COUNSELING SERVICES
Campus Health Services, Health and Learning Center, Building 25
(928) 523-2261 fax (928) 523-9060

REFERRAL TO THE HEALTHY CHOICES PROGRAM

Student Name:	*Referral Name:*
Student Phone #:	*NAU Department:*
Student ID#:	*Office Phone* #:
Case #:	*Date of Meeting:*

Information about and reason for referral: (Must explain reason for referral.)

INSTRUCTIONS TO STUDENT

1. You are required to contact Counseling Services (CS) within FIVE working days after signing this referral.
2. To start this process, you must contact CS between 8am-5pm, Monday-Friday, to schedule an appointment for the Healthy Choices Class. Appointments can be made by phone. Healthy Choices Classes are offered on Wednesday and Friday afternoons only. If you cannot attend a class on one of these days, you must call CS and speak with Lauren Timmermans, Substance Abuse Program Coordinator.
3. During the Healthy Choices Class, you will meet with a SAP Counselor and will be referred to further educational or therapeutic options, including one personalized feedback session or individual counseling.
4. You have 60 days from signing this referral to complete this sanction. If you receive 2 Notices of Non-Compliance or fail to complete this program within the 60 day period, you may be subject to further disciplinary action.
5. Your student LOUIE account will be charged a $150 fee on the day this referral is received by CS. This fee will cover the required costs of the SAP, but additional no-show fees may be charged in the event that you fail to attend a scheduled appointment or fail to cancel the appointment with appropriate advanced notice (minimum of two hours notice is required).
6. As part of this process, you will likely be required to complete an online assessment, BASICS Feedback. The responses provided, as well as all other personal information, will be kept confidential between you and the CS Counselor(s) you meet with. However, CS will provide attendance information (including notices of non-compliance or completion) to the referral source.

Consent of Client

I, ____________________________________ hereby grant permission to Counseling Services to release the information about my attendance and recommendations to the following person/s and department:

____Name of Person/Departmental Office/Judicial Agency

This release shall remain valid for a period of 180 days from the signature date of this document.

Student Signature:____ __ Date:_________________________