



Client's/Student's Name: _____
Intake Date: _____ CASICS Staff: _____

Client Rights & Informed Consent

PLEASE READ BELOW AND SIGN. THANK YOU!

**Client Rights Specialist, Inc.
Maria Hanson, JD
P.O. Box 14533
Madison, WI 53714-0533
(608) 446-8957**

CASICS (\$125) is a prevention program for college students. Following a harm reduction approach, CASICS aims to motivate you to reduce marijuana use in order to decrease the potential negative consequences.

The program involves two one-on-one sessions (sessions scheduled two weeks apart) with a trained CASICS staff member. In the sessions, you will have a structured opportunity to assess your individual risk and identify potential changes for the future.

I understand that all information shared with the staff at Connections Counseling is confidential and no information will be released without my consent. I understand Connections Counseling and UW-Madison have an established Memorandum of Understanding, allowing for my demographic, program compliance information and anonymous assessment and evaluation data to be disclosed between said parties. In all other circumstances, consent to release information is given through written authorization. I further understand there are specific and limited exceptions to this confidentiality: when a specific statutory exception applies or a duty to warn exists.

Connections Counseling is a certified outpatient drug/alcohol and mental health clinic. The information shared in CASICS may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. However, CASICS may also alleviate problems and symptoms I present. I further understand it is the CASICS staff member's responsibility to suggest alternative modes of support and will assist in referrals when appropriate and necessary.

If you have any questions regarding this consent form or about the services offered at Connections Counseling, you may discuss such with your CASICS staff member. Also available if requested, is a pamphlet explaining your rights and the grievance procedure available to you. Please ask your CASICS staff member or the office if you would like a copy. You have the right to withdraw informed consent at any time in writing. Otherwise this consent will be valid for 15 months.

I have read the above information and have been notified of my rights and grievance procedure available to me. Connections Counseling has also informed me of the cost of CASICS; see back page. I hereby give my informed consent to engage in the CASICS Program.

Date _____
CLIENT/STUDENT SIGNATURE

Date _____
BASICS STAFF SIGNATURE



CASICS Payment Policy Information

- \$80 non-refundable deposit (via credit card) is required when scheduling initial CASICS session; \$45 remaining balance due in full at first CASICS session.
- Individuals are able to submit \$80 deposit and schedule initial CASICS session in person to clinic's front desk, if he/she does not have a credit card.
- If the individual does not show for the first CASICS session, \$80 deposit will not be refunded. The individual will be required to make another \$80 deposit to re-schedule.
- If the individual does not show for the second and final session of CASICS, \$80 will be due on the day of service of the second session ("No-Show" fee).



Approved Alcohol BASICS Provider