

CLEMSON

COUNSELING & PSYCHOLOGICAL SERVICES

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

ACTT Referral Fax Cover Sheet

CONFIDENTIAL

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately and destroy the related message. Thank you.

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: _____