

MCNY Counseling Services
463 E 149th St., Bronx, NY 10455
60 West Street, NY, NY 10006
Phone: (212)343-1234 ext. 2845
Email: rmarbach@mcny.edu



MCNY Counseling Services Consent to Treatment

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

Short term counseling is available to students free of charge at the Manhattan and Bronx campuses and remotely. Our licensed social worker works with students who are experiencing emotional challenges and personal hardships that may be interfering with their well-being. The social worker utilizes a problem-solving and strengths-based approach to help you develop coping skills and process your experiences in a supportive space. In addition, we 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 attend an initial intake appointment where the social worker will complete an assessment which involves asking questions about your background and what has led you to seek counseling. The social worker will work with you to create a plan to address your needs.

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

RISK AND BENEFITS

Counseling can include 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. The social worker will discuss coping skills to address feelings that might come up outside of sessions and will provide you with resources for other services as needed.

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 the social worker, disclosure is necessary to protect you or someone else from physical or psychological danger. In these events, the social worker will collaborate with you to create a safety plan to address your needs.

The social worker will work in collaboration with the student services team. Under the discretion of the social worker, 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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To maintain confidentiality, please do not use e-mail or text message for communications relating to your treatment.

SESSION LIMITS

MCNY students will be offered up to 5 counseling sessions per semester. However, the length of your treatment will be dictated by the scope and severity of concerns. If you require more intensive, long-term support, the social worker will refer you to an appropriate provider in your community. In the event that aggressive or inappropriate language or behavior is displayed towards the social worker, we reserve the right to terminate services.

CANCELLATION POLICY

Sessions are scheduled directly with the social worker 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 **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 social worker is available during business hours, 10:00 am – 6:00 pm, Monday – Friday. Counseling sessions are available by scheduled appointment, by phone, zoom or in person depending on the availability of both parties. In the event of a crisis, the social worker may be able to see you without a scheduled appointment, but there is no guarantee of availability.

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 the social worker to discuss my treatment with other professionals from the MCNY Student Services department if it is relevant to the treatment plan.**

Name of Student (printed)

Signature of Student

Date

Name of Social Worker (printed)

Signature of Social Worker

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.*

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

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