



**THE OHIO STATE
UNIVERSITY**

NEWARK



**Ohio State Newark and
Central Ohio Technical College**

**The Office of Student Life:
Counseling Services**

Procedures Manual

Created June 2022

Table of Contents:

Clinical Services & Mission Statement.....Page 6
Websites.....Page 6

Program Assessment & Development

Scope of Services..... Page 8
Clinical Eligibility.....Page 9
Summer Semester Eligibility Guidelines.....Page 10
Guidelines for the Treatment of Minors.....Page 11

Client’s Rights & Service Provision Process

Client’s Rights & Responsibilities..... Page 13
Missed Appointment Policy..... Page 13
Client Reassignment Process..... Page 14
Intake Policy.....Page 14
Drop-In Sessions..... Page 14
Crisis Procedures.....Page 15
Hospitalization Procedures.....Pages 15-16
Urgent Services Available to Students.....Page 16
Duty to Protect.....Page 17
On-Going Service Procedures for
Individuals.....Pages 17-18
Levels of Care & Disposition.....Pages 18-19
Telehealth Services.....Pages 19-20
Telehealth Procedures.....Page 21
Telehealth Crisis Protocols.....Page 22
Referrals & Linkage.....Pages 23-24
MindWise Screening Tool.....Page 24
Group Counseling Procedures..... Pages 24-25

Confidentiality Procedures & Privacy Practices

Confidentiality & Privacy Practices..... Page 27
Accessibility & Access to Client Records..... Page 28
Information Requests..... Page 28
Consultation..... Pages 28-29
Procedures for Subpoenas..... Page 29
Procedures for Communication..... Pages 29-30
Releasing Individually Identifiable Health Information..... Page 29
Communication & Environment..... Pages 29-30
Electronic Communication..... Page 30
Faxing.....Pages 30- 31

Breaches.....	Page 31
<u>Documentation Procedures</u>	
Clinical Files & Clinical Documentation.....	Page 33
Documentation Time Parameters.....	Page 33
Record(s) of Previous Treatment.....	Page 33
Termination Guidelines.....	Page 33
<u>Quality Assurance</u>	
Quality Assurance.....	Page 35
Counseling Services Surveys.....	Pages 35-37
<u>Safety & Crisis Intervention Procedures</u>	
University Crisis.....	Page 39
After Hours Procedures.....	Page 39
On Site Emergency Procedures.....	Page 39
<u>Scheduling Guidelines</u>	
Scheduling Overview for Therapists.....	Page 41
Scheduling Process for Clients.....	Page 41
Scheduling Initial Appointment.....	Pages 41-42
Returning Client Guidelines for Therapists.....	Page 42
Client Reassignment Guidelines for Therapists.....	Page 43
<u>Counseling Services Outlook Forms</u>	
Appointment Request Form.....	Page 45
Staff/Faculty Referral Form.....	Page 45
Counseling Services Q&A Form.....	Page 45
Presentation Request Form.....	Pages 45-46
<u>Appendix A – Staff/Client Use Forms</u>	
Student Records Request Form.....	Pages 48-50
Clinician Chart Review Form.....	Pages 51-53
Informed Consent for Services.....	Pages 54-56
Informed Consent for Telehealth Services.....	Pages 57-58
General Demographic Intake Form.....	Pages 59-62
DSM-V Cross-Cutting Measures Questionnaire.....	Page 63
Safety Plan.....	Pages 64-65
Missed Appointment Guidelines.....	Page 66
Release of Information.....	Page 67
<u>Templates</u>	
Referral Letter for Office of Disability Services.....	Page 69
Verification Letter.....	Page 70
Outreach Email to Students from Appointment Request Form	Page 71
<u>Student Intern Procedures</u>	
Purpose & Guidelines.....	Pages 73
Duties & Tasks.....	Pages 73-74

Titanium

Users Manuel & Instructions.....Page 76

CLINICAL SERVICES & MISSION

Counseling Services is an outpatient agency within The Office of Student Life through both Ohio State Newark and Central Ohio Technical College (COTC) institutions.

Mission Statement

The mission of Counseling Services is to promote the emotional, interpersonal, and psychological well-being of students to prevent, assess, and treat the mental health issues for Ohio State Newark and COTC students. We are committed to pursuing diversity and inclusion and to serve as an advocate for social justice in the college community.

Client Services

Counseling Services provides short-term outpatient counseling to currently enrolled students attending either Ohio State Newark or COTC (campuses in Newark, Coshocton, Knox and Pataskala). We also provide services to enrolled students who are under age 18, with their parent/guardian's consent. We are unable to offer treatment to College Credit Plus students and they should refer to their sponsoring high school for assistance. We can offer a wide array of mental health services to students wanting help with personal issues or concerns. While our focus is heavily on individual therapy, we may include group therapy, drop-in sessions, workshops, education/consultation, on-campus referrals, and off-campus referrals within the community. Common concerns addressed in therapy might include stress or anxiety, depression, academic concerns, relationship concerns and identity development. In the event of a crisis, Counseling Services may be called upon for consultation, often in conjunction with other campus partners, such as the Office of Public Safety and Dean of Students/Director of Student Life. At times, some students may require more intensive services or a higher level of care to meet their mental health needs; therefore, Counseling Services provides appropriate referral information to students.

Websites

Ohio State Newark - <https://newark.osu.edu/students/student-life/counseling-services/>

COTC - <https://www.cotc.edu/counseling-services>

PROGRAM ASSESSMENT & DEVELOPMENT

Program Assessment and Development

Counseling Services may offer workshops, presentations, education, and consultation to faculty/staff. These services are coordinated by the Lead Mental Health Therapist who reports to the Dean of Students/Director of Student Life.

The primary goal of Counseling Services is to initiate and maintain programs depending on students' needs. Counseling Services strives to establish programs that meet the comprehensive well-being of students while promoting their academic progress.

Activities may include but are not limited to:

1. Evaluating the effectiveness of Counseling Services by coordinating, monitoring, and continually improving the student experience.
2. Evaluating Scope of Services includes:
 - Individual therapy/counseling
 - Group therapy/counseling
 - Assessment and Diagnosis within clinical staff's scope of expertise
 - Drop-in sessions
 - Consultation/education for faculty, staff, and parent/guardian/family
 - Workshops
 - Community referral and linkage
 - On-Campus referrals
3. Increase the awareness of mental health resources available on-campus to students and continue to make appropriate referrals to community providers as well as make students aware of resources.
4. Analyze the effectiveness of services through assessment and track ongoing trends both locally and nationally based upon the concerns presented by students who have utilized Counseling Services.

Scope of Services

- Individual therapy/counseling
- Group therapy/counseling
- Assessment and Diagnosis within clinical staff's scope of expertise
- Drop-in sessions
- Consultation/education for faculty, staff, and parent/guardian/family
- Community referral and linkage
- On-Campus referrals

Clinical Eligibility

Students who display symptoms that require specialized treatment not offered by Counseling Services or require more intensive services may be provided with referral information to better meet their needs. Counseling Services does not offer medication management/psychiatry services or ongoing case management services. While it is up to the therapist's discretion whether a student is deemed appropriate for Counseling Services, the therapists will assist students with locating appropriate resources. Examples of symptoms that are beyond the scope of Counseling Services may include but are not limited to:

- Functional impairment that may require a higher level of care
- Chronic and severe Post-Traumatic Stress Disorder (PTSD)
- Frequent dissociative episodes
- Eating disorders
- Severe AOD use and/or dual diagnosis (In need of detox or rehabilitation)
- Recent suicide attempt(s) that may or may not have resulted in psychiatric hospitalization(s)
- Multiple suicide attempts in the past year
- Treatment non-compliance
- History of repeated impulsive, serious risk-taking, or dangerous behaviors within the past year
- Psychosis
- Active self-harming with chronic history of persistent self-harm
- Severe issues related to gambling, pornography, and sexualized behaviors
- Certain personality disorders
- Other severely displayed symptoms at the therapist's discretion

Individuals Eligible for Counseling Services

Currently enrolled Ohio State Newark and COTC students are the population served by Counseling Services. Students must be appropriate to be treated at an outpatient level of care. Students are eligible for 10 sessions per academic year. An academic year would include a fall semester, spring semester, and summer semester cycle over back-to-back semesters. A student must be enrolled in at least one class during the same semester that they wish to be seen for counseling. The number of sessions beyond 10 will be continually evaluated by the therapist. Students are not required to have health insurance or Student Health Insurance (SHI) as Counseling Services treatment is offered at no cost. Graduated students from Ohio State Newark and COTC are no longer eligible for treatment through Counseling Services but can still receive services until the end of the month that they graduate from their enrolled program. Failure for a student to be enrolled can serve as a dismissal from Counseling Services. College

Credit Plus students are ineligible for Counseling Services and should refer to their sponsoring high school for assistance.

Summer Semester Eligibility Guidelines

Summer semester/term can create ambiguity whether a student is eligible for Counseling Services. Guidelines for eligibility are as follows:

- A student must be enrolled for any summer term/semester classes.
 - A student is eligible for counseling over the summer semester if they are enrolled in at least one class even if there is a staggered start date, meaning their class does not start at the beginning of the summer semester but at another time during the semester.
 - Student is enrolled for any summer term/semester classes, and student is enrolled for upcoming fall semester.
 - Student is an incoming first year student, and they are enrolled for the upcoming fall semester. Student can only be seen starting in the same month of the beginning of fall semester (ex: typically, in August).
-
- *Enrollment verification may be necessary to ensure that student is enrolled and eligible for treatment through Counseling Services.*
 - *It should be noted that a student's "intention to enroll" is not the same as being officially enrolled in classes.*

Guidelines for the Treatment of Minors

In general, Counseling Services treats enrolled students 18 years of age and older. While minors younger than 18 years of age may be enrolled at Ohio State Newark or COTC as students, Counseling Services may not provide the most developmentally appropriate services. If a student is under the age of 17 and has immediate/local support from a parent or guardian, all efforts will be made to link the student and family to an appropriate service. Local community mental health providers often require the parent/guardian be present for most visits and to support the minor in between sessions.

[Lawriter – ORC – 5122.04 Outpatient services for minors without knowledge or consent of parent or guardian.](#) Counseling Services will obtain parental consent/permission whenever possible.

Under Ohio Law, a student can receive psychotherapy for 30 days or 6 sessions whichever comes first until parental consent or consent from the minor's guardian must be given to continue services.

