

# CCHN Institutional Profile

## Section A: Questions for your facility/unit/organization

### Questions 2 – 39

Please note that all responses given in this Institutional Profile should pertain only to the 2017-2018 Academic Year and may be different than responses you'd give about current services and policies.

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2. Name of facility/unit/organization you are reporting on behalf of in this Section A of the Institutional Profile for *University of XYZ*: (OPEN)

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**2A) How would you describe this facility/unit/organization?**

- Integrated student health service, counseling center, and health promotion program
- Integrated student health service, counseling center **without** health promotion program
- Nurse-only student health service (no providers)
- Stand-alone Student Health Service **without** mental health and counseling services
- Stand-alone Student Health Service **with** mental health and counseling services (mental health services are provided at both the SHS **and** at a separate Counseling Center)
- Stand-alone Counseling Center
- Stand-alone Health Promotion Program
- A combination of these services or something else (please describe):

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**3. What type of services were available to students at this facility/unit/organization during the 2017-2018 Academic Year? (Select all that apply.) (OPEN)**

- [Primary medical care](#)
- [Primary medical care \(nurse-only facility\)](#)
- [Triage and referral \(nurse-only facility\)](#)
- [Urgent medical care](#)
- Gynecology/Women's Health
- [Dedicated Men's Health Services](#)
- Sexual & Reproductive Health
- Sports Medicine
- Orthopedics
- Dermatology
- Sexual Assault Nurse Examiner (SANE) evidentiary exams
- [Sexual Violence Victim Advocacy](#)
- Sexual Violence Counseling
- Sexual Violence Support Group
- Other sexual violence services
- Allergy desensitization
- Immunizations

- Pharmacy
- [Medication Dispensary](#)
- Radiology
- Physical Therapy
- [Athletic training](#)
- Optometry
- Dental
- Travel Health
- Meditation
- Nutrition
- Massage
- Chiropractic
- Acupuncture
- Family counseling
- Personal counseling
- Group therapy
- Couples counseling
- Psychological testing and/or assessment

- ADHD testing and/or assessment
  - Learning disabilities testing and/or assessment
  - Career counseling
  - Psychoeducational outreach
  - Biofeedback
  - Crisis Counseling
  - Substance use assessment and counseling
  - Psychiatry
  - Health Promotion/Wellness Programs
  - 24- Hour Infirmery Care
  - Other service not list (please specify):
-

**3A. What type of laboratory services did you provide at this facility/unit/organization during the 2017-2018 Academic Year? (Select all that apply.) (OPEN)**

- On-site CLIA waived testing
  - On-site laboratory performing non-waived testing (moderate or high complexity)
  - On-site specimen collection and send out to reference lab
  - Provider performed microscopy
  - No laboratory services
- 

**4. What was the [net assignable square footage](#) of your facility/unit/organization during the 2017-2018 Academic Year?**

Please enter your response in whole numbers without punctuation.  
Enter -9 if you don't know the square footage.

\_\_\_\_\_

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**5. Did this facility/unit/organization provide clinical care (medical or mental health services) during the 2017-2018 Academic Year? (OPEN)**

- Yes
  - No
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**6. What was the number of medical [exam or treatment rooms](#) available for use at this facility/unit/organization during the 2017-2018 Academic Year? (OPEN)**

\_\_\_\_\_ Number of medical exam or treatment rooms

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7. What was the total number of [counseling offices or rooms](#) available for use at this facility/unit/organization during the 2017-2018 Academic Year? (OPEN)

\_\_\_\_\_ Number of spaces for individual counseling

\_\_\_\_\_ Number of spaces for group counseling

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8. Was there a limit on individual counseling sessions at this facility/unit/organization during the 2017-2018 Academic Year?

Yes

Yes, but variation based on clinical situation.

No

N/A, individual counseling sessions are not offered at this facility/unit/organization.

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9. What was the number limit of individual counseling sessions per academic year at this facility/unit/organization during the 2017-2018 Academic Year?

\_\_\_\_\_

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10. Please indicate the number of [unique patients](#) with at least one [clinical visit](#) at this facility/unit/organization during the 2017-2018 Academic Year.

**Notes: If you cannot provide an accurate response for any row, please enter -9.**

**Please be sure that the following are true of your entries as the survey tool does not automatically calculate the totals:**

**Row A < Row B + Row C (OR Row A = Row B + Row C)**

**Row E = Row A + Row D**

A. Total unique [student](#) patients: \_\_\_\_\_

B. Unique student patients – [medical services](#): \_\_\_\_\_

C. Unique student patients/clients – [mental health/counseling services](#): \_\_\_\_\_

D. Total unique [non-student](#) patients: \_\_\_\_\_

E. [Total unique patients](#): \_\_\_\_\_

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10A. Please indicate the total number of clinical visits at this facility/unit/organization during the 2017-2018 Academic Year.

