

BENNINGTON COLLEGE

Counseling and Psychological Services Disclosure & Consent

Welcome

Counseling & Psychological Services (CAPS) offers short-term therapy, groups, consultation, and referrals. Our mission is to provide accessible, inclusive mental health support to all Bennington students.

Information Needed:

Name you want CAPS to use: _____ Date of Birth: _____

Pronouns: _____ Gender Identity: _____ Student ID: _____

Legal (First & Last) Name (needed for billing / charting): _____

Services Available

- **Individual therapy** (typically 30–60 minutes)
- **Walk-in/Drop-in Sessions** (typically 30 minutes)
- **Crisis Support** through UWill Hotline (available 24/7/365)
- **Upon Request:**

- Groups and workshops
- Consultation for students or community concerns
- Referrals to community providers for long-term or specialized care

- **Telehealth Services**

CAPS may provide therapy sessions by secure video or phone when appropriate (e.g., illness, weather, accessibility). These sessions are held on HIPAA-compliant platforms.

- **Confidentiality:** Your privacy is protected under the same laws as in-person therapy. You are responsible for choosing a private space and securing your own device.
- **Risks:** Technology can sometimes fail, sessions may be interrupted, or privacy may be harder to control.
- **Emergencies:** If a crisis occurs during telehealth, your therapist may contact emergency services at your location.
- **Choice:** You may request in-person sessions instead of telehealth, when available.

By signing, I consent to telemedicine or audio-only services provided by licensed or supervised mental health professionals located in Vermont. I understand I may request in-person services at any time.

Scope of Services

CAPS offers short-term, general therapy while you're at Bennington. We don't provide specialized treatments (like EMDR or DBT) or care for serious mental health conditions that need long-term, ongoing treatment. If you need that kind of support, we'll help connect you with providers in the community.

CAPS may also transfer or end care if our services are not the right fit, or if behavior is disrespectful or disruptive. In those cases, we will share other therapy options or refer you to UWill for ongoing teletherapy.

Interns & Supervised Services

Some services may be provided by supervised interns or clinicians working toward independent licensure. Supervisors may review records and provide oversight to ensure quality care. By signing this form, you acknowledge that supervised providers may be involved in your care

Benefits & Risks of Therapy

Therapy can help improve mood, coping skills, and overall well-being. It may also bring up difficult emotions or memories. If this happens, your therapist will support you in working through them.

On-Call & Emergency Services

CAPS partners with **UWill** to provide 24/7/365 crisis support. Call: **833-646-1526**. This service is available to all students, whether or not you are in therapy at CAPS.

If you are ever in immediate danger, call **911** or go to the nearest emergency room.

Missed Sessions

Please give at least 24 hours notice to cancel or reschedule. You may consent to reminders at the end of this form. After two missed appointments without contact, your slot may be given to another student.

Electronic Communication & Reminders

CAPS may contact you by phone, text, or email for appointment reminders or scheduling. These forms of communication are convenient but not fully secure. By consenting, you understand there is a small risk that messages could be intercepted or seen by others. You may opt out at any time.

☐ **I understand the risks of receiving reminders by phone, text, or email.**

Concerns & Grievances

If you have concerns about your therapy or provider, discuss them directly with your therapist or contact:

- Director of CAPS, Jude Horan - judehoran@bennington.edu | (802) 440-4426
- Vermont Office of Professional Regulation – Board of Allied Mental Health Practitioners, (802) 828-1505.

Billing & Payment Consent

- **Insurance Billing:** Insurance is typically billed at \$158 for 45 minutes or \$263 for 60 minutes. Your actual out-of-pocket amount depends on your insurance plan (copay, deductible, or coinsurance)
- **Walk-In & Crisis Sessions (~30 minutes):** Always free of charge.
- **First 3 Sessions Each Term:** Free of out-of-pocket cost. After that, CAPS bills your insurance

unless you sign an Opt-Out of Insurance Agreement form.

- **IFS / VT Medicaid:** These insurances fully cover CAPS services without out-of-pocket costs.
- **CAPS Sliding Scale:** If you opt out or your insurance does not cover care, you may use the CAPS Sliding Scale which is based on financial need:
 - High Need – \$5
 - Medium Need – \$10
 - Low Need – \$20
 - No Need – \$30

Insurance vs. Sliding Scale Acknowledgment

If you use insurance, statements may be sent to the policyholder (often a parent or guardian). You may choose the CAPS sliding scale. By signing, you acknowledge that you understand the differences between these options and accept responsibility for any charges not covered by insurance.

- ☐ I understand that using insurance may send information to the policyholder.
- ☐ I understand that I may choose the sliding scale instead of insurance.

Insurance Information

Insurance Provider (e.g. Blue Cross, Cigna, IFS, etc): _____

Subscriber Name (typically parent/guardian): _____

Subscriber DOB: _____ Co-pay (if known): \$ _____

Billing Address (where should bills be sent):

- ☐ Send to my campus address: _____
- ☐ Please mail to the following person:

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____

Relationship to student: _____

I authorize Bennington College to file insurance claims on my behalf, collect my co-pay or sliding scale payment at the time of service, and release necessary medical information to the billing company and my insurer. I request that insurance payments be made directly to Bennington College and understand I am responsible for any balance not covered. I have the right to be notified of any breach of my protected health information (PHI), to restrict PHI disclosures when I pay out of pocket in full, and to revoke this consent in writing (except where action has already been taken). I acknowledge receipt of Bennington College's Notice of Privacy Practices and understand I may request a paper copy at any time.

Signature: _____ **Date:** _____

Confidentiality & Privacy

CAPS and the Medical Services may collect and use your health information (PHI) to plan care, communicate with providers, and bill insurance. We do not sell or share PHI except as allowed by law or with your written consent.

Confidentiality may be broken only if:

- You are at risk of harming yourself or others
- You report abuse or neglect of a child, elder, or vulnerable adult
- A court orders disclosure

Your Rights:

- Request alternate ways to be contacted
- Review or request copies of your records (reasonable fees may apply)
- Request corrections in writing

Recording Policy

To protect confidentiality, you may not record counseling sessions (audio, video, or digital) without prior written approval from CAPS.

Sharing Between CAPS and Medical Services

CAPS and the Student Health Center (Medical Services) work together as part of an integrated care team. By signing this form, you consent to the sharing of relevant health information between CAPS and Medical Services for coordinated care. This sharing is limited to what is necessary for your treatment and is protected under HIPAA and FERPA.

Questions or Complaints

Contact: Bennington College Business Office, One College Drive, Bennington, VT 05201, (802) 440-4458. You will not face retaliation for filing a complaint.

Acknowledgment

By signing, you understand how your PHI may be used and your rights regarding access and privacy.

Patient Name: _____

Signature: _____ **Date:** _____

Consent to Treatment

By signing, I agree:

- I have read and understood this document.
- I consent to treatment under these policies.
- I understand that participation is voluntary, and I may stop therapy at any time.
- I understand my rights to ask questions, request my records, and file grievances.

Student Signature: _____ **Date:** _____

Appointment Reminders: ___ Yes ___ No