



PARENT/GUARDIAN CONSENT FOR COUNSELING

Your child/student is requesting counseling services at the UCF Counseling and Psychological Services (CAPS). Parent/guardian consent is necessary for them to receive counseling and psychological services because they are under 18 years of age. The purpose of this form is to inform you about the counseling process and your student's rights and responsibilities regarding clinical services.

The process for arranging counseling involves your student scheduling an appointment to meet with a counselor. Before the appointment, your student will be asked to complete forms. The forms they will be asked to complete are extensive but provide the counselor with important information about your student's background. However, a counselor-client relationship is not created until your student has visited with a counselor in person.

Your student's first meeting with one of our counselors will be a single session, an initial assessment, or a crisis/triage session. During the meeting, the counselor will help your student clarify their concerns and discuss services that are most likely to be helpful. UCF CAPS offers a variety of services, including single session, short-term, brief individual therapy, couples counseling, group counseling, and career counseling, as well as crisis intervention, referral assistance, workshops, and psychoeducational presentations. CAPS provides mandated assessments but not mandated counseling. However, not all these services are available at all our locations. Many issues can be addressed within the short-term counseling provided and/or additional services offered by CAPS and other UCF offices. If at any time the counselor determines other services are better suited to your student's needs, CAPS will assist your student in setting up services with appropriate off-campus providers.

CONFIDENTIALITY

All CAPS staff members adhere to strict confidentiality standards in accordance with Florida Law. While your student is a minor, you have rights to discuss your student's counseling with her/his/their counselor. After your student becomes 18 years of age, you can have them give the counselor written permission to allow two-way communication between you and the counselor. If your student does not sign such a release at that time, you can communicate information to the counselor, but the counselor will not be able to confirm whether or not your student is continuing in counseling or talk to you about your student's counseling experience. Please note that although you have rights to your student's counseling information until they become 18, it is often in the best interest of college-age clients if their parent/guardian is only involved when requested by the client and/or counselor.

CAPS staff will maintain confidentiality about the fact that your student is in counseling, the information your student discloses in counseling, and your student's counseling records. To provide your student with the best service, the counselor may share information about your student with other CAPS staff for consultation or supervision purposes. Additionally, to ensure the best care for your student in crisis situations, CAPS staff may share information about your student with our after-hours counseling provider. ProtoCall Services Inc. provides after-hours counseling for UCF students and Bay Care Life Management provides after-hours counseling for Valencia students. Both providers adhere to similar confidentiality standards as those described in this section. If you or your student wants us to provide information about your student's counseling to people who are not on staff, CAPS staff will do so with written authorization. Until your student is 18 years old, your written permission is also necessary. Counseling records are destroyed or electronically deleted after 7 years of clients last contact with UCF CAPS.

You should be aware that UCF CAPS staff may be required to disclose client information, even without consent, in the following situations:

- When doing so is necessary to protect your student or someone else from imminent physical and/or life-threatening harm.
- When a client lacks the capacity or refuses to care for themselves and such lack of self-care presents substantial threat to their well-being.
- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected. Examples of abuse, neglect, or exploitation include, but are not limited to, violence towards a minor, a minor witnessing

violence or being in the presence of violence, drug use in front of or while caring for a minor or financial exploitation of an elder adult. Examples also include incidents of past abuse, including those described above, if the alleged perpetrator of abuse is currently in a caretaker capacity with or is still present in the home of a minor, elder adult, or dependent adult.

- When a client pursues civil or criminal legal action against UCF CAPS or its staff or when a client makes a complaint to a Professional Board about a counselor.
- When a client is involved in a legal proceeding and there is a court order for the release of the client's records.
- In accordance with the Patriot Act, CAPS may be required to disclose a client's mental health information to authorized federal officials, who are providing protective services to the President of the United States and other important officials or to authorized federal officials who are conducting national security and intelligence activities. By law, CAPS cannot reveal to the client when we have disclosed such information to the government.

