

TO: Donald V. DeRosa, President
Phil Gilbertson, Provost
Members of Academic Council
Members of the Institutional Priorities Committee

FROM: Elizabeth Griego, Vice President for Student Life

SUBJECT: Program Review for Counseling Services and Student Leadership
& Involvement

DATE: August 29, 2008

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Vice President

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During 2007-2008, two program reviews were conducted in the Division of Student Life: one for Counseling Services and the second for the Department of Student Leadership and Involvement. The two reviews concluded in May, too late in the academic year to bring the recommendations before Academic Council, IPC, and University Administration.

It is appropriate at this time to bring the reports of the two review committees and the Division's responses to the attention of Academic Council and IPC. You will find these documents for the two reviews attached to this memorandum. There were many useful recommendations made in each review, and leadership in the Division of Student Life have developed action plans to respond to the recommendations. Given the anticipated budget constraints for the 2008-2009 academic year, the action plans were developed within the constraints of existing levels of resources.

The Division of Student Life wishes to thank the Student Life staff who wrote the self studies for the two reviews, especially Stacie Turks and Jason Velo, the department directors with overall responsibility for writing the studies and gathering the evidence of effectiveness.

We particularly wish to recognize and extend our appreciation for the time and collective wisdom of the two review committees. We understand that each of the members who participated in the review has other significant responsibilities at the University; therefore, we particularly appreciate the collegiality extended in helping Student Life improve our service to and education of our students. We are indebted to the leadership of Gary Howells and Rob Brodnick, who expertly chaired the committees, organized the tasks for each member, met with Division staff and students, and compiled and wrote much of the two excellent reports. The reviews came at a welcome time in our organizational development within the Division. We have benefited from the committee's insight that has led us to a better understanding of the direction and resources needed to help us accomplish our objectives and learning outcomes.

Members of the Review Committees included:

Counseling Services Program Review

Gary Howells, Professor of Psychology, Chair

Max Barrossa, ASuop Vice President

Nikki Hinshaw, Area Coordinator, Housing and Greek Life

Delores McNair, Assistant Professor of Education

Danny Nuss, Assistant Director, Educational Resource Center

Edie Sparks, Assistant Dean of the College and Asst. Professor of History

Barbara Thomas, Director, University of San Francisco Counseling Center

Office of Student Leadership and Involvement Program Review

Robert Brodnick, Assistant Provost for Planning, Innovation, and Institutional
Assessment, Chair

Louis Camera, Director of Student Activities, CSU Sacramento

Cathy Dodson, Executive Director of Advancement Services and Research

Diane Farrell, Associate Director, Career Resource Center

Kristina Juarez, Senior Resident Assistant Housing and Greek Life

Miranda Newman, Graduate Student

Greg Rohlf, Associate Professor, College of the Pacific

xc: Counseling Services Program Review Committee
Student Leadership & Involvement Program Review Committee

Counseling Services Program Review 2007-2008
Response to Committee Report

The staff of Counseling Services thanks the committee members for their thoughtful and diligent review. Our responses to the recommendations in the six areas of priority are as follows:

Recommendation 1: Provide competitive salaries

Response

The issue of salary continues to be our biggest challenge to date as it relates to recruitment and retention of staff. In the fall of 2007, following the departure of a Staff Psychologist (licensed one week before departure), we engaged as a staff in the process of advertising, application review, phone screening and on-campus interviewing. After making several offers, we were unsuccessful hiring a licensed candidate throughout the semester. In each case the candidates who chose other opportunities were willing to share that their decision to go elsewhere was impacted by higher pay at those locations (state universities). We resumed the process in January of 2008. Again we have been unable to hire any licensed clinicians, either at the Masters' or Doctoral level due to salary constraints. In one case, the candidate disclosed that her current salary at a Midwest high school was above the range at Pacific. Even after accepting that an unlicensed candidate would be the most likely applicant to accept the staff position, we were unable to find the right fit. Again, the "quality of life" issues resurfaced. We heard from the most recent candidate that he was sure working at Pacific was a wonderful opportunity; however, he preferred to wait for a more lucrative offer.

Action Plan

1. Meet with the Dean of Students, Vice President for Student Life, and the Vice Present of Human Resources for continued collaboration regarding defining and grading the staff therapist and staff psychologist positions to ensure the compatibility with relevant comparison institutional salary data for determining a cost conscious solution.

