PSYCHIATRIC SERVICES AT SAN JOSE STATE UNIVERSITY

Eligibility
You must be a registered student to receive health or counseling services. To see a psychiatrist at San Jose State University (SJSU), you must be referred by either a medical provider at the Student Health Center (SHC) or a counselor from Counseling and Psychological Services (CAPS). If you are graduating or planning to discontinue your attendance at San José State University, it is important to notify us at least several months in advance so suitable follow-up care elsewhere, if necessary, can be arranged.

Availability
Hours for CAPS: Monday, Thursday and Friday from 8:30 a.m. to 4:30 p.m., Tuesdays and Wednesdays 8:30 a.m. to 5:30 p.m. Hours for the SHC: Monday – Thursday 8:30 a.m. to 5:00 p.m., and Fri. 8:00 a.m. to 4:30 p.m. Both CAPS and the SHC may have more restricted hours at times other than the winter and summer sessions. Please note: there is no psychiatric care available on nights, weekends and holidays and we do not have psychiatry services every day of the week.

If there is an urgent psychiatric need and your psychiatric provider is not available, students can see one of the other medical providers at the SHC (408-924-6122). If urgent attention is not necessary, a message can be left for your treating psychiatric provider (408) 924-6122. Although every attempt will be made to address messages promptly, please note we may not receive messages until the next business day. Please leave your name, student ID number, and the best phone number and times to reach you, and we will return your call as soon as possible.

Need to Have Alternative Source of Care
As noted above, CAPS and the SHC may be closed when you are in need of care. Thus, it is important for you to identify an alternative source of care you can utilize at those times, such as an urgent care clinic. If you consistently need care or appointments during the times that CAPS or SHC are not available, it is recommended that you strongly consider other resources, such as a private practitioner. You can also utilize the referral services available through Santa Clara County at (800) 704-0900 or (408) 885-5673, or the county in which you are currently residing. Please ask for specific referrals if you are unsure whom you should use as an alternative source of care.

Cancellations
Counseling and Psychological Services and the Student Health Center expect you to cancel your appointment as far in advance as possible of your appointment so the time can be utilized for other students. Psychiatric appointments must be cancelled before 7:30 AM Monday through Friday, the day of the scheduled appointment to avoid a charge. To cancel your psychiatric appointment, call (408) 924-6122, or cancel online at www.sjsu.edu/studenthealth/online_services.

When cancelling, please specify whether or not you intend to reschedule. If you are not rescheduling, please let us know the reason.
Medication Supply
We usually ensure that you have slightly more medication than you need until the next appointment. If you have to cancel an appointment and are about to run out of medication, please let us know this when you cancel so we can make sure you get an additional supply until your rescheduled appointment time. It is important that you speak with your psychiatric provider directly (or with another physician at the Student Health Center) if you need more medication. Asking your pharmacist simply to obtain a refill by calling one of us will not be helpful, as we need to speak to you before authorizing another prescription.

Medication Side-Effects
Besides the intended beneficial effect, all medications have the potential to cause side-effects. Before you decide whether or not to use medication, it is important to weigh the benefits of the medication against the risks. Whether the risks are acceptable is important to continually consider and will be your decision to make. You may always choose to discontinue the medication if you decided the risks are unacceptable. If discontinuation is considered, please do this in discussion with your prescribing provider.

If we decide to recommend treatment with a medication, the most common side-effects will be discussed with you. You may have other side-effects besides those we discuss. Please let your psychiatric provider know if this happens. We will usually meet again shortly after you start taking the medication to discuss any side-effects you may be experiencing and what you can do about them.

If you feel worse or if you experience worsening of your depression or suicidal thoughts, please call your provider or another provider at the Student Health Center urgently. After hours, please contact the After Hours Advice Nurse at 1-866-935-6347, Santa Clara County Crisis Line at 1-855-278-4204, or go to the nearest emergency room.

Course of Treatment
The use of psychiatric medications to treat emotional problems is not an exact science. Often it is difficult to predict what side-effects a patient may have or whether a particular medication will be effective. For these reasons, we may need to try several medications before finding the right one for you. In an attempt to provide services to the largest number of students, the number of visits with us may be limited. Students requiring intensive treatment without limits will be referred out to other resources in the community.

Confidentiality
CAPS and the SHC maintain the confidentiality of your mental health and psychiatric records. Information is not released to anyone outside CAPS and the SHC without your permission, with the following exceptions as required by law: (a) if you clearly plan to harm yourself; (b) if you threaten to commit an act which would cause bodily harm or death to another person; (c) if a court of law issues a legitimate subpoena or court order; (d) if you report instances of suspected child abuse or elder abuse; (e) in cases involving individuals who become gravely disabled and are unable to care for themselves.

Otherwise no information will be released without your written permission. If your medical record is released at your request, the psychiatric record does not go along with it. Psychiatric notes are recorded in a different section separate from the rest of the medical information in your medical record.

For coordination of treatment, providers from the SHC and counselors from CAPS do routinely share clinical information with each other through verbal consultation and exchange of written clinical notes. This is required for psychiatric services to be provided.

Please Note
San José State University Counseling and Psychological Services and the Student Health Center reserve the right to change any of this information without notice. You will be required to sign a consent form.
Consent for Psychiatric Services

I have read the information contained in “Psychiatric Services at San Jose State University”. I consent to receive psychiatric services at Counseling and Psychological Services and/or the Student Health Center, and I have received a copy of this information. I also authorize the release of information between the Student Health Center and Counseling and Psychological Services.

Print Name: ____________________________________________

SJSU ID #: (Required) ___________________________ Birthdate________________________

Signature: ___________________________________________ Date: ____________________

Confidentiality Statement for Psychiatric Services

This questionnaire is for the purpose of ensuring that your confidentiality is maintained in the event we have to contact you. The Student Health Center and Counseling and Psychological Services will assume that this information is current unless notified by you to the contrary.

Address: __________________________________________ City: _____________________ Zip: __________

Home Telephone Number: (______)______________________

OK to Leave Message on Answering Machine? ________Yes ________No

In the interest of protecting your confidentiality, what type of information can be left on your home machine?

A. _____ Appointment changes only
B. _____ Information about your medication or psychiatric condition
C. _____ Other (please specify):

Work Telephone Number: (______)______________________

OK to Leave Message on Answering Machine? ________Yes ________No

In the interest of protecting your confidentiality, what type of information can be left on your work machine?

A. _____ Appointment changes only
B. _____ Information about your medication or psychiatric condition
C. _____ Other (please specify):

Cell Telephone Number: (______)______________________

OK to Leave Message on Answering Machine? ________Yes ________No

In the interest of protecting your confidentiality, what type of information can be left on your cell telephone?

A. _____ Appointment changes only
B. _____ Information about your medication or psychiatric condition
C. _____ Other (please specify):