Notes: If you cannot provide an accurate response for any row, please enter -9.  
Please be sure that the following are true of your entries as the survey tool does not automatically calculate the totals:

Row A = Row B + Row C

Row E = Row A + Row D

- A. Total student visits: \_\_\_\_\_
- B. Student visits – medical services: \_\_\_\_\_
- C. Student visits – mental health/counseling services: \_\_\_\_\_
- D. Total non-student visits: \_\_\_\_\_
- E. Total clinical visits: \_\_\_\_\_

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11. What was the total number of unique students eligible to use the clinical services at this facility/unit/organization in Fall 2017? If you can't provide this number, enter -9.

\_\_\_\_\_

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12. What is the total number of unique students eligible to use the clinical services at this facility/unit/organization during the entire 2017-2018 Academic Year? If you can't provide this number, enter -9.

\_\_\_\_\_

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13. Did this facility/unit/organization offer 24 hour telephone on-call services for medical concerns during the 2017-2018 Academic Year? (OPEN)

- Yes
- No



**14. Who staffed the medical on-call services during the 2017-2018 Academic Year?**

- Campus medical providers (MD, NP, PA)
  - Campus nurses
  - Contracted service, medical providers (MD, NP, PA)
  - Contracted service, nurses
  - Other on campus medical providers by specific agreement (medical faculty on call, residents on call, emergency department, other)
  - Other on campus nurses by specific agreement (faculty nurses on call, staff nurses on call, other)
  - Other off campus coverage by specific agreement (please describe:) \_\_\_\_\_
  - More than one of the above (please describe:) \_\_\_\_\_
- 

**15. Did this facility/unit/organization offer 24 hour telephone on-call services for mental health concerns during the 2017-2018 Academic Year? (OPEN)**

- Yes
  - No
-

**16. Who staffed the mental health on-call services during the 2017-2018 Academic Year?**

- Campus counselors (psychologist, LCSW, LPC, other)
  - Campus psychiatrist
  - Contracted service, counselors (psychologist, LCSW, LPC, other)
  - Contracted service, psychiatrists
  - Other on campus mental health providers by specific agreement (psychology or psychiatry faculty on call, residents on call, psychiatric emergency department, other)
  - Other on campus mental health after-hours intervention services (please describe:)  
\_\_\_\_\_
  - Other off campus mental health coverage by specific agreement (please describe:)  
\_\_\_\_\_
  - More than one of the above (please describe:)  
\_\_\_\_\_
- 

**17. Did you offer [telemedicine consults or e-visits](#) virtually during the 2017-2018 Academic Year? (OPEN)**

- Yes, through campus staff
  - Yes, through contracted 3rd party vendor including other student health services
  - No
  - N/A
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18. Did you offer [telecounseling](#) services during the 2017-2018 Academic Year? (OPEN)

- Yes, through campus staff
  - Yes, through contracted 3rd party vendor
  - No
  - N/A
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19. Did you offer [telepsychiatry](#) services during the 2017-2018 Academic Year? (OPEN)

- Yes, through campus staff
  - Yes, through contracted 3rd party vendor including other student health services
  - No
  - N/A
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**20. Was there a [professional fee](#) assessed to students for primary care medical appointments when visiting this facility/unit/organization during the 2017-2018 Academic Year?**

- No
  - Yes, all students pay a standard appointment fee
  - Yes, students pay a fee that varies by appointment type
  - Yes, student's insurance is billed and they are responsible for their co-insurance. We do not see students without insurance.
  - Yes, we bill student's insurance and they are responsible for their co-insurance, but students without insurance coverage may pay a standard appointment fee
  - Yes, we bill student's insurance and their co-insurance/co-pay is covered by a student health administrative fee.
  - N/A, don't offer primary care at this facility/unit/organization
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**20A. What was the fee for standard primary care medical appointments during the 2017-2018 Academic Year?**

\_\_\_\_\_ primary care appointment fee

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**21. Was there a professional fee assessed to students for standard mental health appointments (non-psychiatry) when visiting this facility/unit/organization during the 2017-2018 Academic Year?**

