



Welcome to GCU Office of Student Care! We hope that you find our services to be helpful. The GCU Office of Student Care provides short-term solution focused therapy for all currently enrolled ground students who need assistance with various concerns related to growing within a collegiate environment. Students who would benefit from services beyond short-term solution focused therapy will be provided with referral information for services available within the community. This Informed Consent Form is intended to give parents general information about our range of clinical services. This is a legal document, please read it carefully before signing. If you have any questions about signing this document and/or would like a copy of this document, please ask your provider. **Both parents need to initial and sign consent.**

Student Name: _____ **Student ID:** _____ **DOB:** _____

Eligibility:

We understand that eligibility for services is dependent on our student's status as an enrolled GCU ground student or residential online student. We understand that on-line students who live off campus are not eligible for services.

PARENTS INITIALS _____

***Age of Consent**

We acknowledge that our student needs to be at least eighteen (18) years of age and recognized by the state of Arizona as an independent adult to legally give consent for counseling services on their own. We also recognize that GCU Office of Student Care reserves the right to refuse service to any individual under eighteen (18) years of age in the absence of appropriate written consent from their legal guardian(s). **Clients below the age of eighteen (18) years of age must obtain parental consent from each parent via this form, and get form notarized if both parents are not present.**

PARENTS INITIALS _____

Services:

GCU Office of Student Care is located in the Student Life Building #26 on the 2nd floor, and open for business Monday through Friday, 8:00AM to 5:00PM. We understand that GCU Office of Student Care offers a variety of clinical services to students including: case management, crisis triage, intake assessment, workshops, short-term individual counseling, group counseling, and outside referrals. Please be advised that we do not offer services on weekends or after business hours.

PARENTS INITIALS _____

Treatment Process:

Services begin with students completing the provided intake documentation. Following this, they will be scheduled an initial thirty (30) minute clinical consultation with a mental health provider. During this consultation, the provider will walk through the completed intake paperwork with the student, ask questions to clarify the problems the student is currently experiencing, and provide recommendations related to the student's appropriate level of care.

PARENTS INITIALS _____

Referrals:

We acknowledge that the GCU Office of Student Care clinical staff will work together with our student in determining how best to serve their needs. We further understand that appropriate referrals will be provided to our student if it is determined they would be best served by an outside community resource. While we attempt to take into consideration limitations regarding finances and transportation, referrals and recommendations are based on clinical criteria and scope of practice. It is the student's responsibility to follow through with the recommendations provided that most appropriately meet their needs.

PARENTS INITIALS _____

Crisis Appointments:

If your student considers their situation an emergency that will not allow a delay, please have them inform our staff. In the event of an emergency, a crisis triage session will likely be scheduled with one of our crisis providers. If we are closed or unable to schedule an immediate appointment for them and they need immediate assistance, please have them contact the Public Safety Office at (602) 639-8100.

PARENTS INITIALS _____

For additional emergency mental health service options, please see the resources listed below:

- La Frontera Empact Suicide Prevention Center: (480) 784-1500
- St. Joseph's Hospital and Medical Center: 350 W Thomas Rd. Phoenix, AZ 85013, or call (602) 406-3000
- St. Luke's Medical Center: 1800 E Van Buren St. Phoenix, AZ 85006, or call (602) 251-8100
- Quail Run Behavioral Health: 2545 W Quail Ave. Phoenix, AZ 85027, or call (480) 235-5579

For sudden, severe illness or serious accident, students living on-campus should contact the Public Safety Department at (602) 639-8100, or dial 911.

PARENTS INITIALS _____



Confidentiality:

Confidentiality of student records and communications fall into two categories. One category includes all campus personnel and the student’s education records. These records are protected by the Family Educational Rights and Privacy Act (FERPA). The second category includes campus medical and mental health personnel and the student’s medical records. These records are protected by professional licensure requirements and state and federal laws, such as the Health Insurance Portability and Accountability Act (HIPAA).

A third party electronic medical record company, PyraMED, is contracted with GCU and encrypts all data according to HIPPA guidelines. Clinical documentation is not accessible without proper password authentication and is not shared with other entities either inside or outside the University without written permission from you.

As parents of a minor student, you have access to your student's records.

PARENTS INITIALS _____

Counseling Confidentiality:

The psychological services your student will receive at GCU Office of Student Care are confidential. Additionally, under federal law, your student’s mental health information is protected and confidential and will not leave our department unless there is an emergency situation. Client health information includes information about their diagnosis, test results, treatment, and related medical information. However, there are exceptions to confidentiality as required by law:

- We are required by law to report child abuse, elder abuse, and threats to harm oneself or others, even without consent. We are required by law to release information to probation officers or other court officials.
- Serious threats to health or safety: We will report information to prevent a serious threat to your student's health and safety or the health and safety of others.
 - In cases where there is a risk to the student or the community, GCU Office of Student Care reserves the right to notify Campus BIT and/or Public Safety, especially if the student is an active danger to themselves and/or to others.
 - As parents and guardians of a minor, you will be contacted if there is a risk to your student's safety (i.e. suicide risk/ attempt, emergency room evaluation and/or a threat to themselves or others). If there is a risk, information will be shared that aides in obtaining ongoing care and ensuring safety.
- If under 18 years of age, we are required by law to seek written permission from the primary guardians before providing any kind of psychological services. Additionally, if treating a minor, we are required by law to give updates on the minor in care to their primary guardian(s) if requested.
- Military and special government functions: If your student is a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- Judicial and administrative proceedings: We may be required to disclose information in response to an appropriate subpoena or court order.
- For any other situation, we will ask for your permission to release information. If you sign an authorization to disclose information, you may revoke it at any time to stop further disclosures of your student's records.
- All information discussed in group sessions is considered confidential by GCU providers, however, confidentiality by other group members cannot be guaranteed legally or ethically. Confidentiality will be discussed and strongly encouraged among all group members as a cornerstone of group membership.

Additionally, the staff at the Office of Student Care work as a team. While receiving services with Student Care, your provider may consult and collaborate with other Student Care staff, including counseling providers and case managers. This is to provide you the best possible care. No personal or protected health information is released to any staff outside of the Office of Student Care without your written permission.

PARENTS INITIALS _____

NCAA Student Athlete Confidentiality (Only initial this section IF your student is an NCAA Athlete): PARENTS INITIALS _____

If your student is an NCAA student athlete receiving counseling services through the Office of Student Care and becomes involved with the GCU Behavioral Intervention Team (BIT) process, clinical information relating to their safety, stability and well-being will be shared with the BIT team, its entities, as well as the pertinent members of the GCU Athletics Department for the purpose of continuation of care and future treatment recommendations.



Counseling Benefits:

Counseling, group therapy and psychotherapy services can have several benefits. Most individuals find therapy beneficial in making positive changes in thoughts, feelings, and behaviors. It can often lead to better interpersonal relationships, improved academic performance, solutions to specific problems and reduction in feelings of distress. However, there is no assurance of these benefits since each person responds differently to these services.

PARENTS INITIALS _____

Counseling Risks:

There are also potential risks with counseling, group therapy and psychotherapy services. Discussions of personal challenges and difficulties may elicit uncomfortable feelings such as sadness, guilt, anger and frustration. Occasionally people feel that counseling does not help, and, in some rare situations, people feel that therapy makes a situation worse. Effective counseling may involve remembering unpleasant events, becoming aware of certain thoughts, or experiencing strong emotions. Therapy may also impact relationships with significant others. We encourage your student to share any concerns they may have about the therapy process with their therapist so they may respond to these concerns. If your student does not feel they can address their concerns with their therapist, they can request to speak with the Director of GCU Office of Student Care, Christine Pemberton, Licensed Professional Counselor (LPC) at (602) 639-7873.

PARENTS INITIALS _____

Currently, Emily Ropicky, Haley Chafe, Kasey West, Krystal Jensen, Lindsey Byrom, Ryan Buck and Taylor Alvarado are Licensed Associate Counselors (LAC) in the state of Arizona. Counselors that possess their Associate License have met the educational requirements of a Master’s degree, have completed a practicum and internship in counseling, and are licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, an LAC must be supervised (at least) through their first two years of clinical practice.

For Haley Chafe, clinical supervision will be provided by Krista Hopkins, LPC who can be reached at (602) 639-8389. For Emily Ropicky, Kasey West, Lindsey Byrom and Taylor Alvarado, clinical supervision will be provided by Kristin Wyse, LPC who can be reached at (602) 639-8946. For Ryan Buck, clinical supervision will be provided by Mike Wallace, LPC who can be reached at (602) 639-6562. For Krystal Jensen (LAC-T), clinical supervision will be provided by Christine Pemberton, LPC who can be reached at (602) 639-7873. Director of Student Care, Christine Pemberton, LPC who can be reached at (602) 639-7873 will be reviewing all named providers on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Emily Ropicky, Haley Chafe, Kasey West, Krystal Jensen, Lindsey Byrom, Ryan Buck and Taylor Alvarado I can contact Christine Pemberton, LPC at (602) 639-7873 at any time.

PARENTS INITIALS _____



Email Policy:

Email communication with members of the GCU Office of Student Care staff should be used only for scheduling appointments. We recognize the importance of email, but because it is not a secure medium of communication and our staff does not maintain 24-hour access to their email, it will not be used to discuss on-going treatment issues. Please be advised that appointment reminders may be auto-generated and sent to your student's email.

PARENTS INITIALS _____

Client Rights:

- Your student has the right to ask any questions about their treatment.
- Your student has the right to ask for another provider.
- Your student has the right to obtain information about their records by asking for and signing a "Release of Records" form unless the provider feels it would be detrimental to their mental health.
- You have the right to refuse any recommended treatment for your student and withdraw your students minor informed consent at any time.
- Your student has the right to discontinue treatment at any time and receive help with referral services.
- Your student has the right to be an active participant in their treatment decisions including the periodic review and revision of their treatment plan every six months.
- Your student has the right to be treated with dignity and respect and the right to discuss with the counselors any interactions in which they feel they have not been treated in this manner.

PARENTS INITIALS _____

Changes in Policy:

GCU Office of Student Care may change/amend their policies at any time. If such a change occurs, a new Minor Informed Consent Form will be created reflecting these changes and updated parental signature authorization will need to be in place before future services can be offered.

PARENTS INITIALS _____

Accommodations:

Emotional Support Animal (ESA) Requests:

The GCU Office of Student Care does not provide letters in support of students having emotional support animals. At this time, there are not sufficient established protocols for mental health providers to assess for the appropriateness for an emotional support animal. There are empirically-supported treatments for many of the problems that emotional support animals are said to improve. We encourage students to utilize these treatments for their various concerns. We welcome talking with students during a consultation about other ways they can work on addressing their concerns.

PARENTS INITIALS _____

Academic Accommodations:

All academic accommodations require an established therapeutic relationship in which the client has been attending ongoing counseling sessions prior to any recommendations.

PARENTS INITIALS _____

Evaluative Letters:

The GCU Office of Student Care does not write evaluative letters or provide accommodation letters for outside entities. If your student is seeking any of these services, please request a copy of our off-campus provider listing and establish services off campus.

PARENTS INITIALS _____



Appointments & Scheduling:

Scheduling Appointments:

Appointments are made through the front desk of the GCU Office of Student Care, on the 2nd floor of the Student Life Building #26, or directly through the provider. Cancellations are to be made 24 hours before their appointment. Additionally, GCU Office of Student Care reserves the right to refuse counseling services to anyone arriving more than ten (10) minutes after their scheduled appointment time.

Cancellation Policy:

Everybody has unforeseen emergencies, but if a student fails to make their previously reserved appointment on at least three (3) occasions per academic semester, either through no-shows or late cancellations, our department reserves the right to restrict a student's ability to make an appointment over the phone and/or limit the student to same-day appointments only.

How much does it cost?

Counseling is provided as a free service to students currently enrolled in GCU ground campus courses.

PARENTS INITIALS _____

Appeals & Grievances:

We have the right to register a complaint about any aspect of our student's care directly to the provider, the Director of Student Care, Christine Pemberton LPC, or relevant state association or board for any of GCU Office of Student Care employees or independent contractors.

PARENTS INITIALS _____

By signing below, we, _____ consent for our student, _____ with a DOB of _____, do hereby consent for our student to receive therapeutic counseling services while our student is under the care of Grand Canyon University Office of Student Care. We also confirm that we have read and understood the above informed consent and have had the opportunity to discuss any questions that we might have. We understand that we can terminate our student's clinical services and this consent at any time. (Custodial/legal guardianship paperwork must be included.)

We understand and agree to all the above.

_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
_____	_____	_____
Therapist Name (Print)	Therapist Signature	Date

Notary Acknowledgment

State of _____

County of _____

This record was acknowledged before me on (date) _____ by name of individual _____.

Signature of Notarial Officer

Title of Office

My commission expires: _____