The following procedures are **recommended** should a student under age 18 and need ongoing mental health services:

- The therapist will consult with the Lead Mental Health Therapist or Director of Student Life.
- The student should be informed about the Ohio counseling law (ORC-5122.04) governing services before beginning treatment.
- All intake paperwork will need to be completed by the parent/guardian in addition to the student prior to starting treatment with a Counseling Services therapist, such as the following:
 - Informed Consent
 - Release of Information (ROI)
 - Informed Consent for Remote Services
 - General Demographic Information
 - DSM-V Cross-Cutting Measure Questionnaire (completed by student)
 - Safety Plan (completed by the student and their parent/guardian)
- The therapist will contact the parent/guardian to facilitate the signing of the ROIs and inform the parent/guardian of any services provided including urgent or emergency services.
- The Lead Mental Health Therapist or Director of Student Life will support the therapist in the development of the most appropriate treatment plan possible.
- The assigned therapist will need to develop a treatment plan with the student that includes regular contact with the parent/guardian.

CLIENT'S RIGHTS & SERVICE PROVISION PROCESS

Client's Rights & Responsibilities

Clients receive information about treatment provided by Counseling Services, confidentiality, limits of confidentiality, and responsibilities when they elect to participate in services. These rights and responsibilities for the client are covered in the following forms:

- Informed Consent
- Informed Consent for Remote Services

Therapists are advised to ensure that clients understand their rights and responsibilities during their first appointment and answer questions related to them over the duration of treatment.

Client's rights (as documented in the Informed Consent form):

- You have a right to receive competent and professional treatment. You have the right to be treated with respect and you have the right to a therapeutic relationship without physical, sexual, verbal, or other abuse or exploitation. You have the right to request a different therapist. You have the right to file a complaint. You have the right to evaluate our services. You have the right to review your clinical file as permissible under FERPA and State of Ohio laws and regulations. If you have concerns about your rights and/or your therapist, communicate with your therapist directly and/or you may contact the Lead Mental Health Therapist, Charley DePriest via phone at the Office of Student Life phone number at (740) 364-9578.

Client's responsibilities (as documented in the Informed Consent form):

- You are responsible to be an active and collaborative participant in your counseling sessions, including any therapeutic homework and/or exercises as assigned by your therapist. You are responsible to communicate your needs and concerns to your therapist.

Missed Appointment Policy

Counseling Services makes every effort to ensure that students are scheduled in a timely manner. If a student needs to cancel and/or reschedule an appointment, we ask that students notify Counseling Services at least 24 hours before the scheduled appointment. Counseling Services can be notified by calling the Office of Student Life at 740-364-9578 or by emailing the therapist directly. If a student is more than 15 minutes late for their appointment, the student may be asked to reschedule. Three missed appointments or three appointments being late outside of the 15-minute grace period may result in termination of services. If a student "no shows" an appointment two times in a row, the student will be asked to consult with their therapist before being allowed to reschedule an appointment to discuss whether Counseling Services is a good fit at this time or if referrals need to be offered. The Lead Mental Health Therapist will be notified by the therapist regarding students who are in violation of the missed appointment policy so consultation can ensue on a case-by-case basis.

Client Reassignment Process

Whenever a client makes a request with a therapist different than the therapist last seen, the following process should be utilized:

- The therapist should ascertain the reason that the request is being made by the student to assess whether there is a clinical need to reassign the student.
- If there is not a clinical need to re-assign the student to another therapist, it should be explained to the student that it would be best to maintain services with the current therapist so that continuity of care can remain consistent.
- If there is a clinical need expressed by the student that would interfere with the therapeutic process, the student can be given a choice between seeing another therapist on campus or receiving a referral off campus. It should be explained to the student that another therapist on campus might not be able to see them immediately as their schedule is dependent on volume of students at the time of the request.
- The Lead Mental Health Therapist should be notified with any requests by students to be reassigned to a different therapist for purposes of consultation and active monitoring of the student in what they might need.

Intake Policy

- If a student is requesting a specific therapist for an intake, the student might be granted the request if that therapist is available but must also be aware that there could be a wait period based on volume, whereas another therapist could have greater availability to see a student sooner. The student will be made aware of these potential discrepancies in therapist schedules so that they can make an informed choice for themselves. Typically, students are assigned a therapist based upon a “first come first serve” basis.

Drop-In Sessions

- Unscheduled drop-in appointments are offered to students throughout the fall and spring semesters. Students are not required to fill-out any paperwork ahead of time to attend drop-in sessions. Typically, there is one therapist assigned to the drop-in hour for that day and time to answer questions and ascertain what a student might need. Drop-in sessions are approximately 20 minutes in length depending upon the student’s needs and are designed to be an expedient means for a student to meet with a counselor to receive immediate support as well as determine next steps. Students can choose to meet with that therapist or choose another drop-in time on another day and hour if that would suit their needs better, understanding that availability for a specific therapist could be limited. Students are seen by a therapist during this time based upon a “first come first serve basis” which is subject to availability depending upon volume.

Crisis Procedures

- All students who participate in counseling must complete a safety plan prior to the intake. This safety plan should be reviewed by the therapist and client prior to the beginning of counseling.
- Students who have engaged in treatment with Counseling Services and express active thoughts of suicide, thoughts of harming others, or active psychosis will be assessed for safety to determine if they are at imminent risk. The crisis assessment form can be found in Titanium.
- If the student is not determined to be at immediate risk to harm themselves or others, their safety plan can be reviewed and modified, as necessary. Appropriate follow-up can then be scheduled for the client as well as other referrals made if pertinent to the client's needs.
- If a student is not familiar with Counseling Services and arrives as a drop-in appointment due to an expressed crisis, their information will be obtained via our initial intake paperwork/consent forms. The student will then be assessed for safety and a safety plan developed with them during their time in session if they are not determined to be an imminent harm to themselves or others. Their safety plan would include 24/7 emergency services information. Appropriate follow-up would be discussed to best meet their needs.

Hospitalization Procedures

- If a student presents as an imminent risk to harm themselves or others, expressing active suicidal ideation with plans, means, and intent, homicidal ideation with plans, means, and intent, or with severe psychosis where the student cannot keep themselves safe, hospitalization becomes necessary to provide the student with a secure environment.
- The student will be assessed for safety by a therapist using the crisis assessment form in Titanium, and if it is determined that a safety plan would not be enough to ensure that the student could keep themselves or others safe, the student will be asked to go to the hospital for further assessment and stabilization.
- Campus Public Safety will be contacted via phone (740-366-9237) or via Skype to provide the student with an escort to Licking Memorial Hospital to ensure the student will get there safely whether the hospitalization is voluntary or involuntary.
- The student will be asked if they would like their instructors and/or advisor notified that they needed immediate medical attention via email. The student will sign a release of information if they are able so that the email can be sent.
- If the student is a minor, the student will sign a release of information if able, so that their parent or legal guardian can be contacted to provide an update on their condition.

- If a student is being seen for counseling virtually and is off campus and the therapist believes the student needs to be hospitalized for stabilization, the student will be asked if there is an individual present that they trust from their safety plan that could provide transportation to the nearest hospital. The student will remain on screen during the virtual session as they reach out to their supportive contact(s). They will continue to stay in session with the clinician until their contact arrives and can be confirmed by the therapist with brief instructions to go directly to the hospital due to a mental health emergency.
- In situations, where a student does not have a supportive person or is non-voluntary but shared imminent plans for harm to themselves or others, Campus Public Safety will be contacted (740-366-9237) to link the student with transportation and escort to the hospital through the local police department in the student's area. The therapist will continue the virtual session if possible until law enforcement arrives. If the connection is lost during the session, the therapist will request confirmation by Campus Public Safety that contact was made with the student and the student was transported to the hospital for further evaluation.
- The Lead Mental Health Therapist will be notified of any student hospitalizations due to a mental health crisis.

Urgent Services Available to Students

While Counseling Services does not offer 24/7 crisis management services and operate as a fully staffed crisis center, therapists can assist students to get urgent help to ensure their safety.

If a student is in immediate danger of harming themselves or others, please call 911 or go to the nearest Emergency Room. If the student lives in Knox, Licking, Marion, Morgan, Muskingum, Perry, Pickaway, or Washington county, they can call 2-1-1 or text their zip code to 898211 for crisis services.

To speak to someone outside of normal office hours, Ohio State Newark students can reach the Ohio State University After-Hours Line at (614) 292-5766.

Other important crisis hotlines/textlines include the following:

- Ohio State Newark/COTC campus security – Call (740) 366-9237
- National Suicide Hotline – Call (800) 273-8255
- Crisis Textline – Text “START” to 741741
- BIPOC Specific Textline/The Steve Fund – Text “STEVE” to 741741 for a BIPOC therapist
- Trans Lifeline – Call (877) 565-8860
- Trevor Lifeline (LGBTQIA+ Individuals) – Call (866) 488-7386
- Veterans Crisis Hotline – Call (800) 273-8255, press “1”

Duty to Protect

Ohio law requires therapists take certain steps to document their plan to address a client's suicidal and self-destructive behavior. The law also gives the therapist immunity from lawsuit or damage by the client when acting in good faith to protect the client, other individuals, or structures threatened by the client. The law also establishes a duty for mental health professional or organizations "to warn of or protect against a threat made by a client or patient if the client or patient communicates an explicit threat of serious harm against a readily identifiable individual or structure and there is reason to believe the client or patient has the intent to carry out the threat." Furthermore, therapists may be held liable for damages or be subject to disciplinary action for serious harm resulting from our failures to warn or protect. The law also specifies how therapists are to discharge this duty.

[Rule 5122-3-12 – Ohio Administrative Code | Ohio Laws](#)

First, the threat should be serious. Passive suicidal ideation or threats against others that are in the context of "blowing off steam" may not be serious threats. If the seriousness of the threat is unclear, seek consultation with an administrator or senior staff therapist.

- 1) Exercise any authority the professional has to hospitalize the client on an emergency basis.
- 2) Exercise any authority the professional has to have the client involuntarily or voluntarily hospitalized.
- 3) Establish a documented treatment plan that is reasonably calculated, according to appropriate standards of professional practice, to eliminate the possibility that the client will carry out the threat.
- 4) Collaborate with law enforcement/campus security with jurisdiction over the area in which the potential victim(s) reside or where the threatened structure is. The therapist may also communicate to a law enforcement agency where the client resides. If feasible, communicate with each potential victim (or parent or guardian). The following information should be communicated: the nature of the threat, the identity of the client making the threat, and the identity of each potential victim.

