



# Counseling and Psychological Services

## UCF CAPS Single Session

Hi UCF Student,

We are excited you are interested in our Single Session services. To make sure you are scheduled for the right appointment, **a Single Session is used by a UCF student when the student is wanting to meet with a counselor for only 1 time.** This appointment is not appropriate to use if the student is hoping to engage in ongoing services. In addition, this appointment will be **around 30-45 minutes in length** and typical concerns addressed during this consultation session include: academic distress, concerns about how to help a family member or friend, anxiety or stress management strategies, and referrals. If you are experiencing significant distress, having suicidal thoughts or thoughts of harming others, or think that your concern may need more than a brief single session, please stop here and contact the CAPS front desk at 407-823-2811 so that we can provide you with a different type of appointment at this time.

In preparation for your Single Session appointment, CAPS will need:

- The Single Session packet to be completed.
  - You will need to save the document first on your device before entering data.
  - Please do not leave any blanks as this may delay us in getting your service started.
  - Then after you complete the form, save it again on your device.
- A picture of a government or university-issued ID.

Use the Qualtrics link located on the CAPS Forms webpage to submit the above two items.

If you need immediate attention, please feel free to contact UCF CAPS at 407-823-2811 and inform the support staff member that you are in crisis and need to speak with a counselor immediately.

We look forward to meeting with you soon!

## Text Message Notification Informed Consent

CAPS can send courtesy text messages to notify you of scheduled appointments. CAPS will notify new and returning clients via text message to schedule an appointment after the completion of counselor assignment process. Text messages will also be sent as reminder of your scheduled appointment with your counselor. In addition, text notifications will be sent for appointments that have been canceled by CAPS staff. Confidentiality of these text messages cannot be guaranteed.

Messages may include your name, a statement that you have a “CAPS appointment”, the day and time of your appointment, and CAPS contact information. You must provide consent in order to receive these messages, however consenting to text reminders is not required for you to receive services at CAPS.

CAPS is not responsible for any fees incurred due to receipt of texts.

If you are scheduling an appointment that begins less than 24 hours from the time the appointment is made, a text reminder may not be sent.

For students accessing services at the UCF-Valencia Downtown location, text messages are used to inform you about the status of your appointment. For example, the text message may notify you to return to CAPS office for your counseling appointment.

*Please **INITIAL** your selection below*

\_\_\_\_\_ I **DO NOT** consent to receive text message notifications.

**OR**

\_\_\_\_\_ I **CONSENT** to receive text message notifications.

\_\_\_\_\_ Text message to this number: \_\_\_\_\_

\_\_\_\_\_ I understand that technological failures of my phone or the text messaging systems will not be considered a valid reason to avoid a No Show/Late Cancellation/Late Reschedule Fee.

\_\_\_\_\_  
**STUDENT ID (PID/VID)**

\_\_\_\_\_  
**Date**                      **Signature**                      **Name (Print)**

*Please ask your counselor if you have any questions*

## **CONSULTATION INFORMED CONSENT**

Welcome to UCF Counseling and Psychological Services (CAPS). We offer a variety of services, including individual, couples, group, and career counseling, as well as crisis intervention, consultation, workshops, and psychoeducational presentations. Consultation refers to a contact in which a CAPS staff member is disseminating specialized knowledge and information and providing specific recommendations on how to best proceed in resolving a problem or situation. Consultation is different than ongoing counseling and does not involve in-depth personal exploration. If you are interested in counseling, your consultant can assist you in finding appropriate counseling services.

### **CONFIDENTIALITY AND LIMITS TO CONFIDENTIALITY**

Consultations may either focus on your concern about another individual or on your concern about your own situation. If you are consulting about another individual, who poses a threat to his/her/their own safety or the safety of others, and that individual has contact with CAPS, our staff may need to share the information you provide and potentially your identity with that individual. If you are consulting about your own situation, the following confidentiality guidelines apply.

All CAPS staff members adhere to very strict confidentiality standards according to Florida Law and maintain confidentiality about your consultation and your consultation records. To provide you with the best service, your consultant may share information about you with other CAPS staff for professional consultation or supervision purposes. Additionally, to ensure the best care for you in crisis situations, CAPS staff may share information about you with ProtoCall Services Inc., an agency that provides after-hours counseling for UCF students or Bay Care Life Management, Inc., an agency that provides after-hours counseling for Valencia students. ProtoCall Service providers and Bay Care providers adhere to similar confidentiality standards as those described in this section. If you want us to provide information about your consultation to people who are not staff at CAPS, then our staff will do so with your written authorization.