In addition, you should be aware of the following limits to confidentiality:

- Information that you or your student allows us to exchange with other professionals outside of CAPS or information you or your student might choose to provide to your counselor via e-mail, fax, or cell phones cannot be guaranteed confidential.
- Personal and confidential information is also stored on staff computers and a CAPS file server, which are protected by passwords and accessible only by CAPS staff. Although rare and unexpected, it is possible that this information could be accessed illegally by others.
- We carry out research to improve our services, and written information provided by your student may be used for this purpose. No identifying information will ever be used in reports resulting from such research.

CAPS partners with various UCF university offices in order to execute normal business operations. We strive to protect your private information during all our interactions, however at times limited information may be shared for CAPS to execute policies and procedural operations. These offices only obtain absolutely necessary information and nothing more. They are given minimum required access to perform job duties. The following contains a list of partners and our business agreements:

- UCF Information Technology (IT): Assists CAPS with the provision and management of all telecommunication services (voice and data), including support and updates for Titanium Schedule.
- UCF Finance and Accounting and UCF Registrar Office: Assists CAPS with management of fees and book-keeping.
- Bank of America: UCF CAPS' banking institution that assists with collection of fee payments.
- UCF Police Department: Assists with removal of weapons from CAPS premises. According to UCF policy, weapons are not allowed on UCF premises. In addition, according to the Red Flag Law, counselors may have authority to initiate the gun removal process if there is acute dangerousness identified.
- UCF Department of Security and UCF Emergency Management: CAPS has security cameras within the waiting room, hallways, and in therapy offices. Cameras in the waiting room and hallways are used for surveillance and are installed to ensure a safe environment. Cameras in the therapy offices are utilized for training purposes, and only are in the record setting after permission from the client is obtained in writing. Recordings automatically delete after 30 days.

In case of an emergency of potential harm to self with non-compliance and fleeing CAPS premises and/or potential harm to others with non-compliance and fleeing CAPS premises, and/or potential active shooter situation, CAPS will have to turn over access of CAPS recordings (surveillance and sessions) to UCF police and security. Privacy of CAPS clients will need to be compromised in these situations to keep the individual and/or campus community safe.

BENEFITS AND RISKS

Counseling has both benefits and risks. It is an active and cooperative effort involving both the client and counselor. Counseling may result in better emotional and mental health and positive changes in behaviors and coping ability. However, through the normal process of counseling and discussing your personal concerns, you may experience greater emotional distress at times. You also may find that positive changes you make may result in a change in the relationships in your life (e.g., gaining relationships, becoming closer in relationships, losing relationships, or relationships feeling more distant). If you have any concerns about your progress or the results of your counseling, we encourage you to discuss them with your counselor at any time. For two weeks each semester, CAPS invites clients to complete the Individual Counselor Evaluation (ICE). This allows CAPS to assess your progress in therapy and to elicit feedback about your counseling experiences. Please note that participating in counseling at CAPS may affect your eligibility to be a trainee or a research assistant within CAPS in the future.

COUNSELING & PSYCHOLOGICAL SERVICES IS A TRAINING FACILITY

The UCF CAPS is a training site and your counselor may be a post-doctoral fellow, doctoral intern, pre-doctoral or pre-master's counselor-in-training. All counselors-in-training will inform you of the name of their supervisor, who can be contacted through our front desk. To provide adequate supervision and training, professional staff and trainees may ask to video or audio record your counseling sessions. In these situations, further explanation about recording will be provided and you will be asked to give separate written consent before any recording occurs. Your decision about recording will not impact your ability to receive services but might affect the timeliness with which you receive services. Any audio or video recordings are deleted within 30 days.

CLIENT RESPONSIBILITIES

- Clients are responsible for complying with their counselors' treatment recommendations. Services may be terminated if clients fail to comply.
- Clients are also expected to behave in a respectful manner towards all UCF CAPS personnel. Failure to do so may also result in termination of services.
- Due to safety considerations and limited space, it is not feasible to bring children to sessions. Presence of young individuals may interfere with our ability to help you effectively. For unusual/special circumstances, it is recommended that the client speaks directly with the counselor prior to the session.
- Only service animals are permitted at CAPS. CAPS does not recognize emotional support animals as service animals. Clients will refrain from bringing emotional support animals to CAPS.