The form is designed to facilitate compliance with these four choices. The therapist must respond to all four choices, stating specifically why each one was chosen or not chosen. The forms must be signed by a supervisor (if applicable) within 24 hours after the threat is made and by the Lead Mental Health Therapist within 48 hours after the threat.

Ongoing Services Procedures for Individuals

Ongoing services will be provided for all clients as outlined in the clinical eligibility procedures. Therapists are responsible for contacting clients or making arrangement to contact them for scheduling appointments. Clients are assigned to therapists based on appropriate level of care and availability. Therapists are responsible for providing individual or group therapy as recommended and agreed upon with the client. If a client needs services outside of

the therapist's scope of practice, the therapist is responsible for providing an appropriate referral and linkage to recommended services for the client.

The process for ongoing individual and group therapy delivery includes the following:

- Clients will fill-in the brief counseling request form on the OSU-N or COTC Counseling Services webpages. Students can also email a therapist directly to request an appointment.

[Counseling Services | The Ohio State University at Newark \(osu.edu\)](#)

[Welcome to Counseling Services - Welcome to Central Ohio Technical College \(cotc.edu\)](#)

[Counseling Services Appointment Request Form \(office.com\)](#)

- A therapist will email the student consent for treatment forms, demographics form, DSM-V Crossing Cutting Symptoms form, and a safety plan.
- Students can fill-out the forms electronically, send them back to the therapist, and receive scheduling times for their intake.
- Clients then participate in a Diagnostic Assessment session or intake for the purposes of treatment planning and assessing their needs.
- A diagnosis may or may not be rendered at the time of the intake given the diagnostic presentation of the client.
- Following the intake, clients may be scheduled for ongoing appointments by their therapist or the therapist who completed the intake if there is a clinical need for the client to change therapists.
- A client is not to see more than one therapist at a time unless clinically indicated and is encouraged to discuss any transfer of services with their present therapist.
- Client sessions will be conducted during scheduled business hours (M-F, 8am – 5pm) either in-person or virtually through Microsoft Teams or Zoom.
- Clients are eligible for ten free sessions per academic year if the client is enrolled in school during the same semester they are working with their therapist.

Levels of Care and Disposition

Level of risk will be determined as follows:

- **Low risk:** with moderate to high functioning, no acute crisis, appropriate for weekly to biweekly outpatient treatment
 - Consider for Counseling Services individual and/or group or refer out to community-based weekly individual therapy treatment.

- **Moderate risk:** with lowered functioning, ability to plan for safety and seeking ongoing treatment.
 - Consider referral to PHP/IOP.
 - Could be for eating disorder symptoms, AOD, or severe Mental Health issues.
- **High risk:** with impaired functioning or high-risk behaviors, could benefit from immediate comprehensive medication evaluation.
 - Consider Emergency Department or urgent follow-up appointment with consultation.
- **Imminent Risk:** to self and/or others or unable to care for self. Consider for voluntary or involuntary.
 - Assist with linkage to Emergency Department or Detox Treatment.

Telehealth Services

Telehealth (also referred to as remote) services were initially offered as both Ohio State University and COTC declared a state of emergency during the COVID-19 global pandemic in March 2020. All licensed staff members can provide telehealth services to clients physically in the state of Ohio during service delivery ([Rule 5160-1-18 – Ohio Administrative Code | Ohio Laws](#)) based on allowances through the State Board of Psychology, the Therapist, Social Work, Marriage and Family Therapist Boards, and The State of Ohio.

It should also be noted that The State of Ohio has ended the state of emergency as of June 2, 2021; however, the Therapist, Social Work, Marriage & Family Therapy Board has continued the following conditions as of June 21, 2021:

With the end of the state of emergency, CSWMFT Board licensees providing teletherapy must immediately begin:

1. Using a face-to-face session when meeting with a new client for first time. Video is considered “face to face”. Following an initial face to face session, services may transition to telephone sessions, if appropriate confidentiality can be established and maintained.
2. Obtaining written acknowledgement of informed consent from all new clients. Provided an existing client’s verbal consent to treat is clearly documented in the client’s file, a written consent is not necessary from existing clients receiving services through teletherapy.
3. Implementing HIPAA-compliant platforms for providing services to new and existing clients.

Rule 4757-5-13 does not provide a transition period as the COVID-related provisions are directly related to the establishment of new client relationships. Licensees do not have to terminate any existing teletherapy services because of the termination of the state of emergency. Additionally, licensees are not required to obtain a signed written consent from any client who consented verbally under Rule 4757-5-13 while the state of emergency was in effect. If the licensee is using

a non-HIPAA compliant platform, they must establish a plan to transition quickly to such a platform.

Counseling Services utilizes telecommunication platforms as adopted by the institutions. Currently, there are business contracts in place for the use of Microsoft Teams and Zoom for videoconferencing. In addition to the Counseling Services intake forms, students scheduled for a diagnostic assessment must complete the Informed Consent for Remote Services form within one hour of the start of the appointment. Clients must also complete a Safety Plan (or update an outdated Safety Plan) which the therapist will email to the client as a Word Document.

Counseling Services therapists will review and send any information to the student regarding education to telehealth services which is not limited to:

- Review limits of confidentiality with telehealth services.
- Risks and benefits of telehealth services (ex: technology failure, privacy, ease).
 - Client must be physically located in Ohio at the time-of-service delivery.
 - No recording of sessions is permitted without the client's explicit consent.
 - Discuss safe word or visual cue if confidentiality is compromised.
 - Safety Plan must be completed, on file, and a copy is provided to the client.
- Discuss use of technology – computer or laptop preferred.
 - Prop a tablet or phone so it is stable.
 - Camera is about eye level.
 - Headphones or earbuds may help reduce excessive noise or echo.
 - Well-lit and no light source directly behind either participant.
 - Helpful to have light in front of participant if possible.
 - Test sound and camera before first appointment.
 - Ensure stable internet connection (ex: near Wi-Fi router? Are others streaming or playing games or videos online? Close other browsers.)
 - Texting, Skyping, or communication with others is discouraged during the appointment.
- Ensure student's location is private, including the following considerations:
 - Identify a confidential space for appointments to occur.
 - Is it possible for the client to lock the door to prevent interruptions?
 - Can the client schedule a session when others are not home?
 - Can others hear student when they talk?
 - Do people in the home know about mental health conditions and are they supportive?
 - Ensure no one is in the room with the student.
 - Therapist will only communicate with the client and no one else in the home about the client's treatment unless there is a completed release of information (ROI).
- Develop a plan for re-connecting with the student if there is a technology failure.

Telehealth Procedures

Counseling Services follows eligibility guidelines for all students in addition to The State of Ohio guidelines previously listed.

Intake Forms

- Therapist who is scheduling the appointment emails the intake forms to the student. These intake forms can be completed by filling in the Word Documents and emailing them back to the therapist within one hour of the diagnostic assessment at the latest.

Safety Plan

- A Safety Plan must be completed by the client; the therapist can assist the client to complete the Safety Plan if needed. Client must identify emergency services in their area and list appropriate individuals for support. Therapist must ensure that the client has a copy, and the Safety Plan has been filed into their chart.

Client Location

- The client's exact location must be obtained at the beginning of each session and specified in documentation for each session. Services can only be provided if the client is physically located in the State of Ohio during the delivery of the appointment.

Appointment

- Therapists are responsible for sending telehealth communication links (Microsoft Teams/Zoom) to the client in a timely manner.

Self-Report Measures

- These may be administered during sessions and placed in the client's file. They can be emailed and sent back prior to the session. All data, specifically sensitive data, should be reviewed and acted on in a timely manner.

Telehealth Crisis Protocols

Several potential safety issues to consider include suicidal ideation, homicidal ideation, non-suicidal self-injury, access to firearms, domestic violence, and medical emergencies.

During all appointments:

- Verify physical location of student at start of appointment.
- Safety Plan is completed, on file, and updated regularly.
- At the beginning of the session, therapist and student should discuss plan should there be a technology interruption during the appointment.

Urgent Appointments:

- Prior to the start of the appointment, email the PDF version of the Safety Plan to the client.
- At the beginning of the appointment, therapist and student should discuss a plan in case there is a technology interruption in session.
- Complete/Update Safety Plan during the appointment.
 - The hospital on the Safety Plan should be local to the student's physical location. Student will email a signed copy of the Safety Plan to the therapist upon completion and this copy should be added to the student's file.
- Safety Planning is an ongoing process and risk assessment should be completed at every session.
- Thoroughly document all emergency planning efforts.
- If all other less restrictive resources are inappropriate and voluntary hospitalization is deemed necessary, contact Campus Public Safety via Skype, email, or phone call (740-366-9237) for support.
 - Instruct student to go to the nearest emergency room.
 - Verify method of transportation to hospital. Use police as needed for transport.
 - Notifying an emergency support is recommended, document efforts thoroughly.
- If all other less restrictive resources are not appropriate and involuntary hospitalization is deemed necessary, contact Campus Public Safety via Skype, email, or phone call (740-366-9237) and police will be dispatched to student's location.

Domestic Violence

- Please verify that student will have a safe and confidential space for appointment.
- Safety planning should include identification of a "safe word," should the appointment need to end.
- The National Domestic Violence Hotline has trained advocates who can support students in developing a safety plan. This resource is available 24/7. Online chat is also available. <https://www.thehotline.org/>

Medical Emergencies:

- Therapist to call 911 for ambulance if student is located off campus; if student is on campus, contact Campus Public Safety via Skype, email, or phone call (740-366-9237).
- Contact Lead Mental Health Therapist/colleague as needed for support.

Referrals & Linkage

While Counseling Services does not provide case management/care management services to students directly, Counseling Services staff can provide appropriate referrals to students to a community-based provider if needed.

Appropriate situations for referring a student to a community-based provider:

- After completing a drop-in session with a therapist or an intake the student could present the need for a higher level of care such as Partial Hospitalization (PHP), Intensive Outpatient Counseling (IOP), Detox, a Drug and Alcohol program (AoD) or a specialized program for the treatment of eating disorders.
- Student elects to obtaining a referral for a community-based therapist.
- Student is seeking psychiatric medication management.