- No
- Yes, all students pay a standard appointment fee
- Yes, students insurance is billed and they are responsible for their co-insurance. We do not see students without insurance.
- Yes, we bill student's insurance and they are responsible for their co-insurance, but students without insurance coverage may pay a standard appointment fee
- Yes, we bill student's insurance and their co-insurance/co-pay is covered by a student health administrative fee.
- N/A, don't offer mental health (non-psychiatry) appointments at this facility/unit/organization

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**21A. What was the fee for standard mental health (non-psychiatry) appointments during the 2017-2018 Academic Year?**

\_\_\_\_\_ mental health appointment fee

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**22. Was there a professional fee assessed to students for psychiatric appointments when visiting this facility/unit/organization during the 2017-2018 Academic Year?**

- No
  - Yes, all students pay a standard appointment fee
  - Yes, students insurance is billed and they are responsible for their co-insurance. We do not see students without insurance.
  - Yes, we bill student's insurance and they are responsible for their co-insurance, but students without insurance coverage may pay a standard appointment fee
  - Yes, we bill student's insurance and their co-insurance/co-pay is covered by a student health administrative fee.
  - N/A, don't offer psychiatric appointments at this facility/unit/organization
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**22A. What was the fee for a new patient/initial psychiatric appointment during the 2017-2018 Academic Year?**

\_\_\_\_\_ initial psychiatric appointment fee

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**22B. What was the fee for follow up psychiatric appointments during the 2017-2018 Academic Year?**

\_\_\_\_\_ follow up psychiatric appointment fee

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**23. Were students assessed a charge if they missed a primary care appointment during the 2017-2018 Academic Year? (Include no-show fees associated with primary/urgent care visits. Exclude no-show fees for specialty appointments.)**

- Yes
  - No
  - N/A at this facility/unit/organization
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**23A. What was the no-show charge assessed for a missed primary care appointment during the 2017-2018 Academic Year?**

\_\_\_\_\_ primary care no-show fee

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**24. Were students assessed a charge if they missed a standard counseling/mental health appointment (non-psychiatry) during the 2017-2018 Academic Year?**

- Yes
  - No
  - N/A at this facility/unit/organization
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**24A. What was the no-show charge assessed for a missed counseling/mental health appointment (non-psychiatry) during the 2017-2018 Academic Year?**

\_\_\_\_\_ mental health no-show fee

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**25. Were students assessed a charge if they missed a psychiatric appointment during the 2017-2018 Academic Year?**

- Yes
  - No
  - N/A at this facility/unit/organization
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**25A. What was the no-show charge assessed for a missed psychiatric appointment during the 2017-2018 Academic Year?**

\_\_\_\_\_ psychiatric no-show fee

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**26. Were primary care medical services provided by the institution or [contracted to outside entities](#) during the 2017-2018 Academic Year? (OPEN)**

- All primary care medical services are provided completely by campus-employed providers.
  - All primary care medical services, including oversight of services, are provided completely by a contracted outside entity.
  - Primary care medical services are provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services remains with campus.
  - Primary care medical services are provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services is shared.
  - Medical services are not provided at this clinical facility/unit/organization.
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**27. Were counseling services provided by the institution or [contracted to outside entities](#) during the 2017-2018 Academic Year? (OPEN)**

- All counseling services are provided completely by campus-employed providers.
  - All counseling services, including oversight of services, are provided completely by a contracted outside organization.
  - Counseling services are provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services remains with campus.
  - Counseling services are provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services is shared.
  - Counseling services are not provided at this clinical facility/unit/organization.
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**28. Were psychiatric services provided by the institution or contracted to outside entities during the 2017-2018 Academic Year? (OPEN)**

- All psychiatry services are provided completely by campus-employed providers
- All psychiatry services, including oversight of services, are provided completely by a contracted outside organization
- Psychiatry services are provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services remains with campus.
- Psychiatry services are provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services is shared.
- Psychiatry services are not provided at this clinical facility/unit/organization

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**29. Please indicate the number of Full-time Equivalents (FTE) at this facility/unit/organization during the 2017-2018 Academic Year.**

Include contracted providers if they were providing services as part of the student health/counseling program and the services were under the direction of student health services, their expense and revenue was included in the student health/counseling budget, and visit activity was included in student health/counseling activity. Exclude contracted providers if the student health/counseling service was providing space and other limited support for services which were operating independently. For example, a retail pharmacy which was operated by an outside entity or a massage therapist providing on site services but were not operating as a student health/counseling services provider would be included in the list of services available, but not included in FTE, activity, or budget figures.

