CLEMSON
COUNSELING & PSYCHOLOGICAL SERVICES

Box 344022
Clemson, SC 29634-4022
(864) 656-2451
Fax: (864) 656-0760

ACTT Referral Fax Cover Sheet

CONFIDENTIAL

FAX INFORMATION:

To:	Counseling and Psychological Services (CAPS)
Attention:	Kelly Bollinger, LPC, CACII Coordinator of the ACTT Program
From:	
Date:	
Number of Pages: (including cover)	
Regarding:	ACTT Referral
Student XID:	C
Comments:	

CHECKLIST: *(All items below must be completed by the Referring Agency prior to student's ACTT Assessment)*

- ☐ Met with student and explained ACTT Program
- ☐ Student initialed and signed an Authorization for Release of Confidential Information (ROI) specified for your agency
- ☐ Student read and signed the Student Agreement section of the ACTT Student Agreement & Referral Form
- ☐ Completed Referral Agency section of the ACTT Student Agreement & Referral Form
- ☐ Provided copy of signed ACTT Student Agreement & Referral Form and ROI to student
- ☐ Instructed student to:
  - Contact CAPS to schedule Assessment (864) 656-2451 within three (3) business days
  - Bring their copy of the ACTT Student Agreement & Referral Form and the ROI to their Assessment appointment
- ☐ Include in this fax (complete and signed):
  - ACTT Referral Fax Cover Sheet
  - Authorization for Release of Confidential Information (ROI)
  - ACTT Student Agreement & Referral Form
  - Any additional information that would be helpful at the time of the Assessment appointment (examples: Incident Reports, Tickets, etc.)

Staff Signature: _____ **Date:** _____/_____/_____

Printed Staff Name: _____