

**MCNY Counseling Services**  
463 E 149th St., Bronx, NY 10455  
60 West Street, NY, NY 10006  
Phone: (212)343-1234 ext. 2810  
Email: [counselingservices@mcny.edu](mailto:counselingservices@mcny.edu)



## MCNY Counseling Services Intake Form

Please fill out this form in order to begin counseling services. All information will be kept confidential.

Today's Date: _____	Student ID #: _____
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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Gender (check all that apply):  Male  Female  Transgender  Non-Binary  
 Intersex  Prefer not to disclose  Other: \_\_\_\_\_

Preferred Gender Pronouns:  He/his  She/hers  They/their  Other: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Ok to leave voicemail:  Y  N

Email Address: \_\_\_\_\_ Ok to email me?  Y  N

Preferred method of contact:  Phone  Email  Text Message

Academic Program: \_\_\_\_\_ Purpose: \_\_\_\_\_

Are you currently enrolled at MCNY?  Y  N Are you an international student?  Y  N

What days are you available for counseling services: Monday Tuesday Wednesday Thursday Friday

Preferred time of day for sessions:  Mornings  Evenings

Emergency Contact Information	Medical Information
Name: _____	Do you currently have a Primary Care Physician?: <input type="checkbox"/> Y <input type="checkbox"/> N
Relationship: _____	Insurance Carrier: _____
Phone: _____	List any current medical concerns: _____
Address: _____ _____ _____	Please list any current medications: _____ _____

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## MCNY Counseling Services Consent to Treatment

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Welcome to the Metropolitan College of New York Counseling Services Program. This document contains important information about our counseling services and policies. Please read it carefully before consenting to treatment.

### OVERVIEW OF SERVICES

Individual and group counseling is available to students free of charge at both the Manhattan and Bronx campuses. Our counselors work with students who are experiencing emotional challenges and personal hardships that may be interfering with their well-being. Counselors utilize a problem-solving and strengths-based approach to help you develop coping skills and process your experiences in a supportive space. In addition, counselors offer crisis intervention services and aid in connecting students to outside mental health treatment and other valuable service providers in their communities.

Those interested in participating in counseling services must complete the preliminary phone screening. Following this, the counselor will contact you to schedule an appointment. In the first session, the counselor will complete an assessment which involves asking some questions about your background and what has led you to seek counseling. In the following session, the counselor will work with you to create a plan to address your needs.

**Counseling calls for your active effort. For your therapy to be the most successful, you will have to work on things you and your Counselor talk about, both during and outside your sessions.**

### RISK AND BENEFITS

Therapy often includes discussing unpleasant parts of your life and you may experience uncomfortable feelings during the counseling process. Counseling has shown to have benefits for those who go through it, however there is no guarantee as to what types of risks and/or benefits you will experience.

### CONFIDENTIALITY

**Information shared by you during counseling sessions will be treated with the strictest confidentiality and will not be shared without your permission except when, in judgement of your counselor, disclosure is necessary to protect you or someone else from physical or psychological danger. In these events, the counselor will collaborate with you to create a safety plan to address your needs.**

The mental health counselor will work in collaboration with the student affairs team. Under the discretion of the mental health counselor, certain pertinent information may be shared in order to optimize the overall success of your plan. Your information will only be shared with people who legitimately have access to that information.

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The mental health counselor is an employee of the NYC Thrive- Mental Health Service Corps. In order to participate in treatment, the Mental Health Service Corps informed consent form must also be reviewed and signed.

*E-mail and text messages are not secure. To maintain confidentiality, please do not use e-mail or text message for communications relating to your treatment.*

### **SESSION LIMITS**

The length of your treatment will be dictated by the scope and severity of concerns. Once you and your counselor have determined that your needs have been met, services will be terminated. If you require more intensive, long-term support, your counselor will refer you to an appropriate provider in your community. In the event that aggressive or inappropriate language or behavior is displayed towards your counselor, we reserve the right to terminate services.

### **CANCELLATION POLICY**

Sessions are scheduled directly with your counselor and will be 45 minutes long. If you are unable to come at your normal scheduled time, we will work with you to try and reschedule your session. Cancellations must be made with the office **at least 24 hours** before the time of your scheduled appointment. If you miss three consecutive sessions, without giving sufficient notice, we may need to make the time slot available to another student.

