

U.S. NAVAL ACADEMY MIDSHIPMEN DEVELOPMENT CENTER INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY STATEMENT

Welcome to the Midshipmen Development Center! This handout summarizes important information that you should know about our services; please read both sides carefully to ensure that you understand our procedures. Midshipmen requesting counseling services are asked to read this material and acknowledge that they have done so. If you have any questions about these policies, do not hesitate to discuss them with your provider. We look forward to serving you.

1. **SERVICES PROVIDED** The Midshipmen Development Center (MDC) is available to serve the psychological and nutritional needs of the Brigade of Midshipmen. Our staff includes psychologists, psychology externs, social workers, and dietitians. We offer individual and group counseling, psychological assessments, eating disorder treatment, crisis intervention, psychological consultations, and performance enhancement assistance. You will be assigned to a provider who we believe will be a good match for you based on the information you provide through your intake questionnaire. Most treatments will be limited to ten sessions, though exceptions are made depending on treatment needs. If we determine that your treatment needs require resources or services beyond what we can provide, we will consider a referral to NHCA Behavioral Health or Walter Reed National Military Medical Center, and we will discuss this with you prior to initiating any requests.
2. **EFFECTS OF COUNSELING** Most Midshipmen can expect to benefit from counseling, making positive changes in their thoughts, feelings, and behaviors. The results of counseling can be variable, and a positive outcome depends on the effort expended by you as well as by your provider. Even the most successful counseling and therapy may at times be painful, as you deal with emotionally difficult issues. If you feel your provider is not a good match for you, you have the right to request a different provider, as well as the responsibility to inform your provider if you decide to do so.
3. **CONFIDENTIALITY OF SERVICES** Information shared by you in a counseling session or through testing will be kept in strict confidence. The counseling staff operates as a team in order to provide the best possible services to Midshipmen. As professionals, we may confer with other providers within the MDC. These consultations are for professional and/or training purposes only. Information will not be disclosed outside of MDC without your written permission. However, there are some situations in which we are *legally obligated* to disclose information or take action to protect you or others from harm (These actions may include notifying a potential victim, contacting the police, contacting your chain of command, or seeking hospitalization.):
 - If you intend to harm yourself or others.
 - If we believe your symptoms meet criteria for a serious mental health disorder (e.g., questions concerning suitability for commissioning), we might need to inform the Brigade Medical Officer (BMO) of your diagnosis and progress on a regular basis. In addition, a psychological evaluation appointment at NHCA Behavioral Health may be necessary.
 - If you tell us of a serious violation of military regulations that has the potential to impact mission readiness, we may have to contact the proper authorities.
 - Per State of Maryland law, if you report having been the subject of abuse as a minor, or if we believe that a child or vulnerable adult is being abused, we may be required to contact the Maryland Child Protective Services office.
 - Files may be subject to review in criminal and military justice cases, and for security clearance investigations.
 - PLEASE NOTE: THE EXCEPTIONS TO CONFIDENTIALITY ARE INFREQUENT. We will provide further information about these exceptions if desired before you choose whether to consent to counseling. It is the MDC's policy, whenever possible, to discuss with you any action that is being considered.
4. **SUITABILITY** As part of your pre-commissioning or other military physicals, you will be required to complete a Report of Medical History questionnaire (DD Form 2807) which asks if you have received counseling of any type. In these instances, we may be asked to provide additional information, including MDC records, to the Medical Provider reviewing the form. This additional information may be used to determine your suitability for commissioning or service selection. In the very rare case that your provider has concerns regarding your

suitability, this will first be discussed with you. If any further action needs to be taken, you will be informed of such action as soon as possible.

5. CHANGING APPOINTMENTS Regular, on-time attendance is important in order to facilitate the counseling process. If it is necessary to change or cancel your appointment, please contact MDC by email (MDC@usna.edu) or phone (410-293-4897) at least 24 hours in advance. This will allow us to open that appointment time to another Midshipman. To the best of our ability, we will notify you in advance if your provider is unable to meet with you as scheduled.
6. MISSED APPOINTMENTS If you do not show up for a schedule appointment and do not notify us, and your provider has concerns for your welfare, they may choose to contact your chain of command.
7. COUNSELING RECORDS Counseling records are NOT part of your medical record; however, if your condition worsens or requires additional treatment not available at the MDC, your information may be discussed with other health care providers. MDC counseling records are stored electronically on a secure server that is only accessible by our staff. When technical support is needed to service our computerized system, only specific personnel are authorized. These personnel have been trained regarding confidentiality and do not access individual records. Your record will be deleted seven years after you graduate. For confidentiality reasons, we do not use e-mail for counseling. We may use e-mail to contact you regarding appointments or to send information you may have requested, unless you specify otherwise.
8. EATING DISORDERS Effective eating disorder treatment requires a multi-disciplinary approach that may include a dietitian, medical officer, and/or a psychologist. These services are offered collaboratively through the MDC and Brigade Medical. If you are receiving treatment for an eating disorder, the MDC reserves the right to inform and receive information from Brigade Medical. For more information, please ask your provider.
9. SUPERVISION OF STAFF Some of our providers and all of our psychology externs receive regular supervision of their counseling work. At times they will request to have some sessions recorded, which are reviewed by their supervisors. If your provider wishes to record your session you will be asked to give your written permission to do this. Any information shared with supervisors will be treated confidentially and respectfully, with the goal being to give you the best service we can. If you do not wish to be recorded, your wish will be respected. Additionally, all of our providers are credentialed through NHCA and your file may be reviewed for professional credentialing purposes. If this occurs, the reviewer will be bound to keep your identity confidential.
10. RESEARCH AND EVALUATION The MDC seeks to assess the effectiveness of its services. You will be asked to complete an intake questionnaire prior to your first session and a short assessment prior to every session. This will allow your provider to better assess your needs and to check on your progress on an ongoing basis. Some of your reported information may be used for administrative and/or research purposes; however, any use of such information will be in aggregate (group) form, and you will not be personally identifiable either directly or indirectly.

If you have any questions or are not sure about any of these policies, please feel free to discuss it with your provider.

YOUR ACKNOWLEDGEMENT Your electronic “yes” on the intake form or signature below confirms that you have read the above in its entirety, that you understand the limitations of services and the exceptions to confidentiality, and that you are aware that you can address any questions you may have to your provider. Additionally, this informed consent statement complies with the Privacy Act of 1974 (Public Law 93-579). Your electronic yes indicates that you have been informed of and understand the full limits of disclosure.

Signature _____ Print Name _____ Date _____

If you would like a copy of this form, please ask the office manager or your provider for a copy.
Replaces forms: USNA-CCG-1734/17 (10/18/07) NDW-USNA-AAD-5211/08 (10/07)

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