The **desired outcomes** include:

1. Updated position descriptions to accurately reflect full scope of responsibility given three campus focus.
2. Request re-grading of positions to reflect increase in responsibility.
3. Utilize appropriate university strategic planning for achieving median salary range in the newly classified grade ranges.

Recommendation 2: Additional resources for Psychiatric hours

Response

Although the Institutional Priorities Committee found that the request for funding additional psychiatric hours did not fall among the most immediate priorities for the university or division, Student Life administrators Drs. Griego and Royce-Davis have voiced their support for continued efforts to attain this important funding. Throughout the fall semester of 2007, the only

service for which there was a wait list was psychiatric service. We know that the need for psychiatric services has increased, that we expect that trend to continue, and that we will need to work within the context of the resources in the Stockton area.

Currently we are aware of two newer psychiatrists that may be interested in providing services to the university population on a part time basis. It has become clear that in matters of hiring staff, we are restricted to the less experienced in order to remain within the boundaries of economic considerations.

Action Plan:

1. Work with the Dean of Students, Vice President for Student Life, and the Assistant Vice President for Human Resources to propose cost conscious solutions to the challenge of providing additional psychiatry hours.
2. Assess the availability and interest of psychiatrists in the Central Valley to work at Counseling Services on a part-time contract basis.
3. Interview qualified candidates.

Desired Outcome:

Provide Pacific students with additional availability of medication management.

Recommendation 3: Take steps to ensure staff retention and lower staff/student ratio

Response

In addition to the challenges noted above (please see Recommendation 1), current staff members have shared concerns regarding the feasibility of remaining at Pacific due to the inability to manage the cost of living in this region. As this recommendation is directly related to the strongly affirmed recommendation of increased salary, we believe the steps required are for Human Resources to complete a comparative salary study and re-grade the Staff Psychologist I and II as well as Staff Therapists positions. In this way, additional university dollars may become available to achieve median income in the new grade levels. It remains true that creating tangible rewards for the dedicated, talented, experienced staff is an essential part of maintaining the positive culture of Pacific.

Regarding meeting the IACS guideline for staff/student ratio, it seems unlikely that we would expect to add staff given the difficulties we have had filling existing vacancies. More specific reactions to the committee's ideas for staffing will be addressed below under "additional responses".

Action Plan

1. As in response to Recommendation 1, meet with the Dean of Students, Vice President for Student Life, and the Vice Present of Human Resources for continued collaboration regarding defining and grading the staff therapist and staff psychologist positions to ensure the compatibility with relevant comparison institutional salary data for determining a cost conscious solution.

Desired Outcome:

1. Retain qualified staff.

Recommendation 4: Direct access to legal counsel.

Response

The recommendation from the committee for therapists in Counseling Services to access legal advice from professional organizations, given that the university counsel does not specialize in mental health law, seems quite reasonable and acceptable. This recommendation will be utilized by staff if needed.

Action Plan

1. Contact the American Psychological Association or California Psychological Association for legal advice when appropriate.

Desire Outcome:

1. Minimize risk through expert recommendations.

Recommendation 5: Yearly training for Student Life staff regarding confidential protocols for notification of student mental health emergencies.

Response

Training relevant campus constituents, especially within the division of Student Life is and should be in our opinion, an ongoing process. New staff throughout the division and those staff who do not often refer to Counseling Services will likely feel more comfortable with increased knowledge. We have already engaged in research and have collected information that demonstrates common practices at universities for educating faculty and other campus constituents on the Counseling Center website.

Within recommendation 5, the committee described an "overall concern that the right of students to approve the access to or the release of information in their records is being ignored". In response, the committee "recommends modifying existing consent forms to allow access under conditions that students can specify". There is nothing in the policy or procedure of mental health service through Counseling Services that ignores the students' right to access their records. As such, there is no need to amend or modify existing consent forms. There has been, and continues to be, through the "Consent to Release Information" form the ability for the adult student to release whatever information they chose to whomever they decide. In fact, students often utilize this consent to release information to faculty, staff, parents, other healthcare providers, legal counsels and government agencies. The "Consent to Release Information" form is probably the most used form in our department.