You should be aware that UCF CAPS staff may be required to disclose your consultation information, even without consent, in the following situations:

- When doing so is necessary to protect you or someone else from imminent physical and/or life-threatening harm.
- When a consultee/client lacks the capacity or refuses to care for himself/herself/theirself and such lack of self-care presents substantial threat to his/her/their well-being.
- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected.
- Examples of abuse, neglect, or exploitation include, but are not limited to, violence towards a minor, a minor witnessing violence or being in the presence of violence, drug use in front of or while caring for a minor, or financial exploitation of an elder adult. Examples also include incidents of past abuse, including those described above, if the alleged perpetrator of abuse is currently in a caretaker capacity with or is still present in the home of a minor, elder adult, or dependent adult.
- When a consultee/client pursues civil or criminal legal action against UCF CAPS or its staff or when a consultee/client makes a complaint to a Professional Board about a counselor.
- When a consultee/client is involved in a legal proceeding and there is a court order for the release of their records.

- In accordance with the Patriot Act, CAPS may be required to disclose a consultee's/client's mental health information to authorized federal officials who are providing protective services to the President of the United States and other important officials, or to authorized federal officials who are conducting national security and intelligence activities. By law, CAPS cannot reveal to the consultee/client when we have disclosed such information to the government.

In addition, you should be aware of the following limits to confidentiality:

- Information that you allow us to exchange with other professionals outside of CAPS or information you might choose to provide to your CAPS' consultant via e-mail, fax, or cell phones cannot be guaranteed confidential.
- Personal and confidential information is also stored on staff computers and a CAPS file server, which are protected by passwords and accessible only by CAPS staff. Although rare and unexpected, it is possible that this information could be accessed illegally by others.
- We carry out research to improve our services, and written information that you provide may be used for this purpose. No identifying information will ever be used in reports resulting from such research.

**COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) IS A TRAINING FACILITY**

CAPS is a training site and your consultant may be a pre-doctoral or pre-master's counselor in training. All counselors in training will inform you of the name of their supervisor, who can be contacted through our front desk. In order to provide adequate supervision and training, professional staff and trainees may ask to video or audio record your consultation session. In these situations, further explanation about recording will be provided and you will be asked to give written consent before any recording occurs. Your decision about recording will not impact your ability to receive services.

**CLIENT RESPONSIBILITIES**

Consultees are also expected to behave in a respectful manner towards all CAPS personnel. Failure to do so may also result in termination of services.

Please sign below to indicate that you have read and fully understand this form and voluntarily agree to participate in consultation services.

\_\_\_\_\_

Consultee's Name (Printed)

Consultee's Signature

Date



### Telemental Health Services Informed Consent

This informed consent form is to give you information about CAPS telemental health services and serves as an addition to CAPS Informed Consent Form.

In Florida, Telehealth refers to the use of telecommunication technology by a provider to provide care services. This provision of services may consist of audioconferencing or videoconferencing through a personal laptop or computer with a webcam. Telemental health services are offered to improve access to counseling services to UCF students, especially when significant barriers of travel to campus for counseling services exist.

UCF CAPS partners with Therapy Assistance Online (TAO) Connect, Inc. for access to the secure and private Zoom platform to execute telemental health services. There are always risks with telemental health services, including, but not limited to, the possibility that: the transmission of your confidential information could be disrupted or distorted by technical failures or interrupted by unauthorized persons, and/or the electronic storage of counseling information could be accessed by unauthorized persons. CAPS counselors typically provide services from UCF; however, during rare situations, clinicians may work from home. They take reasonable efforts to operate in a secure and confidential space, minimizing interruptions and distractions.

#### Client Eligibility & Responsibilities:

Enrolled UCF students who live in Florida may be eligible to participate in telemental health services. To engage in services, you must physically be located in Florida, with the exception of crisis consultations; if you are physically located outside of Florida, you must immediately notify the counselor. You will need a computer or laptop with a **microphone, speakers**, and a **camera** for audio and/or videoconferencing. You will need a reliable internet connection and the ability to have space that ensures your privacy (you are alone in the room), has sufficient lighting, and is free from distractions or interruptions. You should be dressed if you were attending an in-person face to face session. You will meet with your counselor only at the agreed upon time, and you may not record telemental health services. Your sessions with the CAPS counselor will only be recorded with your written consent.

