

# NON-PATIENT TREATMENT AND RECORD DISCLAIMER



THE UNIVERSITY OF ARIZONA  
**CAMPUS  
HEALTH**  
Counseling & Psych Services

I am a **NON-PATIENT** voluntarily participating in the treatment of a University of Arizona student at Counseling and Psych Services (CAPS). I understand and agree that I am not a patient of CAPS, nor receiving treatment at CAPS, while participating in another student's treatment. As such, CAPS will neither create nor maintain any treatment records in my name or for me. Therefore, no such treatment records can or will be available to me now or later.

My signature below indicates my understanding of the limits of **NON-PATIENT** status regarding records at CAPS.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature (signed electronically)

\_\_\_\_\_  
Date

CAPS F-GENADM 12/7/20

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## COUNSELING & PSYCH SERVICES

The University of Arizona / Campus Health Service  
[www.health.arizona.edu](http://www.health.arizona.edu)

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