ATTENDANCE POLICY

It is necessary for us to make appointments in order to see our clients as efficiently as possible. If you cannot make an appointment, please call to cancel at least 24 hours in advance of the start of the appointment time. If you miss two individual counseling sessions in a row without canceling, you will be unable to schedule additional appointments at CAPS for the semester unless you are in a crisis situation. CAPS is available during regular office hours to any enrolled UCF student or Valencia Downtown student experiencing a crisis or psychological emergency, regardless of prior missed appointments. When an appointment is made, it takes an available slot away from another client. No-shows and late cancellations cause problems that go beyond a financial impact on CAPS. No-shows and late cancellations/reschedules delay the delivery of mental health care to other clients, some who are in crisis.

A "no-show" is missing a scheduled appointment. Please note, you are considered late for your session if you arrive after the start of your session, and it is up to your counselor's discretion if you are able to be seen in the remaining time or if a rescheduling of the appointment is necessary. A "late cancellation/reschedule" is canceling/rescheduling an appointment without calling us 24 hours in advance before the start time of your appointment. We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept, and adequate notice is not possible. These situations will be considered on a case by case basis. You may file an appeal within a month of any charges assessed.

A charge of \$30.00 will be assessed for each no-show or late cancellation/reschedule office visit appointment if less than 24-hours' notice is given. This fee should be paid prior to scheduling additional services, not including crisis services. Any outstanding balance beyond 30 days will result in a hold being placed on your university/college record; this will prevent the student from accessing their diploma. To maintain confidentiality of your seeking services, the university/college will only have access to information that a balance is due to an account that does not clearly identify Counseling and Psychological Services and the fee will be listed as a "CC Program."

_____(Initials)

Any client returning to CAPS for services will need to pay any existing charges before scheduling an individual, relationship, or group session. They can still have access to same-day services as needed even if charges exist. If a client reaches \$60 in fees, then they cannot schedule any additional individual, relationship, or group sessions, but they may have access to same-day services. Clients can only participate in group if they have a zero balance (no fees on their CAPS account).

Text Message Notification Informed Consent

CAPS utilizes courtesy text messages to communicate with you about information related to your appointments. Confidentiality of these text messages cannot be guaranteed. Messages may include your name, a statement that you have a “CAPS appointment,” the day and time of your appointment, and CAPS phone number. CAPS is not responsible for any fees incurred due to receipt of texts. Technological failures of your phone or the text messaging system will not be considered a valid reason to avoid a fee for a no show, late cancellation, or late reschedule appointment. If you are scheduling an appointment that begins less than 24 hours from the time of the appointment is made, a text reminder may not be sent. For students accessing services at the UCF-Valencia Downtown location, text messages are used to inform you about the status of your appointment. For example, the text message may notify you to return to CAPS office for your counseling appointment. Please notify your counselor or front desk support staff if you do NOT want to receive text messages.

STUDENT ENROLLMENT & PAYMENT OF SERVICES

UCF students are eligible to receive services at the main campus and at the CAPS satellite locations in Rosen and Downtown. UCF students are eligible for free of charge services as part of their payment of a health fee. This eligibility is for the semester in which they are enrolled. Valencia Downtown students are eligible for CAPS services at the UCF-Valencia Downtown location only. Valencia Downtown students are defined as Valencia College students currently enrolled in at least 1 class offered at the UCF-Valencia Downtown location or Valencia College students residing in campus housing located at the UCF-Valencia Downtown location.

Valencia Downtown students have two options of payment.

