



Balancing Alcohol and/or other Substance use to Improve Campus Success (BASICS) Student Information Form

BASICS is:

- **A free educational program** designed to help you explore the effects of alcohol (and/or cannabis) in your life.
- **NOT psychotherapy or counseling.** However, if BASICS elicits uncomfortable thoughts, feelings or memories and you experience distress during BASICS, you will be helped to connect with additional support and services at UHS.
- **Part of UHS.** UHS adheres to a model of care that integrates physical, psychological, and emotional factors that contribute to the health and well-being of each individual. If your care requires multiple UHS providers within UHS, relevant client-related information will be shared only as needed to assure coordinated care. All information shared among these professionals is treated in a confidential manner. We encourage you to discuss the nature of these consultations with your BASICS provider.
- **Part of your medical record** which is covered by Princeton University's policies and FERPA (the Family Educational Rights and Privacy Act) law. The computer-generated BASICS feedback report is maintained in the secure, online database for one year. At the conclusion of the BASICS program, any hand-written notes are shredded by the BASICS provider.
- **Confidential.** We do not release information to anyone outside of UHS without your written permission. Exceptions to this include:
 - * Cases of harm to self or others;
 - * If you were referred to BASICS by your Director/Dean of Student Life, Director of Gender Equity and Title IX Administration, Residential College Dean or Director of Studies and you give your permission by signing below, the following will be communicated to the referring party: 1.) whether or not you attended the BASICS session; and 2.) whether or not an alcohol-related (or cannabis-related) referral to Counseling and Psychological Services (CPS) has been made. No other details from your BASICS session will be shared with the referring party.

Your signature below indicates that you have read and that you understand all of the information in this document and that you accept the BASICS policies and procedures.

Name of Student (printed) _____ PUID# _____

Signature _____ Date _____

Witness _____ Date _____

Your provider will be happy to answer any questions you have about any of this information.