

Print Name:

Misty Ramon, LPC
Texas License # 20186

Date of Birth:

Texas Tech University Student Health Services
1003 Flint Ave Box 43095
Lubbock, TX 79409
(806) 743-2848

INITIAL MENTAL HEALTH ASSESSMENT
INFORMED CONSENT

This document describes the terms and conditions under which I can work with you. Please take time to read this document carefully. If you have any questions please make sure to ask me.

Nature of Services: I am a Licensed Professional Counselor who is licensed to provide counseling, consultation, and assessment services for individuals, couples, and families. You have been scheduled with me for a mental health intake assessment due to your request to be scheduled for a medication evaluation with a primary care provider at Student Health Services. I will complete the assessment for the primary care provider and you will then be scheduled with the provider with whom you will discuss medications. I do not prescribe medications. Please note that some of our providers also request lab work to rule out any medical conditions that may be contributing to your symptoms.

Appointments: The clinic is open Monday through Friday from 8:00 AM – 5:00 PM, except on holidays. To schedule an appointment, call the clinic at (806) 743-2848. If you need to reach me and it is not an emergency, contact the clinic and leave a message with the Call Center. I return messages as soon as possible.

Emergencies: If you have an emergency **during clinic hours**, call the clinic at (806) 743-2848 and tell the Call Center that you are in an emergency. **If it is after hours or I am not immediately available**, call 911, TTU Crisis Line (742-5555), **CONTACT LUBBOCK** (765-8393 or 1-800-784-2433), or go to the nearest ER.

Risks and Benefits: Assessment has both risks and benefits. Risks can include things like uncomfortable feelings (e.g. sadness, anger) and relationship problems. However, research shows that the benefits generally outweigh the potential difficulties. I will discuss the risks and benefits specific to your care with you.

Confidentiality: Information about your treatment with me will be kept confidential within the TTP clinics and University Medical Center (UMC) system. Specifically, information about your treatment will be documented in your electronic medical record, and will be available to the providers and staff of the various TTP clinics and UMC clinics and hospital. Your information is shared within our system so that we can provide comprehensive care. Your information will not be shared outside our system without your consent, except under the following circumstances (as required by law): 1) if there is suspicion of abuse or neglect of a child, disabled person, or the elderly, 2) we receive a court order to release your records, or 3) if you disclose or imply that you plan to harm yourself or another person. We may also release limited information to your insurance company or a collection agency for reimbursement.

Referrals: If it becomes apparent that Student Health Services is unable provide you with the type of service you need or request, we will make every effort to provide you with an appropriate

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referral. You also should know that you have the right to withdraw from our services at any time, and that we will assist you, if you desire, with finding an appropriate referral.

Concerns, Questions, and Complaints: If you have questions or concerns about our work together, please voice these questions or concerns so that we may discuss them. If, however, you have a complaint that cannot be resolved by discussion with me, or you do not care to discuss it with me, you have the right to call the Texas State Board of Examiners of Professional Counselors at 800-942-5540. The board hears complaints about Licensed Professional Counselors.

Fees: Your financial responsibility for services provided is described in the “Consent to Treatment/Health Care Agreement” you received and signed when you established care with TTP. If you would like to review this document, you may request a copy from our front desk staff. Your signature below indicates that you have received and understand that agreement.

Insured patients: Copayment for provider services is covered by the Medical Services Fee. SHS will file a claim with your insurance plan for services provided. If services are covered, balance due will be covered by the Medical Service Fee. If payment is denied by your insurance plan, SHS will apply the 60-70% self-pay (no insurance) discount to the fee listed below and post to you Student Business Services (SBS) Tuition/Fee statement.

Self-pay: If you do not have health insurance (OR if your insurance plan does not cover mental health services), SHS will apply the 60-70% self-pay (no insurance) discount to the fee listed below and post to you Student Business Services (SBS) Tuition/Fee statement.

Initial Psychodiagnostic Assessment	\$295.00
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I have reviewed, understand, and agree to the terms and conditions of treatment and/or services as outlined in this document. I give my consent voluntarily, and I know that I may withdraw my consent at any time.

Signature of Patient (or Authorized Representative or Legal Guardian)

Print Name

Date

Witness Signature (only required when patient is legally considered a minor)

Print Name

Date