



Counseling and Psychological Services

Eating Disorders Management Team (EDMT) Informed Consent

EDMT is a team of professionals dedicated to the treatment and care of eating disorders and body image concerns. Counseling and Psychological Services (CAPS) clinicians as well as Medical Providers, Dietitians, and Psychiatrists from Student Health Services (SHS) have joined together to help you. The EDMT provides non-intensive outpatient management of eating disorders, including: nutritional counseling, medical evaluation, psychotropic medication, individual and group therapy as well as referrals to more intensive outpatient and inpatient programs.

1. Limits of Services

CAPS provides brief individual therapy services averaging 4-6 sessions on a bi-weekly basis.

2. Approach Towards Recovery

A multidisciplinary team approach is used in managing eating disorders. This involves attending therapy sessions (group and/or individual) as well as nutritional and medical appointments. I agree to make these appointments. I also realize that being pro-active in scheduling these appointments is critical in guaranteeing I will be seen. I understand that at times I may have to try new things that may be unfamiliar and/or uncomfortable. I also understand that it may be necessary to sign additional consent forms allowing my various treatment providers to consult one another to assure the best care possible.

3. Student Health Services

Appointments with Student Health Services are a necessary part of EDMT. I agree to attend an initial physical health assessment and have follow-up(s) as suggested by my primary care provider which may include appointments with a dietitian.

4. Between Session Goals

As part of EDMT my therapist and I will set realistic goals to work on between individual sessions. Therapy works best when I take what I've learned in session and apply it in between sessions.

5. Specific Criteria for Eligibility

I understand that there are certain requirements to meet in order to be treated on an outpatient basis. Although CAPS strives to provide high quality service, there are times that the above mentioned resources are not adequate for a particular client's needs on an outpatient basis. In this instance, my provider will refer me to an off-campus provider, and facilitate the referral transfer. The following factors are considered when determining whether a referral is necessary: response to interventions, motivation for change, elevated risk, medical necessity, co-occurring concerns, etc...

_____ 6. **Additional Agreements**

I understand all of these requirements and agree to follow them. I understand that if I fail to comply with these requirements, I will be referred to the appropriate off-campus mental health provider or treatment services.

Client Printed Name

Client Signature

Date

Clinician Printed Name

Clinician Signature

Date

For any student who is under 18 years of age, a parent/guardian signature is required.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date