

Administrative Referral Questions and Answers for Affiliates



1. What is an Administrative Referral?

An administrative referral takes place when a faculty member or administrative staff person has identified a student who is having behavioral problems that represent a departure from acceptable participation in campus/academic community life. Such behavior may include: alcohol or drug abuse, aggressive or intimidating interpersonal behaviors, or the making of threats against self or others.

2. Should I know about the college's perspective on the student's behavioral problems? Is it OK for the student to know that I have this information?

Yes to both. Talk One-2-One, the Student Assistance Program, will provide you with the concerns that have been reported to them by the college. If the student comes in to your session denying behavioral problems, use this information as a means of exploring significantly varying perspectives on the part the college and the student.

3. What specific forms should I ask the client to sign because it is an Administrative Referral?

In addition to the *Statement of Understanding*, you should ask the client to sign the *Authorization to Inform College* form. By signing this, the client gives permission for the Student Assistance Program to communicate with the referrer, only that he/she is cooperating (or not) with any treatment recommendations.

4. What contact should I have with the Talk One-2-One student assistance program Account Manager?

Please let the Account Manager know as soon as the *Authorization to Inform College* is signed. You should also share your treatment plan. Typically, you should touch base with the Account Manager every 2 weeks or so.

5. How is my clinical role different than when I am handling a self-referral?

Recommendations you make to a self-referred client are likely based on the client's readiness and motivation. With an Administrative Referral case, you are recommending the treatment you assess the client needs, which they may or may not be motivated to try. An Administrative Referral provides leverage that helps many people get treatment they otherwise would not avail themselves of.

6. What is my role if I refer the client on for further counseling?

Your role is to assess whether the client is compliant with the treatment plan. The client needs to have a release signed that states that their provider can talk to you. Your assessment of compliance will depend on speaking with that provider and together with them determining whether the client is following recommendations. You will be compensated for your collateral time.

7. Should I call the college or send them any correspondence?

Please do not contact the college directly. Refer any such requests to your Talk One-2-One Account Manager at: 1-800-756-3124. We will then communicate with the college.

Thanks you for your help with these often demanding, important cases!



AUTHORIZATION TO INFORM COLLEGE

I understand that my college has recommended that I contact Talk One-2-One, my student assistance program, and that my college/university is requesting certain information. I authorize Talk One-2-One to inform my college of the following: (Talk One-2-One checks all that apply)

- () Whether or not I complete an initial session with a Talk One-2-One counselor.
- () Whether or not I am complying with the Talk One-2-One counselor's recommendations.
- () Other: _____

I, _____, grant authorization for Talk One-2-One to disclose the information selected above to the following college representative(s):

College Representative

This permission will expire one year from today or upon written request.

Student Signature

Counselor Signature

Date

Date

Note:

Talk One-2-One does not release information without a client's written consent. However, some information cannot remain confidential. When individuals express intention to harm themselves or others, the counselor may be required to break confidentiality to assure safety of all concerned. In addition, there are laws that require counselors to report child and elder abuse and neglect to appropriate state authorities, and to comply with court orders to release records.



TALK ONE-2-ONE STUDENT ASSISTANCE PROGRAM

STATEMENT OF UNDERSTANDING

AllOne Health's **Talk One-2-One** student assistance program offers assessment, short-term education, referral, and follow-up services for you.

All Talk One-2-One assessment and referral services are provided at no cost to you. If a referral is made outside of Talk One-2-One, the financial responsibility for payment to the referral source is yours. Although we endeavor to provide you with high quality referrals, we do not assume any responsibility for the services that may ultimately be provided by these referrals.

The information you share with your counselor is confidential. Talk One-2-One will not release information to anyone, including your college or family/household member, without your written consent. However, counselors are mandated reporters. They are required by law to report to the appropriate state authorities situations where there is a reasonable cause to suspect child and/or elder abuse. In addition, if an individual expresses intent to harm self or others, the counselor is required to break confidentiality to assure the health and safety of all concerned. There are occasions, in keeping with standard clinical practice; when clinical information may be shared with Talk One-2-One staff members.

If at any time you have any concerns or questions about the services you receive through your Talk One-2-One student assistance program, you are encouraged to discuss the matter immediately with your counselor and/or with a Talk One-2-One clinical staff member at 800-492-0052.

IT IS VERY IMPORTANT THAT IF YOU CANNOT KEEP YOUR SCHEDULED APPOINTMENT, YOU GIVE YOUR COUNSELOR A 24-HOUR CANCELLATION NOTICE.