External based community mental health resources in Coshocton, Knox, Licking, Muskingum, Fairfield, Delaware, and Franklin counties including therapists/therapists, prescribers, AOD treatment providers, and local hospitals can be found on the Counseling Services websites at the following links:

[External Community-based Mental Health Resources | The Ohio State University at Newark \(osu.edu\)](#)

[External Community-based Resources - Welcome to Central Ohio Technical College \(cotc.edu\)](#)

Information regarding emergency resources can be found on the Counseling Services websites for The Ohio State University-Newark and Central Ohio Technical College at the following links:

[Counseling Services | The Ohio State University at Newark \(osu.edu\)](#)

[Welcome to Counseling Services - Welcome to Central Ohio Technical College \(cotc.edu\)](#)

Counseling Services recognizes that some students may request services related to the LGBTQIA+ population. A LGBTQIA+ resource list is also provided on the Counseling Services websites on the links below:

[Copy of LGBTQ Local National Resources \(osu.edu\)](#)

[Copy of LGBTQ Local National Resources \(cotc.edu\)](#)

For students who request BIPOC community-based providers the following links can be found on each of the Counseling Services websites:

[BIPOC Resources \(osu.edu\)](#)

[BIPOC Resources \(cotc.edu\)](#)

**It should be noted that the listed community resources are provided for informational purposes only and are not “approved” or “endorsed” by Ohio State Newark or COTC.*

MindWise Screening Tool

A brief, online questionnaire that students can voluntarily take listed on the Counseling Services website which is anonymous and confidential. MindWise has screening questionnaires based on various mental health-related diagnoses, such as depression, bipolar disorder, anxiety, and many more. Students can also take a general well-being questionnaire. At the end of the completed questionnaire, students are provided with individual results and local/national resources.

<https://screening.mentalhealthscreening.org/counselingservicesosuncotc>

Group Counseling Procedures

Group counseling may be an ideal choice for addressing concerns and making positive changes in your life. Counseling Services may offer open and/or closed group counseling to enrolled students based on the current trends/needs. Students may already be connected with a therapist on campus, but it is not required. Students who are interested in group counseling, will need to at least complete a screening to determine eligibility and if a group format is appropriate. An open group is a continuous group that is constantly open to new members. A closed group excludes new members from joining during the duration of meetings. Typically, closed group members will have commonalities. An open group may have an adjustment period while getting to know the other group attendees as this is continuously evolving.

Examples of appropriate groups may include a specific skills-based topic learned over several weeks (DBT), or a drop-in style that is on an as-needed basis.

Important notes:

- 1) There must be at least **3 students** to determine it as group counseling.
- 2) Group facilitators will determine the number of sessions and the length of each of their group meetings. The recommendation is that groups begin with a minimum of 6 committed members. Group facilitators should use their clinical judgement regarding the opening and closing of their groups and adding new members.
- 3) Group facilitators are responsible for providing information about the group to appropriate staff members.
- 4) Group facilitator will need to determine a confidential space for student members to meet on a regular basis.
- 5) Group members will have to sign consent for treatment forms prior to their participation in the group.
- 6) Documentation for the group will be kept in Titanium.

- 7) Student will be self-referred and participate in a brief screening process prior to entering the group.
- 8) Groups will be facilitated by a licensed therapist and can be co-facilitated by an intern when or if available.
- 9) Group members will complete an evaluation at the conclusion of the group.

CONFIDENTIALITY PROCEDURES & PRIVACY PRACTICES

Confidentiality & Privacy Practices

Counseling Services is an entity that operates under the Family Education Rights and Privacy Act (FERPA).

Counseling Services records are classified as “treatment records” under FERPA and as such are excluded from the “education records” regulation of FERPA. Counseling Services records are kept separate from all other OSU-N and COTC student records.

- A Privacy Officer shall be established and listed in the notice of privacy practices.
- Privacy Practices will be reviewed will all staff annually.
- Changes to Privacy Practices will be reviewed will all staff.

Notice of Privacy Practices

- All students will be asked to review the Notice of Privacy Practices/Informed Consent for Treatment and acknowledge that they have been offered a copy of the form. This acknowledgement will be filed in their client record.
- Please see *Appendix A* to review the Notice of Privacy Practices as stated on the Informed Consent for Counseling Services.

Accessibility & Access to Client Records

- Staff should only access records needed to perform their job responsibilities.
- All client records will be maintained in the electronic health records system Titanium and stored within that system.
- Accessing records for any other reason is considered an unauthorized use and subject to discipline.
- Clients have the right to access their records by completing a release of information (commonly also known as a written Authorization for Disclosure).
 - Nonetheless, clients should be made aware of the inherent risks involved in possessing physical copies of their records as confidentiality cannot be maintained by the therapist once records would be released to the client directly. Despite the client's right to have access to their records if requested, when possible, clients should be encouraged to sign a written release of information to transfer their records from office to office to ensure confidentiality can be maintained.
 - The Student Records Request form can be reviewed and signed by the client and their therapist to acknowledge the inherent risks involved when requesting records to take home as the therapist cannot maintain confidentiality of records no longer in the office.

Information Requests

- Sometimes a relative, parent/guardian, or a close friend of the client will contact Counseling Services for information regarding the client's progress. No information should be released without the client's written consent.
- Clients may request information from their files, including the entire file by reviewing and signing the Student Records Request form.
- Clients may request information from their files including the entire file be released to a third party with a completed and current release of authorization (ROI).
 - For example, letters made on behalf of the student when a student needs supporting documentation of their appointments or their treatment history. A signed release of information (ROI) is required. A copy of the letter and the authorization should be kept in the client file.

Consultation

Staff and faculty members are often concerned about a student. Therefore, staff and faculty may refer students to Counseling Services with the expectation that the therapist will provide information which will help the staff/faculty individual take appropriate action to the student's situation.

- It is the therapist's responsibility to evaluate the situation carefully regarding the client's needs. The client should be consulted about such requests and no information which the

client considers confidential should be shared to the staff/faculty without their knowledge and written consent.

Procedures for Subpoenas

- If there is a request made to subpoena records the Lead Mental Health Therapist will be notified to be made aware of what is being requested as well as to review any questions or concerns with the therapist working with the student related to the records request.
- The Lead Mental Health Therapist and therapist working with the student if different will ensure that records being sent out match the subpoena.
- A note in Titanium will be added under the student's file to attach the subpoena, as well as to indicate when the subpoena was fulfilled.
- If a therapist is subpoenaed to court, the therapist will discuss the request with the Lead Mental Health Therapist to discuss what can be discussed without violating the privacy of the student or what would be in violation of HIPAA law.

Procedures for Communication

- Staff will confirm who they are speaking with when receiving phone calls.
- If leaving messages, staff will identify the caller source as Ohio State Newark or COTC – not Counseling Services.
- Staff will not leave individually identifiable health information on a voicemail message.
- The front desk staff will confirm the client's identity when in person with a photo ID.

Releasing Individually Identifiable Health Information

- Therapists should not release individually identifiable health information without a completed and active ROI.
 - Expiration dates of ROI's need to be checked, as well as any restrictions, and signature of the client.
- Consult with the Lead Mental Health Therapist prior to release of information if there are concerns or questions with an ROI or ethical concerns with releasing the information being requested.
- Release the minimum information necessary to comply with authorization both internally and externally.

Communication and Environment

- Staff will limit their presence in the front desk reception workspace area.
- Staff will not use the computer or phones at the front desk.
- Staff refrains from discussing client or other clinical issues in the front desk area as this is a public space. Clinical discussions are best in the privacy of offices behind a closed door such as during clinical supervision.

- Staff will maintain an office environment where individually identifiable health information is not visible or accessible to others.

Electronic Communication

Email is not always a secure method to transmit information though it is necessary to communicate and document communication with students at times.

- Therapists will make sure that they have permission to use email communication with students which will be reflected in the initial intake packet.
- Staff will blind copy clients with all initiated emails.
- Staff will limit service information on emails when possible.
- Personal emails are strongly discouraged.
- When other secure options are not available, staff can send an encrypted email by adding the word “osusecure” in the subject line on their university email (for more information go to [View Knowledge Base Article | IT Service Desk \(service-now.com\)](#))
- Staff should not sync Outlook contact with their personal smart phones to reduce the probability of mistaken emails being sent to clients.
- Therapists will document email communications with clients in Titanium linked to their clinical record.
- Therapist’s will not use email as a substitute for therapy but to answer brief questions, arrange appointment times, rescheduling, to send surveys, necessary forms, screening tools, or to fulfill a records request with a signed Release of Information.
- The student’s OSU-N or COTC email address will always be used to enhance the security of electronic communications within the institutional network.
- Personal Health Information should be disclosed at a minimum through email communication and only with the student’s written consent by a signed Release of information to fulfill a records request.

Faxing

Faxing maybe a preferred method of communication at times, but it has potential for errors.

- Staff will verify with the entity receiving the fax whether fax machines are in public or private spaces. If not in a private space, ensure that access to faxes will be limited to the receiving party.
- Frequently used numbers are to be stored in the fax machine for easy use. Staff will verify all numbers entered to avoid errors.
- A fax cover sheet must be always used when faxing individually identifiable health information.
- The electronic clinical file shall contain a copy of the fax cover sheet, confirmation of receipt and include a notation of what material was faxed in Titanium. Clients have a

right to request information regarding the summary of all individually identifiable health information released.

- Mail – a copy of the envelope with the correct address will be scanned into the client's electronic file in Titanium (verify the information on the ROI).
- Staff will review client information that is either being scanned and kept in the client's electronic record within Titanium.

Breaches

- If a breach in confidentiality is discovered, the Lead Mental Health Therapist will be notified to discuss a brief plan of action.
- The student involved in the breach should be notified to explain what happened with full disclosure.
- The accidental receiving party of the Personal Health Information for a client will be notified to explain that a breach of confidentiality has occurred with further instructions to delete all information associated with the client record that was sent. This would also include the destruction of physical documents associated with the client record.
- Further instructions will be conveyed to the accidental recipient of Personal Health Information to not disclose anything further that was shared in misdirected documentation that was received.
- The client will be notified when the breach of confidentiality has been rectified and a note will be placed in Titanium documenting the breach and steps that were taken to correct and resolve it.

DOCUMENTATION PROCEDURES

Client Files & Clinical Documentation

When a student wishes to engage in therapy, the student will sign consent forms, fill out brief demographic information, DSM-V Scales, and a safety plan. Occasionally, a client might wish to not complete the intake paperwork and/or not to have notes kept. In such a case, clients should be assured of confidentiality and informed that we must keep a file for every client receiving treatment from Counseling Services. If the client still refuses to provide information, the Lead Mental Health Therapist will be consulted before further services will be rendered as a standard of practice must be maintained.

Therapists are expected to keep appropriate and up-to-date ongoing progress notes, including correspondence and communication with third parties based on their client's needs. All clinical documentation, including email correspondence, intake paperwork, ROI'S, accommodation letters, and forms such as diagnostic assessments, progress notes, and termination summaries will be maintained in Titanium, an electronic record keeping and scheduling system.

