

WASHBURN INSTITUTE OF TECHNOLOGY

Campus Advocate
5724 SW Huntoon Street
Topeka, KS 66604
785-670-3348

INTAKE & INFORMED CONSENT FORM

The Campus Advocate provides advocacy, case management, and short-term counseling services.

Campus Advocate & Case Management Services

Access to the Care Closet and Bods Feeding Bods, social and emotional support, referrals to campus and community resources, safety planning, victim’s rights information, client support at legal proceedings (does not transport students to court), client support when seeking medical assistance at the Washburn University Health Services Office (does not transport students) for qualifying students (those 18 years old or older), and assistance in requesting campus police chaperon transit between classes for instances of stalking, dating violence, and/or domestic violence.

Counseling Services

Counseling/psychotherapy services may be provided on a limited basis beyond the social and emotional support described above, by a qualified intern seeking a Master’s degree in clinical social work who is completing a 20 hour a week practicum placement. The social work student is supervised by a Licensed Specialist Clinical Social Worker. Practicum supervisors meet regularly with the student to review assessments and treatment plans, to ensure that clinical interventions fall within professional standards of practice. Client’s progress notes and other documents are reviewed and co-signed by the practicum supervisor.

Any services to minors require parental or guardian consent.

- I understand that I may be working with a student intern who is working on a Master’s degree.
- I understand that my Campus Advocate may be supervised by Licensed Specialist Clinical Social Worker who will review and sign off on my Campus Advocate’s counseling/psychotherapy work that has been done with me.
- I understand the services provided by the Campus Advocate are free to all currently enrolled Washburn Tech students.

Student Information

Student name: _____

WIN # or Government issue ID #: _____

- I confirm I am a currently enrolled student at Washburn Tech.

Date of birth: _____

Gender: _____

Preferred phone number: _____

Preferred email: _____

Preferred method of contact: Phone Email

Please indicate safest days and specific windows of time during which you would like to be contacted: _

Select service(s) student is seeking (check all that apply):

- Case Management/Advocate Services
- Short-term Counseling Services
- I'm not sure

I am a student under the age of 18, and I understand the information provided on this form may be made available for parent or guardian review and approval.

If desired, please briefly describe your reasons for seeking services:

Limited Confidentiality

What you discuss during your time with the Campus Advocate is kept confidential except for the instances listed below. This limited confidentiality only applies at Washburn Tech and Washburn University and is not recognized by any legal process. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself or others, the Campus Advocate has a legal obligation to contact a crisis care center for the student, to inform law enforcement of the potential threat, or to take other steps to protect the potential victim from harm.

Abuse of Children and Vulnerable Adults

If you disclose or it is suspected that there is abuse or harmful neglect of children or vulnerable adults, the Campus Advocate must report this information to the appropriate state agency or legal authorities.

Minors/Guardians

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. Students age 17 and under are required to obtain consent from parent/guardian. Signature required below.

I understand that the terms of limited confidentiality as described above remain in effect regardless of services provided.

Release of Information

The information about my communications and treatment with the Campus Advocate may not be released without my written authorization. However, these communications or this information may have to be revealed without my permission, as explained in the above limitations of confidentiality.

I understand the terms of release of information.

I understand the meaning in this form and consent to receiving services based on this understanding.

I understand I can discontinue services and withdraw consent at any time.

Student Signature: _____ Date: _____

Parent/Guardian Signature of Student age 17 and under:
_____ Date: _____

Please return the signed application to:

Campus Advocate
Washburn Tech
5724 SW Huntoon St, Building A, Room 117
Topeka, KS 66604

Email: techadvocate@washburn.edu
Phone: (785) 670.3348
Fax: (785) 273.7080

Washburn University prohibits discrimination on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, eodirector@washburn.edu.