Address of the location that you plan to access Telemental Health services from:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Appointments and Fees:

CAPS attendance policy applies to all types of services, including telemental health services. Please see our Attendance policy for more information. Please note that if you will not be able to attend an appointment, you will need to cancel or reschedule prior to 24 hours of the appointment to avoid a fee.

#### Confidentiality and Record Keeping:

As with all CAPS services, electronic records of services will be maintained by UCF CAPS. Your counselor and CAPS will protect the confidentiality of clients and the content of telemental health sessions. You may withdraw or withhold consent from teletherapy services at any time. You may also terminate telemental health treatment at any time. Your private information will not be released unless required by law:

- When doing so is necessary to protect you or someone else from imminent physical and/or life- threatening harm.
- When a client lacks the capacity or refuses to care for themselves and such lack of self-care presents substantial threat to their well-being.



- 3) The office or agency that does crisis well-being checks in your community (typically a 24 hour crisis service or the police department).
- Brevard County Sheriff's Office –
    - Central Area - 321-633-7162
    - North Area - 321-264-5100
    - South Area - 321-952-6371
    - 772 Area Code - 772-663-6269
  - Lake County Sheriff's Office – 352-343-2101
  - Orange County Sheriff's Office – 407-836-4357
  - Osceola County Sheriff's Office – 407-348-2222
  - Polk County Sheriff's Office – 863-298-6200
  - Seminole County Sheriff's Office – 407-665-6650
  - Volusia County Sheriff's Office
    - West Volusia - 386-736-5999
    - Daytona Beach - 386-248-1777
    - New Smyrna Beach 386-423-3888
    - South West Volusia - 407-323-0151
  - Other \_\_\_\_\_

The following statements are also important for safety planning.

Please read and initial.

If I show signs of deterioration or distress that indicate that I may be in danger, I grant CAPS and my therapist permission to contact me by phone and to leave a message. Initial \_\_\_\_\_

If I show signs of deterioration or distress that indicate I may be in danger, and I fail to respond to phone messages, I grant CAPS permission to contact those individuals listed above to verify my well-being. Initial \_\_\_\_\_

If I show indicators that I may be at serious risk for self harm or harm to others, I understand that CAPS is required to contact the crisis response contact above to ensure my safety. This may also take the form of a wellbeing check conducted through my local police department. Initial \_\_\_\_\_

I have been informed about the purpose, expectations, possible benefits, risks, and crisis procedures. I agree to participate and abide by the above stated expectations and client responsibilities in telemental health services. I consent to participate in utilizing Therapy Assistance Online (TAO) at Counseling and Psychological Services at University of Central Florida. I hereby authorize the collection and use of my data for program evaluation purposes.

\_\_\_\_\_  
Signature of Person Consenting to Treatment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
UCF/PID or VID

\_\_\_\_\_  
UCF E-mail address

@knights.ucf.edu



# Counseling and Psychological Services

## UCF CAPS SINGLE SESSION SCREENING FORM

Name: \_\_\_\_\_ Student ID (UCF/PID or VID) \_\_\_\_\_

1. My concerns can be addressed in a one-time, brief (30-45 minute) session: \_\_\_\_\_ Yes \_\_\_\_\_ No

*If your answer to the above question is NO, please stop here and contact CAPS front desk at 407-823-2811 as you are needing a different type of appointment at this time.*

### Demographics:

2. Academic Status: \_\_\_\_\_

3. Major: \_\_\_\_\_

4. Racial/Ethnic Identity: \_\_\_\_\_

5. Preferred Name: \_\_\_\_\_

6. Reason for Visit (check all that apply):

Experiencing relationship problems (e.g., family, break-up, etc.)

Experiencing academic distress

Experiencing anxiety

Experiencing stress

Helping a concerned family member or friend

Requesting assistance with a referral to a counselor who can provide a letter for my emotional support animal

Requesting assistance with a referral to a mental health provider

Requesting assistance with a referral to a medical professional

Requesting assistance with a referral for testing/assessment for ADHD, autism, learning disorders, etc.

7. Other reason for visit or additional information you would like to share: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are having suicidal thoughts or thoughts of harming others, please share this information with the CAPS counselor during your consultation session. Your safety and well-being are important.**