- 1) The first option is that Valencia Downtown students may participate in fee for service at the Downtown location only and pay \$60.00 per session out of pocket for the initial assessment and individual counseling services determined to be appropriate and within CAPS’ short-term model of treatment.
- 2) Valencia Downtown students may utilize Bay Care to obtain a referral to receive services at CAPS Downtown location. With Bay Care approval, Bay Care will cover up to 6 sessions at the CAPS Downtown location and Bay Care will pay CAPS on behalf of the student. The student is still responsible for any fees accrued for no-show and late cancellation/rescheduled appointments.

Please sign below to indicate agreement with the following.

I am the parent/legal guardian of (Student’s Name)_____. Student’s DOB_____.

I have received a copy of UCF CAPS Parent/Guardian Consent for counseling form. I have read and fully understand the information contained in this form. I hereby give my permission to the staff of UCF CAPS to engage in counseling with my student. Counseling services provided to my student may include, but not limited to, individual counseling, couples counseling, group counseling, and telemental health counseling.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date



SUPERVISORY DISCLOSURE

State of Florida Rules governing licensed mental health professionals, as well as the American Psychological Association Ethical Codes, The National Association of Social Workers Code of Ethics, and the Association for Counselor Education and Supervision Ethical Standards, require that you be informed that the work of your therapist is being supervised by a licensed or registered professional of the appropriate discipline. The primary supervisor has full responsibility for the supervised work of their supervisees. In order to ensure the highest standard of care, supervisors monitor and review the progress of your work with your therapist. The limits of confidentiality delineated in Counseling and Psychological Services Informed Consent for treatment apply to this supervised practice. The responsible supervisor for your therapist is listed below and is available for consultation upon request. This form will be placed in your confidential CAPS file. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist.

Fall 2026

Unlicensed Therapist	Licensed Individual Supervisor
Sierra Collins	Dr. Annatolee King, Licensed Psychologist
Sebastian Vazquez	Karen Hofmann, Licensed Psychologist
Natasha Chiavuzzi	Chris Nault, LMHC, Ian Ramos Lopez, LMHC
Carina D'Arelli	Kayla Beswick, LMHC, Arianne Chand, LMHC
Nora Dkeidek	Kristi Lash, LMHC, Hannah Singer, LMHC
Maria Moreno	Becca Mawn Miller, LMHC, Mariah Morris, LCSW
Lindsay Vega	Muhammed Bilal LMHC, Kate Randle, LCSW
Charlotte Chen	Caiti Bradbury, LMHC, Darlene Ramirez, LMHC
Jay Williams	Dr. Ellen Coble, Sheri Waddill, LMHC
Kai Penoske	Dr. Tanya Montanez-Cruz, Megan Asmussen, LMHC

CONSENT FORM FOR LIVE OBSERVATION AND RECORDING OF GROUP COUNSELING SESSIONS

The UCF Counseling and Psychological Services (CAPS) serves as a training site for graduate level counselors-in-training receiving both individual and group supervision by professionals of CAPS. Every counselor-in-training will have their individual and group counseling sessions recorded or observed live, so that a more advanced therapist can monitor and oversee the quality of counseling. There are also times when a supervisor/ staff member may want to record a group session or have their counselor-in-training observe a live session for training or consultation purposes. It is also common for your counselor-in-training to discuss their cases as part of their academic training. In this context, your counselor-in-training would not reveal your name. Recordings are secured and never removed from the CAPS premises. Your participation is voluntary and confidential.

I understand that:

- The purpose of recording and live observation is for training, supervision and consultation only as stated above.
- My decision not to be taped will not affect my eligibility for services but may affect the timeliness of services.
- I may request that the recorder be turned off at any time during the session.
- All recordings will be safeguarded appropriately within CAPS under accreditation standards.
- I may discuss or clarify these issues with my counselor-in-training at any time.

- Note: If you know someone on staff, please let your counselor know, so that your confidentiality can be protected.

In summary, signing this form acknowledges your informed consent for treatment by a therapist under supervision and/or consent to recording and live observation of the supervisee/unlicensed clinician.

Please print your full name to indicate that you have read and fully understand this form and voluntarily agree to participate in counseling services:

Client Name: _____

Student ID (UCF PID or VID) _____

Date _____