WELCOME TO THE UW COUNSELING CENTER (UWCC)

We care about your needs and privacy. The purposes of this document are to introduce you to our services and to explain our privacy and information practices. This document describes how health information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

What services are offered?

We provide short-term mental health counseling and prescribe psychiatric medication on a limited basis to treat emotional and behavioral difficulties. Students must be currently enrolled in a matriculated program and have paid the Services and Activities Fee (SAF) to be eligible for services.

During the initial session, a counselor will meet with you to discuss your concerns, develop a plan, and determine if UWCC is the best service to address your concerns and goals. You may receive individual counseling or group counseling, connection to a workshop related to your concerns, or referral for psychiatric medication evaluation or management. Students referred for medication will receive a separate disclosure/consent document for this service. If you are seeking services that do not fit with UWCC services, you may receive assistance with referrals for services in the community.

Services may be offered in-person and/or via telehealth (i.e., videoconference) based on your current concerns, your preferences, and/or health and safety needs related to public health.

Limitations

UWCC offers short term treatment, which encompasses students who need one counseling session and students who need several sessions. You and your counselor will collaborate to determine what services are the best fit for you. Sessions are scheduled one at a time in order to be flexible and responsive to student needs. If it is determined that your concerns require longer-term or specialized care, we can refer you to other clinicians that offer this type of care. All of our services are voluntary. We do not provide treatment that is mandated by someone else (e.g., court, employer, family member).

If you have received services from the UWCC and we do not have contact with you for more than 60 days (9 months for psychiatry), we will assume that you are no longer interested in services and we will close your file. You are welcome to contact us to request services in the future if you are eligible.

What are the risks and benefits of mental health treatment?

Counseling can have risks and benefits. Because counseling often involves discussing unpleasant parts of your life, you may experience uncomfortable feelings like sadness, anger, or anxiety. On the other hand, counseling has also been shown to have benefits like solutions to specific problems, better relationships, feeling less distressed, and improved functioning. Your counselor will do the best they can to help you meet your counseling goals, but there are no guarantees as to what you will experience.

_____ *I understand the risks and benefits of mental health treatment (initial)*

Notice of Privacy and Information Practices

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. You may see your record or get more information about it by speaking with your clinician or contacting the front desk at 206-543-1240.

Is everything confidential?

Professional codes of ethics, federal law, and Washington State law consider the personal information you discuss in mental health treatment to be confidential. This means that no record of treatment is made on an academic transcript, and we will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so.

We typically use or share your health information in the following ways:

- *To provide or assist with your treatment. For example, we may share information about you with another health care provider as part of a referral.*
- *To run our organization. For example, we use health information about you to manage your treatment and services. We may also call you by name in the waiting room.*
- *To bill for services. For example, if you are using insurance, we will furnish information to insurance carriers concerning your diagnosis and treatments, including mental health treatment, substance abuse and HIV-related disorders. Insurance companies may contract with another business to request records for compliance reviews.*

There are several important situations in which we are required to share your information with other people:

- *As may be needed to protect the safety of yourself and others, as allowed under Washington State law;*
- *The information involves the abuse or neglect of a child (under 18 years) or a vulnerable adult (over age of 60 or has a developmental delay). Clinicians are required to report such incidents to authorities;*
- *You bring charges against your clinician, and/or the Counseling Center;*
- *In the case of a court order or being compelled by law;*

For some high security employment positions (e.g., government, Peace Corps), you may be required to release medical information as part of a background check. We will only do so with your written authorization.

If you are being seen at Husky Health, it may be indicated for Counseling Center and Husky Health clinicians to coordinate your care. Please speak with your provider or a staff member if you have any questions or concerns about sharing information with Husky Health.

Your Privacy and Information Rights

- *You may request an electronic or paper copy of your medical record, and you may also ask us to send your record to any other healthcare providers. Ask your clinician or Front Desk staff how to do this.*
- *You may ask us to correct your medical record. We may say no to your request, but we'll tell you why within 60 days.*
- *You may request confidential communications by asking us to contact you in a specific way. Please see "Secure Messaging" section below for more information. We will say yes to all reasonable requests.*
- *You may ask us not to share certain health information for treatment, payment, or operations. We are not required to agree to your request, and may say "no" if it will affect your care*
- *You may ask for a list of those with whom we have shared information, for 6 years prior to the date of ask*
- *You may ask for a paper copy of this privacy notice at any time*
- *You may file a complaint if you feel that your rights are violated. We will not retaliate against you for filing a complaint. If you have a complaint, we invite you to contact the UWCC Director or Clinical Director at 206-543-1240. You may also file a complaint with the U.S. Department of Health and Human Services office of Civil Rights by calling 1.800.368.1019, emailing* OCRComplaint@hhs.gov *or visiting:* **www.hhs.gov/ocr/privacy/hipaa/complaints/**

Our Responsibilities

- *We are required by law to maintain the privacy and security of your protected health information*
- *We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information*
- *We must follow the duties and privacy practices described in this notice and give you a copy of it*
- *We will not share your information other than as described here, unless you tell us in writing. If you tell us we can, you may change your mind at any time, just let us know in writing.*

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

_____ *I understand UWCC's privacy and information practices and that my record is kept confidential with the above parameters (initial)*

Secure Messaging, Appointment Reminders, and Contact as Needed

We may use secure messaging to communicate with you via our client portal, accessible through our website: https://counseling.washington.edu/. With your permission, you will be notified of secure messages by e-mail. Please DO NOT use email or secure messaging to communicate an urgent or crisis message; clinicians do not provide counseling via messaging, and they do not typically check messages after hours.

