

# 2024-2025 CONSENT FOR EVALUATION/POLICIES/ FEE SUMMARY



**CAMPUS  
HEALTH**  
Counseling & Psych Services

Welcome to the Attention-Deficit/Hyperactivity Disorder (ADHD) Clinic at Counseling & Psych Services (CAPS). The ADHD Clinic and CAPS are part of the University of Arizona (UA) Campus Health Service (CHS). In order to ensure ethical and quality care, this Consent for Evaluation form does the following: 1) offers you information regarding our services; and 2) gives us your written consent to provide such services. Please read it carefully and let your provider know if you have any questions before signing this form.

**PURPOSE:** Our mission is to offer high-quality psychological evaluation to currently enrolled UA students to assist them in the pursuit of their educational goals. We are a focused evaluation unit and will assist in securing community resources when we believe you could benefit from more extensive or a different type of evaluation than we offer.

**EVALUATION DESCRIPTION AND OUTCOME:** Evaluation may include discussion of emotional issues, lifestyle issues, behavioral patterns, and family and/or relationship dynamics. Methods may include clinical interviews, self- and observer-report questionnaires, and objective measures, and may involve referral to other evaluation providers, as indicated. This process requires effort on your part and may involve emotional risk or discomfort. There is no guaranteed outcome with regard to diagnosis or treatment recommendations. Additionally, diagnosis does not guarantee that specific academic accommodations, medication prescriptions, or other services will be provided by CHS or by the University of Arizona.

**CONFIDENTIALITY AND RECORDS:** CHS began using electronic medical records in 2005. Records regarding your evaluation and services are stored on a secure server, entirely separate from academic records. Laws governing confidentiality of mental health records apply to the maintenance and disclosure of these records. Only authorized CHS staff can access these records; we believe in an integrated approach to overall health and, accordingly, medical providers within CHS can access your mental health records. This information will not be released outside of CHS without your written consent, the consent of your parent or guardian if you are less than 18 years of age (a minor), or unless required by law. Although your confidentiality must be protected, CHS is required by law to disclose information in certain circumstances. Examples of these confidentiality exceptions include: response to a valid subpoena or court order; risk of danger to yourself or others; reasonable belief that a child or vulnerable adult is at risk for abuse or neglect; and legal mandates such as the USA Patriot Act of 2001. If you are utilizing insurance benefits, CHS may be required to disclose certain information to your insurer. You have the right to request information in your CAPS records and/or a treatment summary from CAPS. A request for such records must be in writing.

**PROCEDURAL INFORMATION:** The majority of ADHD Clinic clinical services are provided by licensed mental health professionals. A small number of providers may be in training and are closely supervised by licensed staff. In most cases, an ADHD Clinic team member will meet with you for an initial session to determine the appropriateness of evaluation services. After this, you may be scheduled for follow-up with an ADHD Clinic provider or assisted in securing community resources. In the event of an emergency or unavailability of your assigned provider, you may be offered an appointment with another member of our ADHD Clinic team.

**EVALUATION PLANNING:** You have the right to participate in evaluation decisions and planning. You can terminate this relationship at any time and can accept or decline any recommended evaluation measures. You may withdraw this consent to evaluation at any time and will then be advised of the ramifications of such withdrawal from services. An ADHD Clinic provider may also terminate the professional relationship when deemed therapeutically necessary. If that occurs, you will be given other evaluation and/or treatment options, as appropriate.

**BILLING:** Fees incurred at the ADHD Clinic may be billed to your bursar's account or paid at CHS on the day of your appointment. As with other bursar's charges, your student standing may be affected by non-payment of fees. During times when the Bursar Office is not accepting transfers of charges, you will be asked to pay any applicable fees on the day of your appointment.

ADHD Clinic Fees* (effective July 1, 2022)	Regular Fee	Campus Care Fee	Student Health Insurance Plan
		(08/16/24 - 12/31/24 & 01/01/25 - 05/31/25 & 6/1/25 - 8/15/25)	(08/16/24 - 12/31/24 & 01/01/25 - 08/15/25)
Initial Screening	\$50	\$25	\$20
Assessment	\$425	\$25	\$20
Feedback Appointment	\$25	\$25	\$20

**\*Please note:** If you have an insurance plan that CAPS accepts, co-pay fees vary depending on your policy. Please check with the ADHD Clinic/CAPS Reception Staff.

**ALL ADHD CLINIC/CAPS APPOINTMENTS NOT KEPT OR NOT CANCELLED BY 4:00 PM THE DAY BEFORE THE SCHEDULED APPOINTMENT WILL BE CHARGED A NO-SHOW/LATE CANCELLATION FEE, AS FOLLOWS:**

No Show Fee/Late Cancellation Fees:	
Initial Screening	\$50
Assessment	\$150
Feedback Appointment	\$25

**Time/Date stamped cancellation phone line is available 24 hours and on weekends at 520-626-3100.** If you are late for an appointment, you may be asked to reschedule and will be charged for a missed appointment.

**CONSENT:** I have read and understand all of the information contained in this UA ADHD Clinic/CAPS Consent for Evaluation and Policies and Fee Summary. My signature below indicates my consent for evaluation, acknowledgement of the Policies, and agreement to the Fee Summary. I understand that if I am a minor, then CHS must obtain written permission from my legally authorized parent/guardian before I participate in evaluation.

\_\_\_\_\_  
Student Signature (Parent/Legal Guardian if minor)

\_\_\_\_\_  
Date