Action Plan

1. Present information on operating procedures for referral and confidentiality at least yearly to the Student Life Leadership during the division leadership meetings.
2. Continue specific departmental trainings, such as the one conducted with Public Safety, to educate others regarding the policies and procedures of Counseling Services.
3. Implement several new informational pages on the Counseling Services website, including video clips that demonstrate how faculty can respond to distressed students, links to resource

organizations such as the National Institute on Drug Abuse (NIDA), and links to helpful information recognizing and coping with depression and anxiety symptoms.

4. Develop opportunities to pro-actively contact and engage faculty so that they may becoming familiar with counseling resources.

Desired Outcomes:

1. Increased awareness and appreciation of the necessity of confidentiality within the counseling relationship
2. Increased understanding and cooperation among campus constituents as related to maintaining confidentiality within the context of sharing appropriate information
3. Increased trust and confidence regarding community safety

Recommendation 6: Repetitive training for Health Services front desk staff regarding Counseling Services policies.

Response

In addition to the training already provided, the Office Coordinator, the Director, or available staff members informally instruct the Health Services front desk on Counseling Services procedures as the need arises. Planned, regular supplementary training appears to be a viable solution for ensuring quality care.

Action Plan

1. The Office Coordinator for Counseling Services, Lindsay Sutton, will conduct regular, updating training for the Health Services staff that fill in during her absence.

Desired Outcome:

1. Increased service satisfaction for student customers

Additional Responses Beyond the 6 Primary Recommendations:

There are three additional important clarifications that need to be made in reference to the Program Review committee's report. The first is in reference to the sharing of confidential health information between Counseling Services and Health Services. The second is about outreach efforts in place. Finally, the alternate staffing suggestions are addressed.

1. The report references the sharing of health information within several domains, but especially regarding Psychiatric Services and Leadership.

Response

Information regarding the legal and ethical standards for sharing psychological information has been disseminated to university staff both in written and oral form on numerous occasions. Counseling Services is dedicated to maintaining both legal and ethical standards as dictated by the state of California and the Board of Psychology. Within this context, we remain dedicated to collaborative efforts to ensure the best student care.

While there has been some confusion throughout the country between legislators, school officials and health care practitioners regarding the jurisdiction of HIPAA and FERPA, psychologists are

required to meet the strictest guidelines for confidentiality, which in California are the state laws. In other words, not following state law leaves psychologists open to both prosecution and losing his or her license to practice psychology. As stated in the Psychology Licensing and Related Laws on the Board of Psychology website:

Confidentiality

2918. The confidential relations and communications between psychologist and client shall be privileged as provided by Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code.*

*Please see Appendix 1 for the full text.

In short, the law prohibits sharing confidential communications except where no privilege can be claimed. Privilege is relinquished, for example, when the client is in imminent danger of harming him or her self or when information of child or elder/dependent adult abuse is shared. As mentioned above, the client (holder of the privilege) can give consent to have information disclosed, or the client can share the information him or her self.

Coordination of care *when* both a Health Services provider and Counseling Services provider are *treating the same student* is an appropriate scenario in which *relevant* health information could be shared. The informed consent that students sign on intake covers this contingency.

What is also true is that Counseling Services has in place, and utilizes, 2 forms for communicating with Health Services in order to coordinate care for students we are seeing in common. The first is an inter-office referral form (Appendix 2) designed to share pertinent information and respond to the referring party. Therapists fill out the form and place it in a sealed envelope addressed to the Health Services provider scheduled to treat the student. That provider fills in the bottom portion of the form with follow up information, makes a copy, then returns the original to the referring therapist. Both Health and Counseling then have written documentation for their respective charts. In addition, Counseling Services added the "Protected Health Information" (PHI) form to the protocol for sharing with Health Services to even more thoroughly detail all of the information specified in the HIPAA regulations. The language used in that document comes directly from the information supplied in 2006 from CNA HealthPro, the malpractice insurance carrier for the university. The PHI information includes: "**medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any *summary* of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date**". Therapists may not have all the information listed above if the referral occurs early in treatment, but do share all known, relevant information with the medical providers.

You may have noted under "Psychiatric Services" that Dr. Brink was very complementary of the collaboration with the therapists. Never has he raised any concerns regarding the referral he receives from the rest of the staff.

At the most recent OCCDHE conference, the standard for sharing mental health information was reviewed. We are in compliance with best practices used at other California university counseling centers. The most relevant example comes from Santa Clara University. Like Pacific,

they use both MedPro and Titanium for their health and counseling record keeping respectively. Both departments are under the leadership of the same director and do not access the electronic records of the other. According to the director, although he would not allow such access, neither staff has ever asked. These professionals recognize the need for the confidential nature of psychotherapy and trust that their colleagues do and will share information as needed and appropriate.

