

## WELCOME TO UNLV STUDENT WELLNESS CENTER

The Student Wellness Center is comprised of the Student Health Center (SHC) and Student Counseling & Psychological Services (CAPS). We are staffed by a variety of medical and mental health professionals to assist you in addressing your physical and mental health concerns. We appreciate that you have chosen to entrust us with assisting you in meeting your wellness needs!

To provide you with the highest quality of care, Student Wellness utilizes an integrated treatment approach. Our clinicians from diverse disciplines work collaboratively as a team to optimize your wellness through seamless prevention and intervention. Your clinician will assist you in deciding which services are most appropriate for you based on your presenting concerns, unique experiences, and goals for treatment. There is no charge for office visits with clinicians for currently enrolled UNLV students who have paid their health fee. There may be a charge for medications, some psychological testing, certain laboratory services, and some medical procedures.

### **Informed Consent for Treatment**

Participating in Wellness Services can result in a number of benefits to you, including improvement or resolution of the specific concerns that led you to seek care, a better understanding of yourself, enhanced coping skills, and improved interpersonal and academic functioning. Achieving these benefits requires an open and honest relationship with your clinician and a personal effort to follow through with your treatment plan in order to reach your goals. For example, it will be important for you to take medication as prescribed, follow an agreed upon exercise plan, practice a new skill, or write in a journal. It is important to know that, for those seeking care at CAPS, counseling may produce some emotional discomfort due to the nature of the concerns addressed in session. Although this discomfort is usually temporary, it should be brought to the attention of your clinician.

Student Wellness participates in the teaching mission of the university. Therefore, medical students, residents, nurse practitioner students, mental health graduate students, nursing students, and medical assistant externs may participate in your care under close supervision of a licensed professional. You have the right to decline if you do not wish for a student to be involved in your care.

In order to ensure the highest quality counseling services and to comply with professional training standards, all services provided by graduate students at CAPS are video recorded as part of their professional training. These recordings are used only for agency supervisory purposes and kept strictly confidential. All recordings are permanently erased at the end of counseling and supervision. No video recording is performed at the Student Health Center.

### **Student Wellness Center Policies:**

***Confidentiality:*** All information discussed within sessions and office visits is confidential and no clinical records will appear in any academic records or transcripts. Please be aware that clinicians may be legally required to disclose information in the following circumstances: i) where there is reasonable suspicion of abuse involving a child or senior/vulnerable adult; ii) where there is a reasonable suspicion that a client presents a danger of harm to self or others unless protective measures are taken; and iii) disclosure of records may be required by a court of law in special circumstances. In addition, licensed professionals/supervisors have the right to confer about all aspects of care and counseling provided by graduate students at the Student Wellness Center (e.g., graduate students, medical students, nurse practitioner students). Student Wellness staff may consult with one another regarding treatment considerations on an as-needed basis. Information shared between SHC and CAPS staff is limited to verification of services provided, medications prescribed, and lab results. Any additional information (e.g., psychotherapy records) will not be shared without written consent by the student.

***Treatment:*** CAPS uses a variety of brief therapy models to address psychological concerns. Eligible students can receive up to 10 sessions of individual, couples, or family counseling per academic year beginning in the fall semester. Should students need further counseling after their 10 session limit, their assigned clinician will assist students with community referrals. There are no session limits for group counseling or medication management with our staff psychiatrist at CAPS.

At the Student Health Center, there are no office visit/session limits for eligible students. For coordination of care and services, referrals may be provided to off-campus medical providers and specialists, and Student Health Center staff may communicate with and assist these treating professionals in provision of your care as needed.

**Appointments:** Since the scheduling of an appointment is a reservation of time specifically for you, a minimum of 24-hours notice is requested to cancel an appointment at the Student Wellness Center. If you are more than 10 minutes late for an appointment, your clinician may no longer be available to see you that day and you may need to reschedule your appointment. *If you miss or fail to cancel an appointment 2 times within a semester, you may be referred off campus for further services which may incur a cost to you.*

**Emergency Procedure:** Should an emergency or urgent situation arise, the Student Wellness Center has triage clinicians available during our normal hours of operation to assist you. In the event that an emergency or urgent situation occurs outside our hours of operation:

- **Call 9-1-1 for an emergency**  
**OR**
- **For medical concerns:** Call the University of Nevada School of Medicine Department of Family and Community Medicine - 992-6888
- **For psychological concerns:** Call the Southern Nevada Adult Mental Health Crisis Unit 486-8020 or Montevista Hospital Crisis Line - 364-1111.

**Minor Students:** To treat a student under the age of 18, Student Wellness must have the signature of a parent or legal guardian (appointed by a court of law) on this consent form before any general treatment may begin. The consent must be effective until the student reaches legal age (18 years old) in the state of Nevada. Exemptions to this are: a life-threatening emergency, treatment for emancipated minors with court supporting documents, and, per NRS 129.060, examination and treatment of a sexually transmitted infection. There are other situations in which a minor may give consent for services. Please ask to speak to a member of the clinical staff if you would like to discuss your individual situation.

**Potential Applicants for CAPS Training Program:** Students who wish to apply to CAPS training program should be aware that receiving services from CAPS might delay their entry to the training program. In our efforts to avoid potential complications involved with multiple relationships, students are prohibited from becoming a CAPS trainee while they are receiving clinical services at CAPS. There must be a minimum of an 8-month waiting period between the date of termination of CAPS services and the beginning of a practicum/internship at CAPS.

**Communication:** Student Wellness may contact you (by phone, voicemail, or letter) as needed at the listed telephone number and address to follow up on care or provide a reminder of an appointment. Lab results will not be left on a voicemail unless prior permission has been received. If you have concerns or questions regarding communication, please ask to speak with a staff member.

My signature indicates that I understand and agree to the above information and policies. I understand that in the event of a life-threatening emergency, this consent may be implied for the time of the emergency.

Print Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check here if you would like a copy of this form.

<b>For Students 17 years old and younger</b>
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Parent or Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Legal Guardianship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Print Name of Student: \_\_\_\_\_