

**RUTGERS UNIVERSITY HEALTH SERVICES**

**MENTAL HEALTH SERVICES CONFIDENTIALITY FORM**

Mental Health treatment is a confidential treatment designed to help you address your personal concerns, come to a greater understanding of yourself, and learn about medication and its effects, side effects, risks, and benefits. Treatment involves sharing sensitive, personal, and private information that at times may be distressing. The outcome of treatment is mostly positive; however, the level of satisfaction for any individual is not predictable. Your clinician is available to support you throughout the treatment process.

**CONFIDENTIALITY:**

**All interactions with Mental Health Services, including scheduling of or attendance at appointments, content of your sessions, progress in treatment, and your records are confidential. No record of treatment is contained in any academic, educational, or job placement file, or is revealed without your permission. You may request in writing that the Mental Health staff release specific information about your treatment to persons you designate.**

**EXCEPTIONS TO CONFIDENTIALITY:**

- Your Clinician may consult with other staff within Rutgers University Health Centers and Rutgers University Counseling Centers in order to provide you with the best possible care. These consultations are for professional and training purpose only.
- If the staff believes that you may be an imminent danger to yourself, others, or property, we may be required to report this information in order to ensure the safety of whomever is at risk.
- Any staff of Mental Health Services who learns of or strongly suspects abuse or neglect of any person under 18 years of age is required to report this information to the state’s Division of Youth and Family Services.
- A court order issued by a judge may require the Mental Health Services staff to release information contained in records and/or require a clinician to testify in a court hearing.

These exceptions apply to only a very limited number of students, but talk with your clinician if you are concerned about how they relate to you.

We operate on an appointment basis. Please notify us if possible at (732) 932-7402 ext. 233 if you will be late. Twenty –four hour notice of cancellation allows us to use the time for others.

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I have read and discussed the above information with my clinician. I understand the benefits and risks of psychiatric treatment, the nature and limitations of confidentiality, and what is expected of me as a client of the Health Center.

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Signature of Client*

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

\_\_\_\_\_  
*Clinician’s Signature*