UNIVERSITY OF BRIDGEPORT
DIVISION OF STUDENT AFFAIRS

Counseling Services

Psychiatric Consultation Informed Consent

I understand that this psychiatric consultation is a service provided by the University of Bridgeport (UB). Access to the psychiatrist through the University of Bridgeport is not available when school is not in session or during the summer months. I understand that I remain a client of UB's Counseling Services (UBCS) and do not become a patient of the psychiatrist.

- **I must be an active client of the UB Counseling Services and see a counselor at least once a month or more often, as recommended by the UBCS.**
- If I am prescribed a medication(s), it is my responsibility to take it as prescribed and follow-up with the psychiatrist/counselor as suggested.
- I agree not to give or share any of my medications with others, and that if I do, I may be subject to disciplinary/legal action.
- If I schedule an appointment with the psychiatrist/counselor, I will give at least a 24 hour notice if I have to change it. If I do not show up for a scheduled appointment and I have not notified the Counseling Services, I understand that it may jeopardize my chances for future appointments with the psychiatrist.
- If I have a question during the academic year about my medications that cannot wait until my next appointment, I will contact the psychiatrist at the telephone number he has provided.
- If I am prescribed medication, it is my responsibility to ensure that I have enough medications to cover school breaks, holidays, and summer vacation, either through arrangements with the consulting psychiatrist/counselor or through a medical provider at home.

_____ _____
Family/Last Name, Given/First Date

_____ _____
Signature Counselor/Date