Also, with your permission, we may use text messaging and e-mail to provide reminders for appointments and other necessary information, and may on occasion reach out by email if we cannot reach you by other means. Please note that email and text are not secure means of communication. You may choose to stop receiving these reminders or messages at any time by notifying the front desk.

For Texting: You may opt in or out of this service via the client portal or by texting STOP when replying to one of our text messages. Texts are for notification purposes only and you will not be able to reply to a text. No mobile information will be shared with third parties for the purposes of marketing or other means.

_____ *I understand the policies around messaging and how to opt out (initial)*

Telemental Health Practices

Telemental health refers to sessions that occur via videoconferencing. Telemental health is offered to improve access to mental health services to UW students when significant barriers exist to travel to campus for services and/or for public safety needs. You are not required to use telemental health, and you have the right to request other service options. Telemental health services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to secure communications technology; or need for more intensive services. In these cases, your clinician will help you establish referrals to other appropriate services.

Telemental health services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:

- *Sessions could be disrupted, delayed, or communications distorted due to technical failures.*
- *Telemental health may reduce visual and auditory cues and increase the likelihood of misunderstandings.*
- *Your counselor may determine telemental health is not an appropriate treatment option or stop telemental health at any time if your condition changes or telemental health presents barriers to treatment.*
- *In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.*

The UWCC works to reduce these risks by using secure Zoom videoconferencing software and the following policies and procedures:

- *You may only engage in sessions while you are physically in Washington. Your clinician will confirm this each session.*
- *You and your clinician will engage in sessions only from a private location where you will not be overheard.*
- *You will ensure that the computer or device you use has updated operating and anti-virus software. You will use a secure internet connection rather than public Wi-Fi.*
- *You will not record any sessions, nor will UWCC record your sessions, without your written consent.*
- *You will provide contact information for at least one emergency contact who the UWCC may contact if you are in crisis and your counselor is unable to reach you.*

_____ *I consent (initial)*

Cost of Services

- *We bill insurance for most UWCC services.*
- *For counseling services, the client portion is aggregated and billed to the Services and Activities Fee, and thus there is no additional cost to students.*
- *For psychiatry services, you are responsible to pay for the portion not covered by insurance, which may vary widely based on your insurance.*
- *If you do not have insurance, or if you have any concerns about using insurance, please speak with your counselor during your initial appointment and they will work with you to identify a plan tailored to your situation.*

Trainees and Recording of Sessions

Doctoral psychology interns provide some of the direct counseling services for our students, and they are supervised by licensed mental health professionals. Psychology interns may request to record your counseling sessions for training purposes within this center only. We will not record your sessions without your knowledge and approval, and we will speak with you first to obtain your written permission. If you agree to be recorded, the recordings will be treated with the same strict confidentiality procedures that have been previously explained. Only the supervisor of a trainee or, occasionally, other staff counselors consulting with the counselor, will review the recording. Recordings are deleted regularly. If you have any questions about our recording policy, please feel free to discuss them with your counselor. Consent to record is not a requirement to receive counseling.

Emergency services

The UWCC doesn't provide emergency services after business hours. If you are ever experiencing a mental health emergency outside of UWCC business hours, please use a crisis resource that is available 24-hours a day, such as those below:

- *Husky Helpline: 206-616-7777*
- *Crisis Connections: 866-427-4747*
- *National Suicide Prevention Hotline: 988*
- *Contact the crisis text line: https://www.crisistextline.org/ text HOME to 741741*
- *Call 911, or go to the nearest emergency room*

Clinician Information

UWCC is staffed by trained clinicians who are licensed in the State of Washington to provide mental health care, and trainees who are supervised by licensed clinicians. We provide a broad range of treatment approaches, depending upon the needs of each client. Approaches our mental health clinicians may use include cognitive behavioral, solution-focused, interpersonal, emotion-focused, and other approaches that the clinician and you feel may best meet your needs. Within these approaches, clinicians strive to actively incorporate the personal and cultural values and experiences that reflect the diverse identities that each individual brings. You and your clinician will discuss the type of counseling you will receive and the methods that might be used. Our psychiatrists and psychiatric nurse practitioners have received specialized training in psychiatry in addition to their medical education. Refer to this website for specific clinician information (e.g., licensure, degrees, and approaches): https://wellbeing.uw.edu/counseling-center/about/meet-our-team/

Client Rights and Responsibilities

Mental health professionals are credentialed and monitored by the appropriate board under the Washington State Department of Health. You can and should ask questions if you don't fully understand what the clinician is doing or plans to do.