Documentation Time Parameters:

- All crisis paperwork must be completed by the therapist within 24 hours or one business day of the phone screening or meeting/appointment.
- All clinical documentation should be completed and entered into Titanium within three business days.

Record(s) of Previous Treatment

Sometimes students will come to Counseling Services with a previous history of mental health treatment. Reasonable efforts should be made to obtain clinical record(s) of a client, if needed. Efforts should be documented in a case note and/or attachment within Titanium. Releases of information (ROI) should be obtained if there are outside providers who serve the client.

Termination Guidelines

- Individual clients who have not been seen by Counseling Services staff for at least 60 days should be terminated. Terminations may be requested prior to the 60-day period.
- The termination of clients will be completed by the therapist of record or the last therapist to work with the client.
- A termination form will be completed within Titanium on the client's record.
- If the client has been referred directly to a group, and the client has not participated in adjunctive individual therapy during the same time period, the group facilitator will complete the termination note and add it into the client's Titanium record.

QUALITY ASSURANCE

Quality Assurance

Once a semester, therapists will fill-out a quality assurance form on three different case files of another therapist that will be assigned to them. The items reviewed will be to ensure that the file is complete and intact including initial intake paperwork completed, diagnostic assessments, progress notes, and appropriate collateral information attached to the record based upon the clinical documentation. The quality assurance form will be shared with the clinician in Titanium and will be reviewed with them by the Lead Mental Health Therapist.

Counseling Services Survey

The quality of treatment provided by Counseling Services is of the utmost importance. To give students who have completed/received treatment through Counseling Services, a brief survey is shared with students to gather their feedback. This survey was created through the Qualtrics platform. The survey is completed entirely anonymously and is confidential. The analysis of the data is used as an effort to pivot transmission of services, if needed, based on client/student feedback.

Surveys for drop-in student sessions were also created to receive immediate feedback as well as a survey for presentations given by Counseling Services to staff, faculty, and student groups.

The QR code is listed below for the Counseling Services Survey for students who can provide feedback on their experience as a client while engaged with therapy:



The following questions are listed in the survey:

1. Overall, how would you rate your experience with Counseling Services at Ohio State Newark/COTC?

2. How easy or difficult was it for you to schedule your first Counseling Services appointment at a time that was convenient for you?
3. How satisfied are you with the flexibility of your Counseling Services therapist's schedule?
4. I experienced improvement in the condition or problems for which I sought Counseling Services.
5. My Counseling Services therapist helped me develop better ways of coping with my concerns.
6. I would recommend Counseling Services at Ohio State Newark/COTC to a friend.
7. I feel that my Counseling Services therapist listened to me.
8. I feel that my Counseling Services therapist is culturally competent (for purpose of this question, we define cultural competence as the ability to understand, communicate with and effectively interact with people across cultures).
9. By participating in Counseling Services, I am better able to function academically.
10. Do you have any other questions, comments, or concerns about Counseling Services?

The QR code is listed below for Counseling Services drop-in sessions:



The following questions are listed in the survey:

1. Overall, how would you rate your drop-in experience with Counseling Services at Ohio State Newark/COTC?
2. I experienced improvement in the condition or problems for which I used the drop-in option through Counseling Services.

3. I would recommend Counseling Services at Ohio State Newark/COTC to a friend.
4. The therapist I met with for a drop-in session, helped me connect to other on-campus and/or off-campus resources to assist my needs.
5. How easy or difficult was it for you to meet with a Counseling Services therapist during a drop-in and time that is convenient for you?
6. Do you have any other questions, comments, or concerns about Counseling Services or your experience with the drop-in sessions?

The QR code is listed below for presentation provided to staff, faculty, and student groups:



The following are questions listed in the presentation survey:

1. What is your level of satisfaction with this presentation?
2. My knowledge on the presented topic have been enhanced since participating in the presentation.
3. The presenter was easy to follow and communicated their ideas appropriately.
4. What did you like most about the presentation?
5. What, if anything, did you like least about the presentation? No suggested changes, please type "N/A."
6. Please share any additional topics you may be interested in having presented from Counseling Services.

SAFETY & CRISIS INTERVENTION PROCEDURES

University Crisis

A university crisis is a situation where there is a temporary state of trauma and disorganization characterized by accidental or unexpected precipitating events. The event may involve an individual, a subgroup, or a larger group of individuals. A university crisis usually requires multiple interventions at the individual and larger system levels for those most traumatically affected by the crisis.

A clinical emergency occurs when an individual who presents in a visible agitated and/or disorientated state, or who presents as threatening harm to themselves or others. This individual may be present on the phone, to a third party who contact Counseling Services, or in session. We must remember that what is termed an emergency in clinical terms may be recognized otherwise by the student or referring individual.

After Hours Procedures

In the case of a university crisis or clinical emergency after business hours, a clear determination of what is being asked or expected of Counseling Services staff should initially be assessed in all situations. The counseling team follows hours of operation for offices at OSU-N and COTC. If there is a clinical emergency outside daytime hours of 8 a.m.- 5 p.m. on campus the following steps should be taken:

- Contact Campus Public Security 740-366-9301 so that safe transport to Licking Memorial Hospital can be provided to the student for further assessment.
- Contact the Lead Mental Health Therapist so that further steps can be evaluated such as checking in with the student to see if they have therapeutic support following their assessment at LMH, contacting their instructors, housing, and/or advisor with a signed Release of Information.

On Site Emergency Procedures

An onsite emergency is unpredictable. The goal is to provide guidelines for keeping staff and clients safe and recruiting supports as much as possible. Each Counseling Services staff office is equipped with an alert button. Once the alert button is pushed this will notify Public Safety who can send officers to the location for further assistance.

- If a therapist is working with a student in crisis a safety plan will be developed and reviewed if the student is in a state of mind where they are not presenting an immediate risk to themselves or others and agrees to following the safety plan.
- If a student does present as a risk to themselves or others and cannot follow a safety plan, Public Security will be notified to provide transportation to Licking Memorial Hospital for further assessment and possible stabilization.
- If hospitalized, a student can also choose to fill-out Releases of Information so that therapists can inform their instructors and advisor of recent developments.

SCHEDULING GUIDELINES

Scheduling Overview for Therapists

All staff therapists are responsible for maintaining accurate and timely documentation of client contacts and services in addition to their schedules in Titanium. Therapists should synch their Titanium schedule to their Outlook calendar at the beginning of each business day.

Scheduling Guidelines:

- Each therapist is responsible for ensuring their schedules are updated by close of business (ex: 5 p.m.) for the following day.
- Therapists are responsible for rescheduling their own clients as they need to. They may ask the front desk staff to assist if they are unable to reach a student or might be unavailable to do so given illness or vacation leave.
- Therapist's schedules should be kept current so front desk staff know their whereabouts in case they need to be contacted.
- Therapists should check their Outlook email daily as most student's schedule through their school email accounts or might need to reschedule or cancel an appointment.

Scheduling Process for Clients

- All students/clients must check in with the front desk staff whenever they come into the office for an appointment.
- After checking in the client, the front desk staff will notify the therapist via Skype or Teams Message that their client has arrived.
- Any changes in scheduling must be reflected by the therapist's schedule in Titanium and making sure it is synched to the Outlook calendar using the Quick Sync feature.
- If your meeting is scheduled but not indicated in the Outlook calendar, you may be interrupted by front desk staff due to scheduling errors.
- If you are going to be working with a client longer than scheduled, please communicate this to the front desk staff via Skype or Microsoft Teams so that they can inform the next client and not interrupt the appointment.
- Clients may only be scheduled during current office operating hours (M-F, 8am – 5pm).

Scheduling Initial Appointment

There are many ways a student can schedule an intake to meet with a therapist:

- The student can call the Office of Student Life at (740) 364-9578 to request an appointment. A therapist can be connected with them or when available.
- An email can be sent to any of the therapists at depriest.17, hughett.12, or harris.137.
- A student can complete the Counseling Services Appointment Request form.
 - A therapist will reach back out to the student with intake paperwork to complete upon receiving the referral so an appointment can be scheduled.

- Staff and faculty can refer a student through the Staff/Faculty referral form.
 - Staff/Faculty will be informed by counseling staff that the referral was received, and the student will be provided intake paperwork to complete via email to schedule an appointment.

Student request forms as well as Staff and Faculty referral forms can be found on the following websites:

[Counseling Services | The Ohio State University at Newark \(osu.edu\)](#)

[Welcome to Counseling Services - Welcome to Central Ohio Technical College \(cotc.edu\)](#)

Student request forms as well as Staff and Faculty referral forms can be found at the following links:

[Counseling Services Appointment Request Form \(office.com\)](#)

[Counseling Services Staff & Faculty Referral Form \(office.com\)](#)

Returning Client Guidelines for Therapists

When a client who has been seen in individual counseling by Counseling Services in the past contacts the office to reschedule with a certain therapist, they are to be given an appointment with that therapist, provided the therapist has availability, and the student/client meets eligibility requirements. Keep in mind that a client is closed/terminated after 60 days of no contact with a therapist. A client is not to see more than one therapist at a time and is encouraged to discuss a transfer of providers with their present therapist if the client is currently receiving outpatient counseling.

The therapist will discuss the necessity of a transfer of providers with the client to discuss recommendations as to what would be the most clinically sound and ethical course of action regarding continuity of care. If a client's case has been closed, the client can be scheduled with their most recent therapist if available. The client will automatically be scheduled with the assigned therapist unless the client requests a change of therapist. Reasons for this change should be discussed with their prior therapist at OSU-N/COTC. If a client file is re-opened as the student/client re-engages with services, the therapist will fill-out the assessment update form in Titanium to document reasons that client is re-engaging in services and possible changes since the last date of service. The assessment update form should be used when it has been less than a year since the last date of service. If more than a year has passed, the therapist should complete a new intake. Consent forms and the intake packet should be renewed as well if the last date of service has been over a year.

Client Reassignment Guidelines for Therapists

Clients may request a reassignment from their current therapist. We consider each reassignment on an individual basis to ensure quality of care, responsiveness to client concerns, continuity of care issues, and coordinated care. Ideally, there would only be one request for reassignment per client. In most cases, a client will be encouraged to maintain counseling with their current therapist as there could be therapeutic value in this as well as to avoid a waiting period for reassignment given the schedule of other therapists. If a client is re-assigned to a new therapist given the therapeutic necessity of such a change rather than a preference on the part of the client, the transition will be documented by the current therapist in Titanium. Prior to the change taking place, the Lead Mental Health Therapist will be consulted regarding reasons the client is asking for the change. If approved, rationale for such a transition will also be included in the note in Titanium.

