

# **Boston College**

## **University Counseling Services**

### **Information about Services**

Students come to University Counseling Services (UCS) for a variety of problems and concerns. Typically, a student will be seen for an intake/evaluation process that may take a few sessions. During that time the student and a clinician will work together to determine what might prove most helpful to the student. In most cases, this will involve brief individual or group psychotherapy at UCS. Students needing ongoing, weekly therapy or specialized care may be assisted in finding appropriate referrals off-campus.

Please be ready to begin your appointment on time as we will not be able to extend the session time due to lateness. Students are expected to make every effort to cancel appointments 48 hours in advance so that another student in need of an appointment can use that time slot. If more than three appointments are missed, we will need to reassess your treatment needs.

### **Hours of Operation**

UCS is open from 8:45 a.m. to 4:45 p.m. for appointments, Monday through Friday, except on University holidays. The Psychological Emergency Clinician (PEC) is available during regular office hours for urgent mental health concerns, and can be contacted by either calling 617-552-3310 or walking into our offices. PEC is also available after hours and on weekends for psychological emergencies that require immediate attention and cannot wait until regular office hours. Students can contact Health Services at 617-552-3227 and a nurse will put the student in contact with the PEC. When the Health Services is closed, or in case of a life threatening emergency, please contact Boston College Police Department at 617-552-4444.

### **Eligibility**

Full-time students enrolled in degree programs are eligible for all UCS services. Part-time or non-matriculating students (including those on dissertation status, on leave of absence or in special programs) are only eligible for consultation and referral, if appropriate. Students seeking an evaluation for medication should be advised that UCS is only able to provide this service to those who are also engaged in ongoing psychotherapy with a UCS clinician. We can help you with a psychiatry referral off campus if you are interested in medication only.

### **Involvement in Administrative Actions**

Students sometimes come to UCS requesting intervention on their behalf in response to academic or disciplinary difficulties. As a matter of policy, UCS does not intervene in administrative decisions regarding individual students.

On occasion, students are requested by certain University officials (e.g. Dean of Students) to meet for a consultation with a clinician. In these cases, the clinician would, with the written consent of the student, report back to the referring administrator regarding the general issue for which the referral was made. However, the clinician would not share detailed clinical information about the student with an administrator.

### **Staff Supervision and Consultation**

The staff of UCS is comprised of professionals with differing areas of expertise, and includes those who work under the supervision of licensed senior staff. To provide you with the best service possible, we may discuss your situation with other staff members of UCS. In addition, some information is collected and used to carry out administrative tasks. All information shared among these professionals is treated as confidential.

### **Privacy of Information and Confidentiality**

UCS will release information regarding a student's use of the services or personal information only if the student signs a written authorization that meets certain legal requirements, or in certain rare circumstances which legally require us to disclose this information regardless of the client's authorization. A client may authorize UCS to release records or to disclose other information to individuals of the client's choosing. The following situations do not require the authorization of the client.

- **Child Abuse:** If we, in our professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, we must report such condition to the appropriate state department of social services.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, we must make a report to the appropriate state department of social services.
- **Health Oversight:** The licensing authorities of the professions represented in UCS have the power, when necessary, to subpoena relevant records should any clinician be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release information without written authorization from you or your legally-appointed representative, or a court order.
- **Serious Threat to Health or Safety:** If you communicate to your clinician an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent

and ability to carry out the threat, we must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. We must also do so if we know you have a history of physical violence and we believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, we have an obligation to take reasonable actions to ensure your safety. These actions could include involuntary hospitalization or notifying your family or others who could assist in protecting you.

## **Professional Records**

UCS is required to keep records of your contacts with us. Counseling records include reasons for consulting with UCS, diagnosis (if appropriate), counseling goals and progress toward those goals, client's social and medical history, any past treatment records received from other providers, and notations of any professional consultations. Clients may examine and/or receive a copy of their clinical record, if requested in writing, unless the clinician believes that such access might be harmful to the client. In those situations, clients have a right to a summary and to have the record sent to another mental health provider or to a designated legal representative. Due to their content, clinical records can be misinterpreted and/or be upsetting to untrained readers. Accordingly, we typically recommend that clients should review their records in the presence of their clinician.

