Policy Statement:

It is the policy of Campus Health Services that psychiatrists, psychiatric nurse practitioners, and/or counselors do not provide documentation for emotional support animals except in very rare circumstances. Psychiatric/mental health providers will only consider providing documentation for emotional support animals when:

1. The patient has been treated by a CHS mental health provider for least 6 months of ongoing medication or psychotherapy.

2. The patient and provider have discussed in advance the plan to get an emotional support animal.

3. The patient's mental health symptoms must be severe enough for the patient to be considered disabled.

Rationale:

1) The providers at Campus Health Services follow evidence-based practice guidelines. At this time, there is no body of research supporting the effectiveness of emotional support animals in alleviating symptoms of mental illnesses.

2) Most mental health providers have not been educated in animal-assisted therapy. Therefore, "prescribing" an emotional support animal can be seen as acting outside the scope of practice.

Procedure:

1. New patients requesting an appointment with either a primary care or psychiatric provider should be informed that as a matter of policy this office does not provide documentation for emotional support animals.

2. Established patients should discuss their desire to have an emotional support animal with their provider during an appointment. Requests for documentation made via email, patient portal, or phone call will be addressed during an appointment. Patients should be provided with our policy regarding emotional support animals. This is not to imply that their provider will provide documentation for an emotional support animal.

3. The student should be referred to the Disability Resource Center for the procedure required to bring an emotional support animal into campus housing if they have not already done so.
4. Any student appealing this policy should submit their request in writing to the Executive Director.

**Approvals:**

**Signature:** _______________________________  **Date:** October 1, 2018  
**Title:** Program Director

**Signature:** _______________________________  **Date:** October 1, 2018  
**Title:** Executive Director

### Annual Reviews

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- All Employees
- Administration
- Billing
- BRICC
- Front Desk

☐ Health Promotion
☐ Immunization Program
☐ Insurance Advocate
☐ Medical Providers
☐ Nursing

- PEACC
- Program Director
- Program Managers
- Psychiatric Providers

☐ Other: