



Due to Covid-19 requirements all appointments will be offered via telehealth. Appointments cannot be scheduled via telephone or email. Please return the completed paperwork to the office of Student Care, which is located at building 26, second floor. Office hours are Monday thru Friday from 8:00am-5:00pm and closed from 12:00pm-1:00pm daily (subject to change due to staff meetings or GCU events).

**Are you *currently* having thoughts of seriously hurting yourself or somebody else?.....** ☐ NO | YES ☐

*In the event you are in danger of hurting yourself or somebody else and the Office of Student Care is closed please immediately call 911 or Public Safety at 602.639.8100.*

**For privacy laws are you 18 years or older?.....** ☐ NO | YES ☐

(If no, please stop here and refer to the GCU's policy for Age of Consent on page 9 or contact the Office of Student Care for additional information.)

**Are you an NCAA student athlete? .....** ☐ NO | YES ☐

**How did you hear about the Office of Student Care?** \_\_\_\_\_

**Client Information:**

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Major \_\_\_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate \_\_\_  
Registered As: \_\_\_\_\_ Registered As: \_\_\_\_\_  
Ground \_\_\_ Online \_\_\_

Do you live on \_\_\_ or off \_\_\_ campus? If on campus, what dorm? \_\_\_\_\_

Hometown Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method for contacting you: ☐ Cell Phone | ☐ Email (check one)

May we leave a message at the provided phone number or email address? Yes \_\_\_ No \_\_\_

Preferred Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Emergency Contact: Grand Canyon University Public Safety Phone: 602.639.8100

**REASON FOR VISIT:**

***Please complete prior to consultation***

What are your reason(s) for seeking counseling?

Are there current stressors in addition to this? (Finances, living environment, work, school, family, friends, etc.)



We realize this is an extensive list of questions and many of them may not apply to you, the information you provide will help us better know how to support you and what resources to offer you. This form is confidential and will only be reviewed by a clinician.

### CURRENT SYMPTOMS:

Please circle the number that best describes the degree to which you might be experiencing any of the following recently:

	Not at all	Mildly	Moderately	Severely
Depressed, lonely, sad	0	1	2	3
Anxious, nervous, or panicky feelings	0	1	2	3
Relationship conflict	0	1	2	3
Difficulty sleeping	0	1	2	3
Irritability	0	1	2	3
Isolating (avoiding social situations or activities etc.)	0	1	2	3
Guilt	0	1	2	3
Grief/loss or difficulty adjusting to new life circumstances	0	1	2	3
Change in eating habits, overeating, not eating	0	1	2	3
Self-injurious behavior (Cutting, etc.)	0	1	2	3
Alcohol and/or Substance Use	0	1	2	3

### PERSONAL INFORMATION:

Have you suffered any past neglect/trauma or abuse?

Approximately what age(s) did this take place, did you seek counseling for this?

Are you currently in a romantic relationship? If yes, how long and condition of that relationship?

For Office Use Only:



## HISTORY:

Have you seen a counselor in the last 6 months? \_\_\_\_yes \_\_\_\_no - If yes, how long and what were your reasons for seeking counseling?:

Were you ever given a diagnosis? \_\_\_\_yes \_\_\_\_no - If yes, please list diagnoses:

Are you currently prescribed medication for anxiety, depression, ADHD etc? \_\_\_\_yes \_\_\_\_no - If yes, please list:

Have you ever been prescribed medication for anxiety, depression, ADHD etc in the past? \_\_\_\_yes \_\_\_\_no - If yes, please list medication, when you started the medication and duration:

Have you ever attempted suicide before? \_\_\_\_yes \_\_\_\_no - If yes, explain approximately when:

Have you ever been hospitalized for mental/emotional concerns? \_\_\_\_yes \_\_\_\_no - If yes, explain approximately when and the reason for admission:

Any current or previous major medical concerns? \_\_\_\_yes \_\_\_\_no - If yes, explain:

## FAMILY INFORMATION:

Are your parents divorced? \_\_\_\_yes \_\_\_\_no - If yes, how old were you? \_\_\_\_

Are you adopted? \_\_\_\_yes \_\_\_\_no - If yes, what age were you when you were adopted? \_\_\_\_

What is the current condition of your relationship with your family?

Does anyone in your family struggle with anxiety, depression or other emotional/mental health concerns? \_\_\_\_

If, yes explain:

Have you had any recent losses or deaths close to you?

Has anyone in your family ever attempted suicide? \_\_\_\_yes \_\_\_\_no - If yes, explain:

For Office Use Only:



**ADDICTION / SUBSTANCE USE:**

Do you have any addictive habits (ie. gambling, pornography, shopping, eating, drinking, gaming, etc.)?

Have you struggled with an eating disorder (binge eating, purging, restricting, overeating)?

Do you use/participate in any of the following, if so, approximate dates of use and frequency?

Alcohol:

Tobacco:

Marijuana:

Heroin, Cocaine, Methadone, Ecstasy, Methamphetamines, other drugs:

Have you ever been treated for substance abuse?      When and how long?

What is your caffeine intake?

Do you smoke?

Have you ever abused prescription medication?

**Your confidential intake form will be reviewed by one of our mental health clinicians in order to connect you with the most appropriate counseling resources.**

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Client Signature (**REQUIRED**)

\_\_\_\_\_  
Date

For office use only:

\_\_\_\_\_  
Therapist Name (print)

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

For Office Use Only:



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 for services beyond short-term solution focused therapy will be provided with referral information for services available within the community. This informed consent document is intended to give you 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.

**Eligibility:**

I understand that eligibility for services is contingent upon my status as an enrolled or continuing GCU student. I understand that students in Grand Canyon University's online programs may not be eligible for services.

INITIAL \_\_\_\_\_

**Services:**

GCU Office of Student Care is located in the Student Life Building on the 2<sup>nd</sup> floor, during the hours of Monday through Friday, 8:00am to 5:00pm. I understand that GCU Office of Student Care offers a variety of clinical services to students including: case management, crisis triage, intake assessment, short term individual counseling, group counseling, workshops and outside referrals. Please keep in mind that we do not offer services on weekends or after business hours.

INITIAL \_\_\_\_\_

**Appointments:**

In order to initially qualify for the range of services provided by the Office of Student Care, a student must first fill out and complete the provided intake documentation in person during their initial visit of any given academic year, as well as participate in a subsequently scheduled 30min clinical consultation with a mental health provider. During this initial consultation, our provider will walk through the completed intake paperwork with the student, ask questions in clarifying the problems the student is currently facing, and provide recommendations related to the student's appropriate level of care.

INITIAL \_\_\_\_\_

I also acknowledge that the GCU Office of Student Care clinical staff will work together with me in determining how best to serve my needs. I further understand that appropriate referrals will be provided to me if it is determined that I would be best served by an outside community resource.

INITIAL \_\_\_\_\_

**Crisis Appointments:**

*If you consider your situation an emergency that will not allow a delay, please 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 you and you need immediate assistance, please contact the Public Safety Office at (602) 639-8100.

INITIAL \_\_\_\_\_

For additional emergency mental health options, please see the resource examples listed below:

- La Frontera Empact: 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 "9-1-1".*

INITIAL \_\_\_\_\_



**Confidentiality:**

Confidentiality of student records and communications fall into two categories. One category includes all campus personnel and the student's education record. 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 HIPAA 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.

**INITIAL** \_\_\_\_\_

**Counseling Confidentiality:**

The psychological services you will receive at GCU Office of Student Care are confidential. Additionally, under federal law, your client 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 your 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 yourself or others, even without your consent. We are required by law to release information to probation officers or other court officials.
- Serious threat to health or safety: We will report information to prevent a serious threat to your 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.
  - Parents and guardians are not contacted unless we have permission from the client or if there is a risk to the client's safety (ie. suicide risk/attempt, emergency room evaluation and/or a threat to themselves or others). If there is a risk, information may only 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 your primary guardians before providing any kind of psychological services. Additionally, if treating a minor we are required by law to give updates on your care to your primary guardian(s) if requested.
- Military and special government functions: If you are 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.
- All information discussed in group sessions is considered confidential by GCU providers, 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 counseling staff in the GCU Office of Student Care Department work as a team. During the course of treatment your therapist may consult with other counseling providers within practice to provide the best possible care. These consultations are for professional purposes only, and no information will be released to Grand Canyon University academic entities without your written permission.

**NCAA Student Athlete Confidentiality** (only initial this section IF you are an NCAA Athlete)

**INITIAL** \_\_\_\_\_

If you are an NCAA student athlete receiving counseling services through the Office of Student Care and become involved with the GCU Behavioral Intervention Team (BIT) process, clinical information relating to your 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 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 your feelings of distress. However, there is no assurance of these benefits since each person responds differently to these services.

INITIAL \_\_\_\_\_

**Counseling Risks:**

There are also potential risks with counseling, group and psychotherapy services. Discussions of your 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 you to share any concerns you may have about the therapy process with your therapist so she/he may respond to these concerns. If you do not feel you can address your concerns with your therapist, you can request to speak with the Director of GCU Office of Student Care, Christine Pemberton LPC at (602) 639-7873.

INITIAL \_\_\_\_\_

**Licensed Provider Supervision:**

Currently, Bryttney Huseas, Ellie Evans, Kiesha Collins, Krista Hoffer, Nathaniel Bowman and Tanner Enderle 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.

Kiesha Collins and Krista Hoffer, clinical supervision will be provided by Mike Wallace LPC, who can be reached at (602) 639-6562. Ellie Evans, clinical supervision will be provided by Kristan Wyse LPC, who can be reached at (602) 639-8946. Nathaniel Bowman, clinical supervision will be provided by Kristan Farley LPC, who can be reached at (602) 639-7334. Tanner Enderle, clinical supervision will be provided by Nicholas Rudgear LPC, who can be reached at (602) 639-8661. Bryttney Huseas, clinical supervision will be provided by the Director of Student Care, Christine Pemberton LPC, who can be reached at (602) 639-7873 and who will be reviewing all client-related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Bryttney Huseas, Ellie Evans, Kiesha Collins, Krista Hoffer, Nathaniel Bowman and Tanner Enderle, I can contact Christine Pemberton, LPC at (602) 639-7873 at any time.

INITIAL \_\_\_\_\_

**Master's-level Intern Supervision:**

As a part of being a training facility, GCU Office of Student Care has partnered with the GCU Professional Counseling Program. Allowing students to see Professional Counseling Interns has expanded the services our practice is able to provide.

A Professional Counseling Intern is a graduate student at Grand Canyon University that is in the process of completing the educational requirements of a Masters of Professional Counseling degree. As a part of completing their final requirements of a graduation, a graduate student is required to complete a specified amount of supervised work experience hours in direct client care. Supervision is provided by Mike Wallace LPC, Kristan Farley LPC, Kristin Wyse LPC, Nicholas Rudgear LPC, and Director of Student Care, Christine Pemberton (Licensed Professional Counselor), who will be reviewing all client-related issues on a regular basis. Interns have the same legal and ethical mandates related to confidentiality as other clinical providers. If I have any concerns or questions regarding my treatment with a Professional Counseling Intern, I can contact Supervisor Mike Wallace LPC, at (602) 639-6562, Kristan Farley LPC, at (602) 639-7334, Kristin Wyse LPC at (602) 639-8946, Nicholas Rudgear LPC at (602) 639-8661, and Director of Student Care Christine Pemberton LPC, at 602-639-7873.

I recognize that I have a right to request to work only with a licensed staff member, although this may mean that I will have to wait longer for services. I also understand that if I have any concerns or questions regarding my treatment with a Professional Counseling Intern, I can contact The Director of Student Care, Christine Pemberton LPC, at (602) 639-7873.

INITIAL \_\_\_\_\_



**Audiotaping:**

We may also ask your consent to audiotape your counseling session. This is done so that the counselor can review the information presented in session in order to aid the counseling process, as well as to help ensure the quality of services we provide. Any recorded sessions will be reviewed only between the primary provider and by selected members of the GCU Office of Student Care clinical staff, and will be destroyed within seven (7) days of the recording. If you decide to refuse taping, you are still eligible for counseling services.

INITIAL \_\_\_\_\_

**Email Policy**

Email communication with members of the GCU Office of Student Care staff should be used in scheduling appointments only. 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.

INITIAL \_\_\_\_\_

**Client Rights:**

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

INITIAL \_\_\_\_\_

**Changes in Policy**

GCU Office of Student Care may change/amend their policies at any time. If such a change occurs, a new informed consent document will be created reflecting these changes and an updated client signature authorization will also need to be in place before future services can be offered.

INITIAL \_\_\_\_\_

**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.

INITIAL \_\_\_\_\_

*Academic Accommodations:*

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

INITIAL \_\_\_\_\_

*Evaluative Letters:*

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

INITIAL \_\_\_\_\_





*Evaluative Letters:*

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

INITIAL \_\_\_\_\_

**Appointments & Scheduling**

*Scheduling Appointments*

Appointments are made through the front desk of the Student Care, on the second floor of the Student Life Building, or through your provider directly. Cancellations are to be made 24 hours before your appointment. Additionally, GCU Office of Student Care reserves the right to refuse counseling services to anyone arriving more than 15 minutes after the 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.

INITIAL \_\_\_\_\_

**Appeals & Grievances**

I have the right to register a complaint about any aspect of my care to the provider, insurance carrier, or relevant state association or board for any of GCU Office of Student Care employees or independent contractors.

INITIAL \_\_\_\_\_

**\*Age of Consent**

I acknowledge that I need 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 my own. I 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 notarized parental consent from each parent via the Consent to Treat Minor form which can be obtain through the Office of Student Care**

INITIAL \_\_\_\_\_

**By signing below, you confirm that you have read and understood the above information and have had the opportunity to discuss any questions that you might have. You voluntarily consent to clinical services at GCU Office of Student Care. You understand that you may terminate clinical services and this consent at any time.**

**I understand and agree to all the above.**

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Client Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date