## **Informed Consent for Telepsychology**

This section contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully, and let UCS staff know if you have any questions.

### **Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. Telepsychology also may ensure continuity of care during public health emergencies in which physical distancing is advised, therefore protecting the health of both the client and clinician. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- **Risks to Confidentiality:** Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. UCS staff will take reasonable steps to ensure your

privacy. It is equally important that you make sure to find a private place for sessions where you will not be interrupted. It is also important for you to protect the privacy of sessions on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

- **Issues Related to Technology:** There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to private conversations, or stored data could be accessed by unauthorized people or companies.
- **Crisis Management and Intervention:** Usually, UCS will not engage in ongoing telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
- **Efficacy:** Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

## **Electronic Communications**

You and your clinician will decide together which kind of telepsychology service to use. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

For communication between sessions, UCS staff only use email communication and text messaging with your permission and only for administrative purposes unless you and your clinician have made another agreement. This means that email exchanges with UCS should be limited to administrative matters. This includes things like setting and changing appointments and other related issues. You should be aware that UCS cannot guarantee the confidentiality of any information communicated by email or text. Therefore, UCS will not discuss any clinical information by email or text, and prefer that you do not either, unless using a secure email service such as Virtru. Also, clinicians do not regularly check email or messages, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach your clinician by phone. Your clinician will try to return your call within 24 hours except on weekends and holidays. UCS maintains an emergency clinician to respond to clinical emergencies. If you are unable to reach UCS and feel that you cannot wait for UCS to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on

call. If your clinician will be unavailable for an extended time, you will be provided with the name of a colleague to contact if necessary.

## **Confidentiality**

UCS has a legal and ethical responsibility to make best efforts to protect all communications that are a part of telepsychology. However, the nature of electronic communications technologies is such that UCS cannot guarantee that our communications will be kept confidential or that other people may not gain access to communications. UCS will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

## **Appropriateness of Telepsychology**

Your clinician will let you know if they decide telepsychology is no longer the most appropriate form of treatment for you. They will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

## **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, you and your clinician will create an emergency plan before engaging in telepsychology services. Your clinician will ask you to identify an emergency contact person who is near your location and who they will contact to assist in the event of a crisis or emergency situation.

If the session is interrupted for any reason, such as the technological connection fails, and you are having a life-threatening emergency and cannot wait for a call back, do not call your clinician back; instead, call Boston College Police Department at 617-552-4444, call 911, or go to your nearest emergency room. Call your clinician back after you have obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and wait a few minutes while your counselor re-contacts you via the telepsychology platform. If you do not receive a call back within a few minutes, then call our office number (617-552-3310).

## **Records**

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. UCS will maintain a record of sessions in the same way it maintains records of in-person sessions in accordance with its policies.

## Agreement

Your signature below indicates that you have read *Information about Services and Informed Consent for Telepsychology*, and that you agree to the conditions they describe. Please complete this form and return it as an attachment to the secure Virtru email you received from [counseling-ggroup@bc.edu](mailto:counseling-ggroup@bc.edu).

Eagle ID # \_\_\_\_\_

Birthdate \_\_\_\_\_

Enrollment status (e.g., full-time, part-time, or non-matriculated) \_\_\_\_\_

Academic status      Undergraduate      Graduate

Are you a transfer student?      Yes      No

Name \_\_\_\_\_

Preferred name \_\_\_\_\_

Pronouns (e.g., she, her, they, them, ze, zem, zirs, hers) \_\_\_\_\_

Current address \_\_\_\_\_

Current time zone (e.g., eastern, central, mountain, pacific) \_\_\_\_\_

Your new address, if you expect to move \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

May UCS contact you by email?      Yes      No

May UCS send you text message appointment reminders?      Yes      No

Name an adult UCS can contact in case of emergency \_\_\_\_\_

What is your emergency contact's relationship to you? \_\_\_\_\_

Phone number for your emergency contact \_\_\_\_\_

Sign electronically by re-typing your name \_\_\_\_\_

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