COUNSELING SERVICES OUTLOOK FORMS

To become more accessible to students and staff/faculty inquiring about Counseling Services, the department has created various Microsoft Outlook Forms for specific needs. Please note that *none* of these Forms should be used in a crisis or emergency. A therapist will outreach to the student or staff/faculty member within 24-48 business hours by either phone or email. This form/link is currently monitored by the Counseling Services team.

There are currently three Forms, and they are outlined below:

Appointment Request Form

[Counseling Services Appointment Request Form \(office.com\)](#)

This form is to be used by Ohio State Newark and COTC students who are interested in Counseling Services and would like to request an initial appointment. Some demographic information is collected such as name, affiliated school, student email, phone number, address, referral source, If accessibility accommodations are needed, appointment availability, and method of contact preference (email or phone).

Staff/Faculty Referral Form

[Counseling Services Staff & Faculty Referral Form \(office.com\)](#)

This form is to be used by any Ohio State Newark or COTC staff/faculty who is concerned about a current enrolled student, and they would like to make a referral for possible services. Some information is collected such as student name, student's email, student phone number, staff/faculty member's role and contact information, whether the staff/faculty member has already spoken to the student about Counseling Services, and an open-ended section for any other concerns regarding the student.

Counseling Services Q&A Form

[Counseling Services Q&A Form \(office.com\)](#)

This form is to be completed by an Ohio State Newark or COTC student who may have any questions about Counseling Services or mental health. There is only one open-ended question on this form, and it states, "What would you like to ask a Counseling Services therapist?"

Presentation Request Form

This form is to be completed by an Ohio State Newark or COTC staff or faculty member who has a presentation request for the Counseling Services team. There are many topics that our department covers in the field of mental health. The form provides presentation topics that currently exist in our library which can be fulfilled sooner, as well as an option to create a new presentation topic with language which indicates that these presentation requests might take

longer to complete if they must be created during high volume periods where many students are being seen by therapists for treatment.

[Counseling Services On-Campus Presentation Request Form \(office.com\)](#)

APPENDIX A – STAFF/CLIENT USE FORMS



Office of Student Life
1179 University Drive
Newark, Ohio 43055
740-364-9578
740-364-9646 (Fax)

Student Records Request Form

I _____ (Please print first & last name with middle initial) am requesting the following records from my clinical counseling file:

Diagnostic Assessment

Diagnostic Assessment Update

Progress Notes

DSM-V-TR Diagnosis

Termination Summary

Letter of accommodation for Disability Services

Other _____ (Please specify)

I have spoken with my therapist about this records request including the purpose for the request. **Yes** or **No**?

My therapist explained to me the inherent risks associated with taking my own records from a secure location outside of the Office of Student Life

including an increased likelihood that a breach of confidentiality can occur outside of the control of Counseling Services. **Yes** or **No**?

I _____ (Please print first & last name with middle initial) am willing to assume all risks associated with having my clinical records leave the Office of Student Life and will not hold Counseling Services or my therapist liable for any breach of confidentiality should my written records be compromised in any way while in my possession. **Yes** or **No**?

*By signing this document, I confirm that I have received the requested records corresponding with the following date(s):

Signature of Client: _____

Date: _____

Signature of Therapist: _____

Date: _____

*Please allow 1-3 business days for a records request to be fulfilled depending upon what is being requested. Certain times of the year can be high volume periods with heavy student traffic which can also lead to longer waiting periods for fulfilling requests. A copy of the records request form will be attached to the client's chart in Titanium. The client will receive the records requested in a non-descriptive plain envelope directly from their therapist after signing for them.



Clinician Chart Review Form

1. Informed consent for treatment is present, signed, and dated by the clinician and client? **Yes or No**
2. Informed consent for remote services is present, signed, and dated by the clinician and client? **Yes or No**
3. Demographics information in the intake packet is present and signed by the clinician? **Yes or No**
4. DSM-V Self-Rated Cross Cutting Symptom Measures are present and have been completed by the client? **Yes or No**
5. The safety plan is present and has been completed by the client, signed, and dated by both the client and clinician? **Yes or No**

If any questions were answered as a “no” please provide an explanation and recommendations for corrections:

6. If a client had engaged in counseling an intake was completed and signed by the therapist? **Yes or No**
7. All fields of the intake were filled out to indicate that they were viewed by the clinician even with an “N/A” in fields that did not apply to the client? **Yes or No**

- 8. Progress notes were complete based on appointments viewed in Titanium and signed by the clinician? **Yes or No**
- 9. Progress notes contained three sections to outline the note-Presentation, Progress, and Plan? **Yes or No**
- 10. Progress notes were written in complete sentences and were understandable and clear? **Yes or No**
- 11. A termination summary was present if applicable, completed, and signed by the clinician? **Yes or No or NA**

If any questions were answered as a “no” please provide an explanation and recommendations for corrections:

- 12. Documents such as letters referring clients for accommodations to Disability Services were present? **Yes or No or NA**
- 13. Releases of Information were present if the clinician had contact with other offices on or off campus? **Yes or No or NA**
- 14. Email correspondence was attached to the file in Titanium which contained pertinent client information such as a records request, request for a therapist to contact another office regarding the student’s mental health presentation, or sensitive information sent to the clinician by the client related to their treatment? **Yes or No or NA**
- 15. Faxes received were attached to the file in Titanium if coming from another office? **Yes or No or NA**
- 16. A fax cover sheet and confirmation of documents sent is attached to the file in Titanium along with a brief note as to what was sent to another office or agency? **Yes or No or NA**

If any questions were answered as a “no” please provide an explanation and recommendations for corrections:

*Once reviewed, please sign, and send to the clinician who was being reviewed. The clinician being reviewed will sign to acknowledge that they have read the feedback provided and will forward the document to the Lead Mental Health Therapist for further review and add the final signature. Any concerns will then be addressed during 1:1 supervision between the Lead Mental Health Therapist and the clinician. The clinician will attach this document to the client folder inside of Titanium once all signatures have been gathered.

Signature of Reviewer: _____

Date: _____

Signature of Clinician: _____

Date: _____

Signature of Lead Mental Health Therapist: _____

Date: _____

Informed Consent for Services

Ohio State Newark/COTC - Counseling Services
Informed Consent Intake Form



*Office of Student Life
Counseling Services
1179 University Drive
Newark, OH 43055
(740) 364-9578*

Informed Consent for Counseling Services

Welcome to the Office of Student Life – Counseling Services at **The Ohio State University at Newark (Ohio State Newark)** and **Central Ohio Technical College (COTC)**. This form will give you helpful and important information about our services. Please read it carefully. Your therapist will be glad to clarify and answer any questions you may have. This form will be kept in your confidential clinical file; you may request a copy for you to keep.

Confidentiality: Any information that you discuss with your therapist is confidential and it will not be shared with anyone outside of Counseling Services without your written permission, except as indicated by the Family Educational Rights and Privacy Act of 1974, as amended (FERPA) and State of Ohio laws governing Counselors, Social Workers, and Marriage and Family Therapists. However, there are some legal and ethical exceptions to confidentiality; if you express any imminent intention to harm yourself or others, your therapist is mandated to break confidentiality for safety reasons. Moreover, our therapists are required to report knowledge of current child abuse. Also, our therapists within Counseling Services may consult with one another to make sure students receive the best quality treatment. Lastly, there are times when our administrative staff may need to check enrollment verification to ensure you are eligible to receive our services.

Our Services: Our office primarily focuses on offering diagnostic assessments and individual therapy to students; we may offer group counseling, outreach, referral, and linkage to external and internal resources based on student needs.

Scope of Services: We offer short-term, limited counseling to students, which means we typically offer 10 sessions per academic year to enrolled students; however, appointments beyond the 10 sessions will be evaluated on an ongoing basis by the therapist. A diagnostic assessment will be completed to confirm Counseling Services is the most appropriate level of care for the student. If a student is assessed, and the therapist determines that the student needs more consistent, specialized, or intensive treatment, they will be assisted with linkage to appropriate resources in their community. Counseling Services does not offer appointments or services on the weekends or after-hours. Our office hours are M – F, 8am – 5pm.

Missed Appointment Policy: Counseling Services makes every effort to ensure that students are scheduled in a timely manner. If a student needs to cancel and/or reschedule an appointment, we ask that you notify us at least 24-hours before the scheduled appointment. You may notify us by calling the

Ohio State Newark/COTC - Counseling Services
Informed Consent Intake Form

Office of Student Life at (740) 364-9578 or you may email your therapist. If you are more than 15 minutes late for your appointment, you may be asked to reschedule. **Three missed appointments/lateness with less than 24-hour notice, may result in termination of services.**

Eligibility: Each student is eligible for free individual therapy sessions during the time they are enrolled at Ohio State Newark or COTC. Eligibility for treatment through Counseling Services is also based on a therapist's clinical discretion. College Credit Plus students are ineligible for Counseling Services and should refer to their sponsoring high school for assistance.

Disclaimers: While our office does our best to try to serve every student, we do have certain exceptions to students we are unable to serve. We are unable to treat students who are court ordered to treatment. If a student has any legal concerns, court disputes, charges, or lawsuits that may require our staff to get involved, we do not offer opinions for court or provider letters for attorneys. We do not offer any type of psychological testing as we do not have psychologists on staff. We can provide diagnostic evaluations that are within our department's scope of practice and based on our competency areas. We are unable to prescribe any type of medication as we are not prescribers. Lastly, it is up to the therapist's discretion whether they write an Emotional Service Animal (ESA) letter for a student who is requesting a letter for accommodations in a housing unit.

Appointment Reminders: We do not offer appointment reminders to our students. Please note that it is your responsibility to attend a scheduled appointment and to contact us if you are unable to keep a scheduled appointment.

In Case of Emergency: Please call 9-1-1 or go to the nearest Emergency Department if you are in crisis. Counseling Services are only available during regular business hours of M-F, 8am – 5pm. If you are on campus and in crisis, you may contact Campus Security at (740) 366-9237.

Treatment Concerns: Sometimes engaging in therapy can trigger certain uncomfortable thoughts and feelings. Please share any of these concerns with your therapist.