In addition to confidentiality, you have the following rights and responsibilities:

- *You have the right to ask questions about the qualifications and experience of your clinician*
- *You have the right to request reasonable accommodations for disability*
- *You have the right to ask questions about anything related to your treatment and expect honest discussion of your concerns. You are also responsible for actively participating in your healthcare, following through on recommended treatment plans, contacting your clinician if you do not understand your treatment plan, and informing your clinician if you are not taking medications as prescribed*
- *You have the right to be treated with dignity and respect, and to receive care that is respectful of cultural and personal values and beliefs.*
- *The Counseling center is a place for healing. Threats, violence, disrespectful communication, or harassment of others, including because of an individual's race, color, creed, religion, sex, sexual orientation, gender identity or expression, ethnicity, national origin, disability, age, or veteran or military status, or other aspect of difference, will not be tolerated. This applies to all clients, clinicians, all UW employees, and any other community member interacting with the counseling center.*
- *You have the right to stop treatment*

If you have a concern or question about the services you are receiving, we invite you to discuss these with your clinician or with the Director or Associate Director of UWCC, by calling UWCC at 206-543-1240 or e-mailing counsels@uw.edu. If you want to discuss Washington State law or talk about a possible complaint, contact the Washington State Department of Health at 360-236-4700, e-mail: hsqa.csc@doh.wa.gov, https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx

_____ *I understand my rights and responsibilities (initial)*

My signature affirms that I have read this document, and I understand the risks and benefits of mental health treatment and my rights and responsibilities, and I consent to receiving services at UWCC. If I have any questions regarding this document or UWCC procedures, I understand that I may speak with a clinician about them at any time. I may receive a copy of this document by asking a UWCC staff member.

_____ _____

Signature *Today's date*

_____ _____

Printed name *Date of Birth*

Effective date: January 5, 2026

Student Financial Responsibility Agreement

Please read the following information closely. If you have any questions, please ask. We want to ensure that you completely understand our financial policies.

- I understand that the UWCC bills insurance.

- If I have concerns about using my insurance, I will talk to my counselor about options, including requesting an exception to the policy.
- I understand that any portion not covered by insurance (co-pay, co-insurance, deductible) or the full cost (if I do not use insurance) will be billed to the Services and Activities Fee (SAF). The SAF is a fee paid by UW students, typically paid at the same time as tuition.
- Services that can be billed include initial consultation, follow-up counseling sessions, group sessions, crisis services, and psychiatry, and may be provided by video, audio only, or in person as appropriate.
- It is my responsibility to know what my insurance covers and to ask questions prior to receiving service.
- It is my responsibility to provide UW Counseling Center (UWCC) with accurate and complete information concerning my insurance. Current identification and insurance benefit cards are to be uploaded prior to the first office visit. If my insurance changes, I agree to update my insurance information with UWCC before or at the time of service.
- I understand some Insurance plans may require prior authorization/approval from my Primary Care Provider and that I may be responsible for obtaining this authorization.
- If my care requires referrals, I understand that the UWCC will provide me with referrals within my insurance network where possible. I understand that a provider may be in network for an insurance company, but may not be covered by my specific insurance. It is my responsibility to check with my insurance I understand the UWCC may provide me with out-of-network referrals if needed, and that the following will likely apply:
  - Your Insurance Plan may provide reduced benefits (as compared to an in-network provider or facility);
  - You may be subject to balance billing by the out of network provider or facility;
  - The UWCC is part of the University of Washington and therefore has an indirect affiliation with UW Medicine. The UWCC does not have any affiliation or financial ownership interest in any other out of network provider or facility.

Release of Information and Authorization to Bill Insurance

- By providing my insurance policy information, I authorize UWCC to furnish information to insurance carriers concerning my diagnosis and treatments – including mental health, substance abuse and HIV related disorders/diseases. *I understand I can talk with my counselor about options.*
- I understand that UWCC follows the HIPAA Transactions Rule to exchange information with insurance carriers.
- I understand that my insurance carrier may request records for compliance reviews through a 3rd party contractor.
- I understand the insurance carrier may provide an Explanation of Benefits (EOB) to the Subscriber regarding services submitted for reimbursement if services are billed to my insurance.
- I understand that in the state of Washington, I have the right to request that EOB be sent to me instead of the Subscriber. For more information, read "How can I protect my health information as a dependent?".

_____ I understand and agree with this Financial Responsibility Agreement (initial)

Surprise Billing Protection Notice

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. **For psychotherapy services, any cost not covered by insurance will be billed to the Services and Activities Fee. There is no cost to you.**
Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. To dispute the bill, please send an email to counsels@uw.edu.
- Make sure to save a copy or picture of your Good Faith Estimate.
- Good Faith Estimate is not a contract and may be subject to change depending on your treatment plan.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.
You may view the UWCC Good Faith Estimate at: https://wellbeing.uw.edu/counseling-center/about/what-to-expect/good-faith-estimate-for-counseling-services/

My signature affirms that I have read and I understand the Financial Responsibility Agreement, the Surprise Billing Protection Notice, and my right to a Good Faith Estimate.

_____ _____

Signature *Today's date*

_____ _____

Printed name *Date of Birth*