Name of Client: _____

Client Signature: _____ Date: _____

Signature of Counselor: _____ Date: _____

Client's Case #: _____



PROVIDER BILL FOR SERVICES

Mail: AllOne Health, 190 North Main Street, Natick MA 01760
Fax: 508.655.9922

For the Month Of: _____

Date Submitted: _____

If you bill under your SS# please complete this box **OR** If you bill under your Tax ID# please complete this box

Social Security # _____ - _____ - _____

Provider Name: _____

Address: _____

TaxID# _____ - _____ - _____

Name Associated with Tax ID#: _____

Address: _____

Client Case #	Client Name	Date of Session	Total Hrs.
EX: 128-003-180-06-01	Doe, Jane	03/20/11	1

HOURS FOR MONTH: _____ X RATE: _____ = TOTAL DUE \$ _____

Please remember that each provider bill should be submitted for the SAME MONTH and YEAR, (i.e., this bill would be for March 2011 only.) Please put all cases for the month on this bill. If you have any questions regarding this form, please feel free to call our billing clerk at 800-492-0052 x3. Please note that reimbursement for services shall generally be made within forty-five (45) days from the date of receipt of correct and complete invoices. **BILLS RECEIVED MORE THAN 60 DAYS AFTER THE DAY THE SERVICE WAS PROVIDED WILL NOT BE PAID.**



Phone: 800.492.0052 | Fax: 508.655.9922
www.studenttalkone2one.com

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TALK ONE-2-ONE STUDENT ASSISTANCE PROGRAM CLOSURE FORM



CASE #: _____

COUNSELOR: _____

CLIENT'S NAME: _____ DATE: _____

K. Problem Assessed Category

1. Career Consultation
2. Consult - Faculty/Staff
3. Consult – Fraternity Advisor
4. Elder/Child
5. Family/Couples
6. Legal/Financial/Medical
7. Mental Health
8. Post-Military Adjustment
9. School Related
10. Substance Abuse/Addictions

L. Problem Assessed

1. Academic Stress
2. Administrative (formal) Referral
3. Alcohol
4. Anger Management
5. Anxiety
6. Assault
7. Career Issues
8. Child Care
9. Consult - Faculty/Staff
10. Consult-Fraternity Advisor
11. Couples
12. Critical Incident on Campus
13. Depression
14. Domestic Violence
15. Eating Disorder
16. Elder Care
17. Family/Other
18. Family/Teenager
19. Financial
20. Gambling Addiction
21. Grief
22. Internet Addiction
23. Interpersonal
24. Learning Disability
25. Legal
26. Medical
27. Mental Health
28. Mentally Ill
29. Other Drugs
30. PTSD
31. Sexual Harassment
32. Smoking Addiction
33. Substance Abuse – Family
34. TBI – Traumatic Brain Injury
35. Threat of Violence
36. Trauma

M. Academic Status

1. Warning
2. Probation
3. Suspension
4. Expulsion
5. N/A

N. Academic Impairment

1. Attendance
2. Concentration
3. Disruption
4. Grades
5. Relationships
6. Substance Abuse
7. N/A

O. Improvement in Academic Performance

1. Yes
2. No
3. N/A

P. Treatment at Student Assistance Program

1. Assessment Brief/Tx
2. Assessment/Referral
3. Critical Incident on Campus
4. Faculty/Staff Consultation
5. Telephone Info Only
6. N/A

Q. Number of Face to Face Counseling Sessions

1. No Show
2. 1
3. 2
4. 3
5. 4
6. 4+
7. N/A

R. Number of Telephone Counseling Sessions

1. No Show
2. 1
3. 2
4. 3
5. 4
6. 4+
7. None Requested

S. Referral Information

1. Career
2. Child Care
3. Elder Care
4. Fearless Flying
5. Financial
6. Food
7. Housing
8. Legal
9. Medical
10. MH in-patient
11. MH out-patient
12. New Parent's Partner
13. SA day/evening Tx
14. SA out-patient
15. Self-Help
16. Substance Abuse in-patient
17. Utilities
18. N/A

T. Referral Accepted

1. Yes
2. No
3. N/A

U. Improvement in Functioning

1. Yes
2. No
3. N/A

V. Did the services help the student to stay in school?

1. Yes
2. No
3. N/A



RELEASE OF INFORMATION CONSENT FORM

I, _____, hereby authorize the AllOne Health Resources, Talk One-2-One, Student Assistance Program to disclose/obtain specified information to/from:

for the purpose of referral to a professional practitioner or agency or for the purpose of

_____.

Such information includes:

- _____ Psychological Assessment
- _____ Personal, social or family history
- _____ Medical Information
- _____ Other

This consent shall terminate one year from today, unless client chooses to revoke consent in writing at an earlier date.

Client Name (print): _____ Date: _____

Client Signature: _____

Counselor Name (print): _____ Date: _____

Counselor Signature: _____