



Kentucky Christian University

Intake Form Consent for Service

Name _____ Sex M or F Age _____

Dorm _____ Room # _____ Cell Phone (_____) _____

Home Address _____ City _____ ST _____ Zip _____

KCU Email Address _____

Drug Allergies _____

I attest that I have voluntarily entered into and consent to services provided by Kentucky Christian University Campus Ministry, Campus Health, and Student Counseling Services. Kentucky Christian University utilizes a treatment team approach when facilitating mental and medical health treatment to students. I attest that I understand and have voluntarily consented to mental and medical health information being exchanged; verbally, written, and/or electronically, between the offices of: Campus Ministry, Campus Health, Student Counseling Services, and Athletic Training during regular weekly treatment team meetings.

Recipient's Rights: I understand that I have the right to disagree with recommendations made by the treatment team during the course of treatment and may terminate treatment at any time.

Non-Voluntary Discharge from Treatment: A client may be terminated from treatment non-voluntarily, if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts during treatment sessions, and/or B) the client refuses to comply with stipulated program rules, or refuses to comply with treatment recommendations.

Client Notice of Confidentiality: The confidentiality of patient records maintained is protected by Federal and/or State law and regulations. Generally, the undersigned may not say to a person outside of the treatment team members that a patient attends or receives services or disclose any information identifying a patient unless: 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical (service) personnel in a medical emergency, leading to an involuntary commitment procedure (202A) where the patient is at imminent risk of harming themselves or someone else. It is the duty of the undersigned to warn any potential victim(s) when a significant threat of harm has been made. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records, with the exception of a minor, aged 16 or above who is seeking treatment for substance use/abuse.

I consent to treatment and agree to abide by the above stated policies.

Signature of Student Date

(In a case where a student is under 18 years of age, a legally responsible adult acting on his/her behalf)

Signature of legally responsible adult Date

