obligation to report that information to the appropriate government authorities.
- c. There are certain circumstances in which SHWB MHS records can be required by court order to be disclosed, such as in a lawsuit in which you raise mental health as an issue.
- d. In the event you pursue a legal claim against Johns Hopkins University and/or its authorized representative or employee, disclosure may be made as necessary in connection with the response to and defense of such claims.

If one of the above exceptions to confidentiality occurs, your clinician will, whenever possible, discuss the disclosure and any further actions required.

- VI. **MENTAL HEALTH TREATMENT RECORDS.** Mental health treatment records held within the MHS electronic record system are **NOT** part of your Johns Hopkins University academic record and no one except the staff of SHWB MHS, and when required for care coordination, SHWB Primary Care, has access to them unless the disclosure of them is required or permitted by law.
- VII. **COMMUNICATION.** Email is not a secure form of communication, and to protect your confidentiality, we do not use e-mail for the provision of clinical services. With your permission, we may use e-mail to contact you regarding appointments or to send information you may have requested. If you need to communicate with your provider, the most secure way to do this is by telephone. By signing this form, you agree to be contacted by telephone for the purposes of coordinating your care.
- VIII. **SUPERVISION OF STAFF.** Some of our counselors and all our pre-licensed and graduate trainees receive regular supervision of their clinical work. For training purposes, these counselors/interns are required to request to record (audio and/or video) for reviewing clinical supervision. If your clinician wishes to record your session, you will be asked to give your written permission to do this. Any information shared with supervisors is treated confidentially and respectfully, the goal being to give you the best service we can. If you do not wish to be recorded, you may decline without penalty or interruption of service.
- IX. **RESEARCH AND EVALUATION.** SHWB Mental Health Services periodically assesses the effectiveness of its services. You may be asked to complete a symptom questionnaire prior to your first appointment, and if you then receive individual or group counseling, a short questionnaire prior to every subsequent appointment. This will allow the counselor to better assess your needs and to check on your progress on an ongoing basis; your provider may discuss your responses with you as part of

your treatment and to help make plans for future care. Some of your reported information may be used for administrative and/or research purposes; however, any use of such information will be in aggregate form, and you will not be personally identifiable to you in any way.

YOUR ACKNOWLEDGEMENT. To indicate that you have read this Informed Consent Statement in its entirety, that you understand the scope of services, the exceptions to confidentiality, and that you are aware you can address any questions you may have to your provider, please type in your name and today's date in the space provided below. You have received a copy of the [SHWB Privacy Practices notice](#).

Signature _____ **Date** _____

Revised 10.13.22