In summary, protecting the privileged communication that occurs within a therapeutic relationship is necessary, legal, and ethical. Overall it is the right thing to do. With the goal of providing our students with the best care, we observe all appropriate procedures.

Action Plan

1. Continue to promote use of established written communication vehicles for sharing appropriate, pertinent protected health information, including the 2 forms described above.
2. Continue to coordinate care through oral discussions formally in the bi-monthly "Provider's Meeting" and informally as needed.

Desired Outcome:

1. Strengthened partnership in collaborating to meet student physical and mental health needs.
2. The report identified outreach programming from Counseling Services as an area for improvement. Specifically, some of the campus constituents shared their "desire for Counseling Services to initiate a broader range and greater number of outreach programs for students that can be offered with greater frequency".

Response

Our impression is that there is a need to increase awareness of what outreach already occurs, as well as a need to increase the "branding" of Counseling Services. A significant amount of outreach is performed on the Stockton campus by the staff of Counseling Services. In this school year we have conducted outreach in the forms of: Orientation to Counseling Services, Mental Health Awareness, Alcohol Screening, Eating Disorders Screening, Depression Screening, Safe Zone Training, Ethical Decision Making, Stress Management, Assertiveness Training, Life/Work Balance, Healthy Body Image, Substance Abuse Education, Resident Assistant and Ambassador's Training, and Diversity Awareness. Through these events, in this school year (2007-08) we have interacted with close to 2000 students, faculty and staff. The programs run throughout the calendar year, beginning with summer orientation, and running through graduation. The programming takes place in classrooms and common areas within academic buildings, sorority houses, residence halls, outside the Summit, and in theaters across campus.

Action Plan

1. Increase the advertising/branding of Counseling Services through a newly designed poster that will be available to hang in buildings across campus. The poster details our services, contact information, and hours of operations.
2. Similarly designed brochures will be available to distribute across campus as well.

3. Continue to hand out Counseling Services stress balls and miniature packs of Play-Doh at campus wide events such as "Check Up From the Neck Up" and Profile Day. They were very well received. These marketing efforts should make our presence on campus more obvious.

4. Conduct a regularly scheduled (weekly, bi-monthly or monthly) interactive event, perhaps entitled "Wellness Wednesday". This tabling event on the main campus will feature music, Frisbee playing, and informational handouts on featured topics like stress management and substance abuse.

5. Develop appropriate educational content on website for student, faculty and staff needs that increases awareness of Counseling Services resources.

6. Develop brochure for easy reference regarding recognizing, working with and referring distressed students. The target audience for this brochure will be faculty and other campus partners.

3. Within the (Part 5) Human Resources domain, the committee suggested considering the addition of MFT interns to the staff as a way of "reducing current staff overload".

Response

We believe that adding more unlicensed clinicians to the staff places an undue burden on the staff to complete the necessary face-to-face individual clinical supervision required for interns. Specifically, 10% of the time each intern works must be in supervision with a licensed clinician. Supervision consists of 2 hours of individual supervision, 2.5 hours of group supervision, and 4 didactic training seminars per week. Additional hours are also needed for supervision preparation, which includes reading and signing off on all case notes and viewing video recordings of therapy sessions. As an example, one would expect to spend at least 7-8 hours per week while supervising 2 interns. The more unlicensed clinicians from any discipline we add, the less time the licensed professionals have to provide direct service.

Significant time and effort would also be required to supplement the existing psychology training program with the requirements for Marriage and Family Therapists. As well, the salary of master's level therapists is not significantly less than the doctoral level practitioner such that the current budget could support the addition. A recent example illustrates this fact quite well. A community therapist expressed interest in the open therapist position in April 2008. As a licensed MFT he currently earns \$66,000 per year, \$14,000 more than what is currently available for the Staff Psychologist I position.

Action Plan

1. Commit to exploring other alternatives to supplementing current staffing, while taking into account budget constraints.

Desired Outcome:

1. Become fully staffed to continue efforts to meet students' counseling needs

Appendix 1
CALIFORNIA CODES
EVIDENCE CODE
SECTION 1010-1027

1010. As used in this article, "psychotherapist" means a person who is, or is reasonably believed by the patient to be:

(a) A person authorized to practice medicine in any state or nation who devotes, or is reasonably believed by the patient to devote, a substantial portion of his or her time to the practice of psychiatry.