Your Rights: You have a right to receive competent and professional treatment. You have the right to be treated with respect and you have the right to a therapeutic relationship without physical, sexual, verbal, or other abuse or exploitation. You have the right to request a different therapist. You have the right to file a complaint. You have the right to evaluate our services. You have the right to review your clinical file as permissible under FERPA and State of Ohio laws and regulations. **If you have concerns about your rights and/or your therapist, communicate with your therapist directly and/or you may contact the Lead Mental Health Therapist, Charley DePriest, MA, LPCC-S, via phone at the Office of Student Life phone number at (740) 364-9578.**

Your Responsibilities: You are responsible to be a collaborative participant in your counseling sessions, including any therapeutic homework or exercises as assigned by your therapist.

Non-Discrimination Notice: COTC and Ohio State Newark do not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information,

Ohio State Newark/COTC - Counseling Services
Informed Consent Intake Form

HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, protected veteran status, and status as a parent in its programs and activities. **Holly Mason, Dean of Students & Title IX coordinator, has been designated to handle inquiries regarding the non-discrimination policies; she can be contacted by phone at (740) 366-9219 or email at mason.536@mail.cotc.edu.**

Signature for Consent to Treatment

I hereby agree to participate in treatment at the Office of Student Life – Counseling Services (SLCS). I understand that all information regarding diagnosis and/or treatment is confidential and will not be released to any other agency or individual without my knowledge or written consent, except when required by FERPA and State of Ohio laws.

Signature: _____

Date of Signature: _____

Printed Name: _____

If student is under age 18:

Parent/guardian signature: _____

Date of Signature: _____

Printed Name: _____

**If you would like a copy of this form,
please inquire at the Office of Student Life front desk.**

Office Use Only

Staff/Therapist Name: _____

Staff/Therapist Signature: _____

Date: _____

Informed Consent for Remote Services

Ohio State Newark/COTC – Counseling Services
Informed Consent for Remote Services Intake Form



*Office of Student Life |
Counseling Services
1179 University Drive, Suite 226
Newark, OH 43055
(740) 364-9578*

Informed Consent for Remote Services

Prior to starting remote consultation via telephone or videoconferencing, the client and therapist discussed the following:

- There are potential benefits and risks of utilizing consultation services that differ from in-person sessions. Counseling Services, The Ohio State University, nor COTC are responsible for any breaches of privacy or security that occur during telephone or videoconferencing contacts.
- Confidentiality continues to apply for remote services, and we agree that neither party will record the session without the written permission from the other person.
- We will discuss various remote consultation options (e.g., telephone, Zoom, Skype, etc.) prior to beginning remote consultation and your therapist will assist you with using the platform if necessary.
- Both parties will be in a quiet, private space that is free of distractions during the consultation appointment.
- The therapist will utilize a secure internet connection while conducting appointments and strongly recommends the client does likewise. The client will be informed of the risk to confidentiality should they choose to utilize a public/free Wi-Fi.
- Appointments will begin on time. If the client needs to cancel or change the appointment, they will notify the therapist in advance of the appointment via telephone or email. If a client does not show for an appointment with their therapist after 15 minutes of the scheduled time, it is considered a "no call/no show" appointment.
- Together, the therapist and client will create a back-up plan to restart or reschedule the appointment in the event of a technical problem.
- The therapist will assist the client with creating a safety plan that includes at least one emergency contact and the closest ER to the client's location, to be utilized in the event of a crisis situation.
- The therapist may determine that due to certain circumstances (e.g., symptoms acuity or persistence, significant increase in symptoms, level of care considerations, etc.)

Ohio State Newark/COTC – Counseling Services
Informed Consent for Remote Services Intake Form

remote services are no longer appropriate. Should this occur, the therapist will provide the client with a referral and linkage to a provider who can offer in-person sessions and better meet the client's needs.

- Therapists have been instructed to obtain information about the client's location at the beginning of each teletherapy session in case an emergency ensues.

I have been informed of and understand the risks and procedures involved with using teletherapy. I agree to the terms listed above and I hereby voluntarily consent to the use of teletherapy with my provider. This consent will last for the duration of the relationship with The Office of Student Life – Counseling Services unless I explicitly withdraw my consent for telehealth sessions, which I am allowed to do at any time for any reason, and my clinician will work with me to find a suitable alternative.

My signature below reflects that I consent to participate in Counseling Services therapy and/or consultation sessions via telephone or videoconferencing (i.e. telehealth) as described above.

Client Name: _____

Date of Birth: _____

Client Signature: _____

Date: _____

If student is under age 18:

Parent/guardian signature: _____

Date of Signature: _____

Printed Name: _____

Office Use Only

Therapist Name: _____

Therapist Signature: _____

Date: _____

Next page

General Demographic Intake

Ohio State Newark/COTC – Counseling Services
General Demographic Intake Form



Office of Student Life | Counseling Services
1179 University Drive, Suite 226
Newark, OH 43055
(740) 364-9578

General Demographic Information

Date Completed: _____ Student ID #: _____

Name: _____

(Preferred) Name: _____

Date of Birth: _____ Do you currently live on or off campus? _____

Current Address: _____

Can we contact you by sending mail to the above listed address? Y N

Who do you live with (ex: roommates, family, partner, children, etc.)? _____

Phone number: _____ Can we text you at this number? Y N

Can we leave you a voicemail at this number? Y N

Are you an OSU or COTC Student? OSU COTC Current Major: _____

Are you a transfer student? Y N Are you currently a College Credit Plus student (CCP)? Y N

Are you the first generation in your family to attend college? Y N

School email address: _____

Can we contact you at this email address? Y N

What year are you currently in college (first, second year, etc.)? _____

Please list an emergency contact name, relationship to student, and emergency contact's phone number:

General Demographic Information (continued)

Do you currently work? Y N

If so, how many hours do you work on average per week? _____

Do you participate in any extracurricular activities (sports, clubs, student organizations, etc.)? Y N

If so, how many? _____ And how many hours per week? _____

How would you describe your financial status right now (circle best option below)?

- A. Always stressful
- B. Often stressful
- C. Sometimes stressful
- D. Rarely stressful
- E. Never stressful

Optional Demographic Information

Gender Identity: _____

Sexual Orientation: _____

Racial/Ethnic/Cultural background: _____

Are you an international student (for information purposes, our office identifies an international student as a student who was born outside of the United States)? Y N

If yes, what is your country of origin? _____

Are you a Veteran or currently in the U.S. military? Y N

If yes, what branch of the U.S. military are/were you in? _____

Are you a relative of a Veteran? Y N

If yes, indicate your relation to the veteran in your family: _____

What is your current relationship status (single, serious dating, married, separated, divorced, widowed, etc.)? _____

Are you currently registered with on-campus Office of Disability Services as having a documented and diagnosed disability? Y N

If yes, please specify: _____

Medical Information

Do you have any current medical concerns and/or conditions? Y N

If yes, please specify: _____

Are you currently prescribed any medications? Y N

If yes, then please list name(s) of medication(s) and dosage(s): _____

Do you take your prescribed medications regularly? Y N Sometimes

Do you take anything over the counter, such as vitamins, non-prescription medications, and/or herbal supplements? Y N

If yes, please specify: _____

Mental Health Information

Have you ever participated in counseling or therapy before? Y N

If yes, please list when/where: _____

Have you ever received a mental health diagnosis (ex: ADHD, Depression, Bipolar Disorder, Anxiety Disorder, OCD, PTSD, Schizophrenia, and/or a personality disorder) from a therapist, psychiatrist, nurse practitioner, or a doctor? Y N

If yes, please specify: _____

If not, do you suspect a diagnosis? If so, please specify: _____

What strategies do you currently use to take care of yourself? _____

How do you cope with difficult situations? _____

Mental Health Information (continued)

What are some of the current symptoms you are experiencing? _____

What do you want to achieve in counseling? What are some goals you would like to achieve?

Do you have any other questions or concerns that you would like to ask your therapist at this time?

What is counseling like here?

- You will meet individually with a therapist and review what your concerns are and what sort of goals you have in mind. Together, you will develop a plan that meets your expressed needs. This might include individual or group counseling, referral to a doctor/nurse practitioner, and/or a referral to an off-campus therapist for specialized treatment or a higher level of care. Our goal is to help you better understand how your thoughts and behavioral patterns influence your personal, academic, and intellectual growth. Once you understand this, our hope is that you will improve your confidence and overall well-being.
- Please let your therapist know if you ever have any questions about your provided treatment. We are here to help!

Office Use Only

Staff Member/Therapist Name: _____

Staff/Therapist Signature: _____

Date: _____

DSM-V Cross-Cutting Measures Questionnaire

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ Age: _____ Sex: Male Female Date: _____

If this questionnaire is completed by an informant, what is your relationship with the individual? _____
 In a typical week, approximately how much time do you spend with the individual? _____ hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

		None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

Safety Plan

Ohio State Newark & COTC – Counseling Services
Safety Plan



*Office of Student Life
Counseling Services
1179 University Drive, Suite 226
Newark, OH 43055
(740) 364-9578*

Safety Plan

I will follow the steps described below to assist with keeping myself safe:

Step 1: What are some warning signs (ex: thoughts, images, mood/feelings, and behaviors) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: What are some things I can do to take my mind off my problems without contacting another person (ex: internal coping strategies such as relaxation techniques, physical activity):

1. _____
2. _____
3. _____

Step 3: Who are some people and social settings that provide distraction:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____
4. Place: _____
5. Place: _____

Step 4: Who are people who I can ask for help:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Step 5: Who are some professionals and/or agencies I can contact during a crisis:

1. Clinician Name: _____ Phone: _____
2. Clinician Name: _____ Phone: _____
3. Local Urgent Care Services: _____

Ohio State Newark & COTC – Counseling Services
Safety Plan

Local Urgent Care Services Address: _____

Local Urgent Care Services Phone: _____

Step 6: I know that I need to go to the hospital if:

1. _____
2. _____
3. _____

Step 7: The one thing that is most important to me and worth living for is:

If I am experiencing a mental health emergency, I will call 911 or go directly to my local emergency department located at:

Additional Crisis Resources available 24/7, 365 days a year:

- **National Suicide Prevention Lifeline:** Call (800) 273-8255
- **Crisis Text Line:** Text "START" to 741-741
- **Veterans Crisis Hotline:** Call (800) 273-8255, press 1
- **Trevor Lifeline (for LGBTQIA+ Individuals):** Call (866) 488-7386
- **Trans Lifeline (for Trans People):** Call (877) 565-8860
- **The Steve Fund/Crisis Text Line for BIPOC individuals:** Text "STEVE" to 741-741
- **Licking county residents:** Call 2-1-1 or (800) 544 – 1601

By signing this document, I commit to the above stated plan for my safety. I have also received a copy of this completed Safety Plan.

