

Memorandum of Understanding Between

██████████ Counseling Center and Student Health Center

and

██████████ Behavioral Health

Purpose: This Memorandum of Understanding (MOU) is intended to facilitate best practices for continuity of care of ██████████ students (hereinafter "Student(s)") with psychiatric needs between ██████████ Behavioral Health, the ██████████ Counseling Center, and the ██████████ Student Health Center.

Scope: This MOU applies to any currently-enrolled ██████████ Student who are referred by ██████████ to ██████████ Behavioral Health for psychiatric or behavioral health care.

Understandings and Agreements

When a Student presents to ██████████ Behavioral Health:

When Students are determined by the Counseling Center and/or Student Health Center clinical staff to need emergent psychiatric assessment, the parties agree to the following protocol:

1. The ██████████ Case Manager or on-call counselor will request that the Student sign:
 - a. A consent that complies with ██████████ law regarding the protection and release of confidential health information for release of the Student's records related to treatment at the ██████████ Counseling Center and/or Student Health Center to ██████████ Behavioral Health; and
 - b. A HIPAA-compliant consent for release of protected health information (PHI) from ██████████ Behavioral Health to ██████████ Counseling Center and/or Student Health Center.
2. The ██████████ Case Manager will call ██████████ Behavioral Health ACCESS line to provide information regarding the Student's clinical status and impending arrival.
3. ██████████ Campus Police will transport or accompany the Student to ██████████ Hospital.
4. Upon arrival at ██████████ Hospital, the Student will be escorted by the Campus Police to the Emergency Room.

5. Once the Student is registered as a patient at [REDACTED] Hospital Emergency Room and has been brought back to an emergency room bed from the waiting room, [REDACTED] Hospital staff will inform the [REDACTED] Campus Police of such registration, and the Campus Police and [REDACTED] are at that point released from any further responsibility for the Student and may then leave the hospital premises.

If a Student presents to [REDACTED] Behavioral Health without involvement of the [REDACTED] Counseling Center or Student Health Center, [REDACTED] Behavioral Health will request that the Student sign:

1. A consent that complies with [REDACTED] law regarding the protection and release of confidential health information for release of the Student's records related to treatment at the [REDACTED] Counseling Center and/or Student Health Center to [REDACTED] Behavioral Health; and
2. A HIPAA-compliant consent for release of protected health information (PHI) from [REDACTED] Behavioral Health to [REDACTED] Counseling Center and/or Student Health Center.

Once such consent forms are signed, [REDACTED] Behavioral Health will notify the [REDACTED] Case Manager of the Student's presentation at [REDACTED] Behavioral Health by fax.

Disposition from [REDACTED] Behavioral Health:

1. **Admission for psychiatric services:** [REDACTED] Behavioral Health Access Coordinator will contact the [REDACTED] Case Manager by fax and inform him/her of the Student's admission and/or disposition following assessment in the Emergency room.
2. **Discharge to family or own recognition :** [REDACTED] Behavioral Health Access Coordinator will contact the [REDACTED] Case Manager by fax and inform him/her of the Student's discharge and disposition.
3. **Discharge Against Medical Advice:** [REDACTED] Behavioral Health Access Coordinator will contact the [REDACTED] Case Manager by fax and inform him/her of AMA status.

In the event that a Student revokes consent to provide clinical information to [REDACTED], [REDACTED] Behavioral Health representative will inform the [REDACTED] Case Manager of such revocation.

Discharge from [REDACTED] Behavioral Health Inpatient Services:

1. Scheduled Discharge: [REDACTED] Behavioral Health Social Worker will consult with [REDACTED] [REDACTED] Manager by phone prior to discharging any Student into the care of the [REDACTED]

██████████ Counseling Center or Student Health Center in order to determine whether the intensity and frequency of ██████████ Counseling Center services are appropriate to the Student's needs. If the Student requires services that are outside of the Scope of Services of the Counseling Center or Student Health Center, the Counseling Center should direct ██████████ Behavioral Health to discharge the Student into the care of a community provider at the appropriate level of care.

2. ██████████ Behavioral Health Social Worker will fax discharge summary to the ██████████ Case Manager at the time of discharge.
3. AMA Discharge: ██████████ Behavioral Health Social Worker will contact ██████████ Case Manager by fax and inform her of AMA discharge.
4. Discharge to services other than ██████████ Counseling Center or Student Health Center: ██████████ Behavioral Health will inform ██████████ Case Manager by fax that student has been discharged to services other than ██████████ Counseling Center or Student Health Service.

In the event that a Student revokes consent to provide clinical information to ██████████, ██████████ Behavioral Health representative will inform the ██████████ Case Manager of such revocation.

Notifications:

Any communications between the parties pursuant to this Agreement shall be to the following representatives of the parties:

- ██████████
- ██
- ██
- ██████████
- ██
- ██
- ██
- ██

[Redacted]

For Hospital:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Effective Date: This Memorandum, signed by appropriate representatives of both agencies here named, will constitute an Agreement of Understanding, Cooperation, and Compliance with its terms, and will be updated or revised only by mutual agreement of the parties in writing.

Signatures

[Redacted]

Counseling Center Case Manager

[Redacted]

Director, [Redacted] Behavioral Health