(b) A person licensed as a psychologist under **Chapter 6.6** (commencing with Section 2900) of **Division 2** of the Business and Professions Code.

(c) A person licensed as a clinical social worker under Article 4 (commencing with Section 4996) of **Chapter 14** of **Division 2** of the Business and Professions Code, when he or she is engaged in applied psychotherapy of a nonmedical nature.

(d) A person who is serving as a school psychologist and holds a credential authorizing that service issued by the state.

(e) A person licensed as a marriage and family therapist under **Chapter 13** (commencing with Section 4980) of **Division 2** of the Business and Professions Code.

(f) A person registered as a psychological assistant who is under the supervision of a licensed psychologist or board certified psychiatrist as required by Section 2913 of the Business and Professions Code, or a person registered as a marriage and family therapist intern who is under the supervision of a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician certified in psychiatry, as specified in Section 4980.44 of the Business and Professions Code.

(g) A person registered as an associate clinical social worker who is under the supervision of a licensed clinical social worker, a licensed psychologist, or a board certified psychiatrist as required by Section 4996.20 or 4996.21 of the Business and Professions Code.

(h) A person exempt from the Psychology Licensing Law pursuant to subdivision (d) of Section 2909 of the Business and Professions Code who is under the supervision of a licensed psychologist or board certified psychiatrist.

(i) A psychological intern as defined in Section 2911 of the Business and Professions Code who is under the supervision of a licensed psychologist or board certified psychiatrist.

(j) A trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, who is fulfilling his or her

supervised practicum required by subdivision (b) of Section 4980.40 of the Business and Professions Code and is supervised by a licensed psychologist, board certified psychiatrist, a licensed clinical social worker, or a licensed marriage and family therapist.

(k) A person licensed as a registered nurse pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, who possesses a master's degree in psychiatric-mental health nursing and is listed as a psychiatric-mental health nurse by the Board of Registered Nursing.

(l) An advanced practice registered nurse who is certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 of Division 2 of the Business and Professions Code and who participates in expert clinical practice in the specialty of psychiatric-mental health nursing.

(m) A person rendering mental health treatment or counseling services as authorized pursuant to Section 6924 of the Family Code.

1010.5. A communication between a patient and an educational psychologist, licensed under Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 of the Business and Professions Code, shall be privileged to the same extent, and subject to the same limitations, as a communication between a patient and a psychotherapist described in subdivisions (c), (d), and (e) of Section 1010.

1011. As used in this article, "patient" means a person who consults a psychotherapist or submits to an examination by a psychotherapist for the purpose of securing a diagnosis or preventive, palliative, or curative treatment of his mental or emotional condition or who submits to an examination of his mental or emotional condition for the purpose of scientific research on mental or emotional problems.

1012. As used in this article, "confidential communication between patient and psychotherapist" means information, including information obtained by an examination of the patient, transmitted between a patient and his psychotherapist in the course of that relationship and in confidence by a means which, so far as the patient is aware, discloses the information to no third persons other than those who are present to further the interest of the patient in the consultation, or those to whom disclosure is reasonably necessary for the transmission of the information or the accomplishment of the purpose for which the psychotherapist is consulted, and includes a diagnosis made and the advice given by the psychotherapist in the course of that relationship.

1013. As used in this article, "holder of the privilege" means:

- (a) The patient when he has no guardian or conservator.
- (b) A guardian or conservator of the patient when the patient has a guardian or conservator.
- (c) The personal representative of the patient if the patient is dead.

1014. Subject to Section 912 and except as otherwise provided in this article, the patient, whether or not a party, has a privilege to refuse to disclose, and to prevent another from disclosing, a confidential communication between patient and psychotherapist if the privilege is claimed by:

- (a) The holder of the privilege.
- (b) A person who is authorized to claim the privilege by the holder of the privilege.
- (c) The person who was the psychotherapist at the time of the confidential communication, but the person may not claim the privilege if there is no holder of the privilege in existence or if he or she is otherwise instructed by a person authorized to permit disclosure.