Client Signature: _____

Date: _____

Office Use Only:

Therapist Signature: _____

Date: _____

(Initial when completed) Original to Client: _____ Copy placed in Client's chart: _____

Missed Appointment Guidelines

- Students will be sent appointment reminders through Titanium at least one to three days prior to their appointment via their student email and text if permissions have been given.
- If a client misses an appointment, the client is ultimately responsible for contacting the therapist and rebooking the appointment.
- A courtesy email will be sent to the student after a missed appointment or a “no show” to try and rebook and check-in with the student. The email will be attached into the student’s clinical record in Titanium.
- If a student, misses two consecutive appointments or “no shows” twice in a row, the student must have a conversation with the clinician before being able to rebook an appointment. The therapist will also notify the Lead Mental Health Therapist if this situation were to occur for additional feedback and direction to discuss whether a client is a good fit for counseling at OSU-N/COTC given their circumstances or if referrals need to be cultivated.
- If a student re-engages with counseling but misses a third appointment whether circumstantial or a “no show” the client will be discharged from treatment and provided referrals.
- It will be explained to the student that missed appointments take up valuable appointment slots for other students wishing to seek clinical services during high volume periods who might otherwise be waiting to see a therapist.
- If a client is discharged for lack of consistency in maintaining appointments, this will be included in the discharge summary in Titanium along with any email correspondence.
- Referrals provided to the student will also be maintained in Titanium within the client’s file.

Release of Information (ROI)



Office of Student Life
Counseling Services
1179 University Drive
Phone: (740) 366-9464
Fax: (740) 364-9646

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____, give my authorization and permission to The Ohio State University Newark and Central Ohio Technical College Office for Counseling Services to receive/disclose information from the record of

Client Name _____ Date of Birth _____ Student ID # _____
I authorize Counseling Services to

- Disclose the following protected health information
- Receive the following protected health information
- Use the following protected health information

Information regarding my medical/psychological/counseling treatment will be disclosed to/received from:

Name	Title
Address	Phone Number

Purpose of Release: To permit continuity of care To permit coordination and collaboration of care
 To permit the Office for Disability Services to acquire records for accommodations under Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act Amendments Act of 2008, in order that students with disabilities may fully participate in all educational experiences offered
 Other: _____

Information to be released/obtained:

<input type="checkbox"/> Initial Consultation and psychosocial history	<input type="checkbox"/> Treatment summary including diagnosis
<input type="checkbox"/> Psychological testing and evaluation materials	<input type="checkbox"/> Counseling Progress Notes
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Other: _____

Information to be released/obtained by: Personal Delivery Mail Phone Fax

Restrictions: _____

This authorization automatically expires 1 year after the date of my signature below or on the following date or event

_____	_____
Date or Event	Initials of Student

Revocation: The client may revoke this authorization in writing at any time, except to the extent that the Counseling Services has acted in reliance on this authorization. Revocation must be made in writing and delivered to the counselor.

Redisclosure: Information used or disclosed under this authorization will be given to recipients who may redisclose the information and those later disclosures may not be protected by law.

Client's Rights: The client may inspect or copy the protected health information used or disclosed pursuant to authorization. Except where allowed by law, Counseling Services will not condition treatment or payment of other health care benefits upon the giving of this authorization. The client may receive a copy of this authorization.

To Recipient of Release: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

A reproduction of this authorization is as authentic as the original signed authorization.

I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release.

Signature: _____ Date: _____
Client or Personal Representative

Description of Personal Representative's Authority: _____
(A personal representative is a person authorized by law to make health care decisions for the individual)

Witness Signature _____ Date _____

TEMPLATES

Referral Letter for Office of Disability Services

- Please verify active ROI for ODS is on file and in client's chart.



Counseling Services
1179 University Drive
Newark, OH 43055
Phone: (740)-364-9578
Fax: (740)-364-9646

Office of Disability Services
1179 University Drive
Newark, OH 43055

{Date}

RE: {Student Name}

Dear {Name of Disability Services Specialist}

I am a mental health therapist at The Ohio State University Newark/Central Ohio Technical College (OSUN/COTC). I am writing regarding {Student's Name} {Date of Birth}. I began meeting with {Student's Name} on {Date} for an intake appointment. Upon interviewing the student as well as some additional mental health screens that were administered, the student does meet criteria for the following mental health disorder(s) per the DSM-V-TR {DSM-V Diagnoses}. Symptoms of these disorders include {List of Criteria} that significantly impact {Student's Name} academic and social functioning. {Student's Name} is currently taking an active part in improving their symptoms and well-being by engaging in regular therapy sessions as recommended. It is my professional opinion that {Student's Name} could benefit from academic accommodations as they work toward meeting their treatment goals.

Please feel free to contact this therapist if there are questions or if more follow-up is needed.

Regards,

{Name of Therapist and Credentials}

Verification Letter



Date|

Dear *{Name of staff/faculty/practitioner}*:

This letter is to verify that *{Name of student}* was seen for clinical services on the following date (s):

{List of session times}

The student reported concerns that were clinically significant in interfering with their academic functioning. Recommendations are being discussed with the student to determine what other supports might be needed to help bolster their success both on and off campus.

Sincerely,

{Name}

{Title}

{Office}

Outreach Email to Students from Appointment Request Form

Good afternoon {Student's Name},

I hope you are doing well so far today. I am reaching out to you as you recently completed a Counseling Services Appointment Request form. I am here to help make the first point of contact with you about on-campus Counseling Services!

I am one of the therapists in Counseling Services for students who attend either Ohio State Newark or COTC. Please feel free to check out our website at the following link for more information about our office: go.cotc.edu/counseling

A little bit about Counseling Services - we offer short-term (ten sessions per academic year) and confidential outpatient counseling free to currently enrolled Ohio State Newark and COTC students. We have three staff therapists: Megan Hughett (fulltime therapist), Charley DePriest (another full-time therapist) and Stephayne Harris (part-time therapist). You can meet with any of our staff for counseling services. Our office also helps students connect with local resources, such as a prescriber or a community-based therapist. If this sounds like something you would be interested in, we start counseling by scheduling a one-hour intake assessment.

This appointment does need to be held face-to-face, either in our office or virtually. We are currently scheduling our virtual sessions using Microsoft Teams so if you do not have a Microsoft Teams account, please create an account before the first virtual session. **We do not schedule the intake appointment until we receive the completed intake paperwork from the student.** I have attached our intake paperwork to this email (there are five forms total). Please complete and email back the forms to us. Next, one of the staff therapists will reach out to you via email to schedule an intake appointment. **Lastly, please confirm that you are currently enrolled for at least one class over {Fall/Spring/Summer} semester as this determines eligibility to engage in our services.**

Please do not hesitate to let us know if you have any questions or concerns at this time. We are here for here for you!

Take good care,



STUDENT INTERN PROCEDURES

Purpose & Guidelines

Counseling Services is committed to guiding and assisting students complete required internships, specifically with a major in Social Work.

General Expectations –

- 1. Confidentiality** – Within the Office of Student Life you will come into contact with sensitive information and situations involving enrolled students. It is expected that you treat individuals with respect and care, adhering to the confidentiality agreement. Failure to adhere to these expectations will result in referral to The Ohio State University Social Work program and recommendation for site removal.
- 2. Time Management** – Assigned tasks and projects are important to the departments within the Office of Student Life. To provide you with a beneficial experience, tasks and projects have been carefully chosen to not only meet the needs of the division and our students but are educational and purposeful for your internship. Timeliness and adherence to deadlines and quality work is imperative.
- 3. Communication** – All forms of communication are expected to be clear, timely and professional. It is important to remember that you are representing yourself, the program, the Office of Student Life and The Ohio State University. When you are working in your internship or on related tasks/projects, you will be viewed as an extension of our office and expected to act accordingly. It is vital that you ask relevant questions and be able to communicate to your supervisors and other staff members within the department your needs and concerns. If you do not understand, ask for clarification.
- 4. Appearance** – For your internship, as a student intern, casual (e.g., jeans, nice tops/sweaters) or business casual attire (e.g., khakis, dress slacks, nice tops/sweaters) is appropriate. More “dressy” attire may be needed for presentations, meetings with off campus partners or more formal events, but honestly these will be infrequent. Clothing should not be too revealing, provide appropriate coverage and be free from unnecessary holes/rips/tears. Typically, on Fridays, staff members will wear jeans and college/university apparel.

Duties & Tasks

Student intern duties and tasks will vary based on the requirements of the student’s internship and needs of the department. In general, here are some outlines for duties and tasks that student interns have completed in the past:

FOOD PANTRY

- a. Design and market social media campaigns for promotion and awareness of services.

- b. Research best practices, potential resources, programs for further development.
- c. Assist with the necessary functions for the operation of the food pantry.
- d. Work on the promotion and awareness of SNAP benefits.

MEDITATION ROOM

- a. Create a weekly wellness tip to be posted in the meditation room.
- b. Assist with the monitoring of the space.
- c. Work on organizing supplies and the upkeep of wellbeing materials.

MENTAL HEALTH

- a. Working with community organizations/resources for outreach and service opportunities.
- b. Design and market social media campaigns for awareness and recognition months.
- c. Create, develop, and potentially facilitate educational programming.
- d. Facilitate tabling opportunities to promote departmental programs and awareness.
- e. Assist with assessment efforts, potentially including, but not limited to focus groups and surveys.
- f. Providing intake paperwork to students seeking counseling, scheduling, and making copies of worksheets and forms used in counseling or group sessions.

OFFICE RESPONSIBILITIES

- a. Check buildings for relevant awareness postings to ensure current and good quality.
- b. Cover reception area as needed to assist with the triage of student needs.
- c. Assist with assessment efforts, including, but not limited to focus groups, surveys, and data compilation.
- d. Software and program onboarding – assisting with the facilitation of new student resources.

TITLE IX

- a. Assist the Director of Student Life/Dean of Students with outreach to community organizations to establish MOUs.
- b. Serve as a member of the Title IX committee to work on awareness & prevention programming.
- c. Develop and facilitate programs based on a community health model.

Titanium Users Manuel & Instructions

Please see the link below for the complete Titanium User Manuel:

[Titanium User Manual.pdf \(titaniumschedule.com\)](https://titaniumschedule.com/Titanium%20User%20Manual.pdf)

***A physical copy of the Titanium Guide is kept on file and within the Counseling Services Procedures Manuel.**