### **CRISIS INTERVENTION**

The hours that counselors are available may be found on the MCNY website. Counselors are typically only available by scheduled appointment only. However, in the event of a crisis, counselors may be able to accommodate you for a drop-in appointment or phone conversation however **there is no guarantee of availability**. If you continuously seek counseling for the purpose of crisis management the counselor may have to make a referral to an outside provider. **Counselors are not available outside of the hours listed on the website.**

**In the event of an emergency, please call 911 or go to your nearest emergency room.** Alternative resources for when you are seeking urgent support from a mental health professional are listed below.

**The National Suicide Prevention Lifeline** provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. To reach, call 1-800-273-8255

**NYC Well** provides connection to free, confidential mental health support. Speak to a counselor via phone, text or chat and get access to mental health and substance misuse services, in more than 200 languages, 24/7/365. TO reach call, 1-888-NYC-WELL or text "WELL" to 65173.

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**Consent**

I have read through all of the information provided about counseling services at MCNY. I understand the nature of the service, the risks, the benefits and the alternatives to this treatment. I consent to voluntarily enter into counseling services at Metropolitan College of New York, agreeing to the above policies and agreements. **I also consent for my Counselor to discuss my treatment with other professionals from the MCNY Student Affairs department if it is relevant to the treatment plan.**

\_\_\_\_\_  
**Name of Patient (printed)**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Witness (printed)**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

## AUTHORIZATION TO DISCLOSE OF PATIENT HEALTH INFORMATION

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Request: \_\_\_\_\_

As required by HIPAA Privacy Regulations, protected health information may not be used or disclosed to a third party without patient authorization.

I hereby authorize Metropolitan College of New York Counseling Services and its associates to disclose my Protected Health Information to the following person(s), health care provider(s), or business associate indicated below:

Medical Doctor: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Other: \_\_\_\_\_

Patient Health Information authorized to be disclosed: *Any and all information that may enhance my course of treatment at Metropolitan College of New York Counseling Services.*

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For the specific use or purpose of: *Enhancing my course of treatment at Metropolitan College of New York Counseling Services.*

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Effective dates for this authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_. This authorization will expire at the end of the above period.

I understand that the information disclosed above may be re-disclosed to additional parties and no longer protected for reasons beyond your control.

I understand I have the right to:

1. Revoke this authorization by sending written notice to this office and that revocation will not affect this office's previous reliance on the uses or disclosure pursuant to this authorization.
2. Knowledge of any remuneration involved due to any marketing activity as allowed by this authorization, and as a result of this authorization.
3. Inspect a copy of the Patient Health Information being used or disclosed under federal law.
4. Refuse to sign this authorization.
5. Receive a copy of this authorization.
6. Restrict what is disclosed with this authorization.

I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information.

\_\_\_\_\_  
*Signature or Patient or Patient's Authorized Representative*

\_\_\_\_\_  
*Date*



This office works with the Mental Health Service Corps (MHSC). MHSC is a New York City program that helps offices like this one provide better mental health care. The people caring for you here may include a clinician from the MHSC. The MHSC clinician can help you identify and work through things like depression, anxiety, and substance use issues.

MHSC clinicians hold professional degrees in social work, psychology, or counseling. They can only provide care to you under supervision from a state-licensed Clinical Social Worker, Psychologist, Psychiatrist, or Mental Health Counselor. This MHSC supervisor is in charge of the care that your MHSC clinician provides. The MHSC supervisor will also be part of the team of people caring for you, but you may not see them in person. The supervisor’s name is at the end of this form. The MHSC clinician and MHSC supervisor will be able to see your health records at the office. They will keep these records private.

If you have questions about your care, this form, or the MHSC program, please ask. You can contact your clinician’s supervisor using the information below. You can also ask your MHSC clinician, or any other staff at the office. Make sure to ask for a copy of this form after you sign it.

Please sign below to let us know that you have read this information and understand it. If you sign, we can add a MHSC clinician and supervisor to your care team. You do not have to sign this form. If you do not sign, you will not see a MHSC clinician, but you can still get other care offered at this office.

**Signatures and Contact Information**

**Patient Name**

\_\_\_\_\_

**Patient Date of Birth**

- - -

**Patient Signature**

\_\_\_\_\_

**Today’s Date**

- - -

**Parent/Guardian Name (if required):**

\_\_\_\_\_

**Parent/Guardian Signature**

- - -

**MHSC Supervisor Name**

Jessica Meatto, LCSW

**MHSC Central Office Phone Number**

212-213-2638

**MHSC Supervisor Phone Number**

212-213-2638

**MHSC Central Office Email**

MHSC@hunter.cuny.edu