The relationship of a psychotherapist and patient shall exist between a psychological corporation as defined in Article 9 (commencing with Section 2995) of **Chapter 6.6 of Division 2** of the **Business and Professions Code**, a marriage and family therapy corporation as defined in Article 6 (commencing with Section 4987.5) of **Chapter 13 of Division 2** of the **Business and Professions Code**, or a licensed clinical social workers corporation as defined in Article 5 (commencing with Section 4998) of **Chapter 14 of Division 2** of the **Business and Professions Code**, and the patient to whom it renders professional services, as well as between those patients and psychotherapists employed by those corporations to render services to those patients. The word "persons" as used in this subdivision includes partnerships, corporations, limited liability companies, associations and other groups and entities.

1015. The psychotherapist who received or made a communication subject to the privilege under this article shall claim the privilege whenever he is present when the communication is sought to be disclosed and is authorized to claim the privilege under subdivision (c) of Section 1014.

1016. There is no privilege under this article as to a communication relevant to an issue concerning the mental or emotional condition of the patient if such issue has been tendered by:

- (a) The patient;
- (b) Any party claiming through or under the patient;

(c) Any party claiming as a beneficiary of the patient through a contract to which the patient is or was a party; or

(d) The plaintiff in an action brought under Section 376 or 377 of the **Code** of Civil Procedure for damages for the injury or death of the patient.

1017. (a) There is no privilege under this article if the psychotherapist is appointed by order of a court to examine the patient, but this exception does not apply where the psychotherapist is appointed by order of the court upon the request of the lawyer for the defendant in a criminal proceeding in order to provide the lawyer with information needed so that he or she may advise the defendant whether to enter or withdraw a plea based on insanity or to present a defense based on his or her mental or emotional condition.

(b) There is no privilege under this article if the psychotherapist is appointed by the Board of Prison Terms to examine a patient pursuant to the provisions of Article 4 (commencing with Section 2960) of **Chapter 7** of Title 1 of Part 3 of the **Penal Code**.

1018. There is no privilege under this article if the services of the psychotherapist were sought or obtained to enable or aid anyone to commit or plan to commit a crime or a tort or to escape detection or apprehension after the commission of a crime or a tort.

1019. There is no privilege under this article as to a communication relevant to an issue between parties all of whom claim through a deceased patient, regardless of whether the claims are by testate or intestate succession or by inter vivos transaction.

1020. There is no privilege under this article as to a communication relevant to an issue of breach, by the psychotherapist or by the patient, of a duty arising out of the psychotherapist-patient relationship.

1021. There is no privilege under this article as to a communication relevant to an issue concerning the intention of a patient, now deceased, with respect to a deed of conveyance, will, or other writing, executed by the patient, purporting to affect an interest in property.

1022. There is no privilege under this article as to a communication relevant to an issue concerning the validity of a deed of conveyance, will, or other writing, executed by a patient, now deceased, purporting to affect an interest in property.

1023. There is no privilege under this article in a proceeding

under **Chapter 6** (commencing with Section 1367) of Title 10 of Part 2 of the **Penal Code** initiated at the request of the defendant in a criminal action to determine his sanity.

1024. There is no privilege under this article if the psychotherapist has reasonable cause to believe that the patient is in such mental or emotional condition as to be dangerous to himself or to the person or property of another and that disclosure of the communication is necessary to prevent the threatened danger.

1025. There is no privilege under this article in a proceeding brought by or on behalf of the patient to establish his competence.

1026. There is no privilege under this article as to information that the psychotherapist or the patient is required to report to a public employee or as to information required to be recorded in a public office, if such report or record is open to public inspection.

1027. There is no privilege under this article if all of the following circumstances exist:

- (a) The patient is a child under the age of 16.
- (b) The psychotherapist has reasonable cause to believe that the patient has been the victim of a crime and that disclosure of the communication is in the best interest of the child.

CWC INTEROFFICE REFERRAL FORM
(Deliver directly to Provider in a sealed envelope)

Student's Name: _____ DOB: _____ ID#: _____

Date of Referral: _____

To: NP/PA Physician Dietician Therapist Psychiatrist

Protected Health Information:

Visits/Sessions: _____ # of _____ From: _____ To: _____ (Date)

(Date)
Symptom(s): _____

Diagnosis: _____

Treatment Modalities/Plan: _____

Medication Prescription/Monitoring: _____

Clinical Test Results: _____

Progress to Date/Functional Status: _____

Prognosis: _____

Signature of Referring Provider: _____

CONSULTATION NOTE

To: _____ Date: _____

Signature of Treating Provider: _____