**Please include only staff from student health services, counseling services, and health promotion programs. Do not include in your figures other student services staff who are not considered employees of one of these three areas.**

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**29A: FTE Mental Health Professional Staff Provider at this facility/unit/organization**

Psychologist (PhD): \_\_\_\_\_  
Clinical Social Worker (MSW/LCSW): \_\_\_\_\_  
Physician (Psychiatry): \_\_\_\_\_  
Nurse Practitioner (Psychiatry): \_\_\_\_\_  
Physician Assistant (Psychiatry): \_\_\_\_\_  
Master's level Counselor (Mental Health): \_\_\_\_\_  
Doctoral Psychology Intern: \_\_\_\_\_  
Other mental health intern (e.g. social work): \_\_\_\_\_  
Post Doctoral Fellow: \_\_\_\_\_  
Case manager (masters degree): \_\_\_\_\_  
Case manager (bachelors degree): \_\_\_\_\_  
Sexual Assault Services Coordinator/Victim Advocate: \_\_\_\_\_  
Other masters or doctoral level mental health providers not listed above (please specify): \_\_\_\_\_  
Total: \_\_\_\_\_

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**29B: FTE Medical Providers at this facility/unit/organization**

Physician (Primary Care): \_\_\_\_\_  
Nurse Practitioner (Primary Care): \_\_\_\_\_  
Physician Assistant (Primary Care): \_\_\_\_\_  
Physician (Gynecology): \_\_\_\_\_  
Nurse Practitioner (Women's Health): \_\_\_\_\_  
Physician Assistant (Women's Health): \_\_\_\_\_  
Physician (Dermatology): \_\_\_\_\_  
Physician (Primary Care Sports Medicine): \_\_\_\_\_  
Physician (Orthopedics): \_\_\_\_\_  
Physician (Allergy): \_\_\_\_\_  
Physician (Ophthalmology): \_\_\_\_\_  
Other Physician (please specify): \_\_\_\_\_  
Other Nurse Practitioner (please specify): \_\_\_\_\_  
Other Physician Assistant (please specify): \_\_\_\_\_  
Resident Physician (salary support provided): \_\_\_\_\_  
Fellow Physician (salary support provided): \_\_\_\_\_  
Total : \_\_\_\_\_

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**29C: FTE Other medical staff not listed in 29A or 29B at this facility/unit/organization**

Optometrist: \_\_\_\_\_

Dentist: \_\_\_\_\_

Dental Hygienist: \_\_\_\_\_

Dental Assistant: \_\_\_\_\_

Registered Nurse (RN): \_\_\_\_\_

Licensed Practical Nurse (LPN)/Licensed Vocational Nurse(LVN): \_\_\_\_\_

Certified Medical Assistant or Technician: \_\_\_\_\_

Medical Assistant or Technician (not certified): \_\_\_\_\_

Certified Nursing Assistant: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Pharmacy Technician: \_\_\_\_\_

Lab: Medical Technologist (MTASCP): \_\_\_\_\_

Lab: Medical Laboratory Technician: \_\_\_\_\_

Radiology Technologist: \_\_\_\_\_

Physical Therapist (Master's or Doctoral): \_\_\_\_\_

Athletic Trainer: \_\_\_\_\_

Physical Therapy Assistant: \_\_\_\_\_

Physical Therapy Aide: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Massage Therapist: \_\_\_\_\_

Acupuncturist: \_\_\_\_\_

Chiropractor: \_\_\_\_\_

Nutritionist: \_\_\_\_\_

Registered Dietitian: \_\_\_\_\_

Other clinical staff not listed above (please specify): \_\_\_\_\_

Total: \_\_\_\_\_

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**29D: [FTE](#) Administration and Administrative Support Staff at this facility/unit/organization**

Facility/Unit/Organization Senior Administrator(s): \_\_\_\_\_

[Health Insurance Program Staff](#): \_\_\_\_\_

Health Information Management-RHIT or RHIA: \_\_\_\_\_

Health Information Management-other: \_\_\_\_\_

Information Technology: \_\_\_\_\_

Clinical Informatics: \_\_\_\_\_

Quality Management/Quality Improvement: \_\_\_\_\_

Marketing/Communications: \_\_\_\_\_

Reception/Front Desk: \_\_\_\_\_

Other administration or administrative support staff not listed above and not reported in 29C (e.g. general administration, billing, clerical support): \_\_\_\_\_

Graduate Student (paid assistantship): \_\_\_\_\_

Total: \_\_\_\_\_

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**29E: [FTE](#) Health Promotion/Wellness/Health Education Staff at this facility/unit/organization**

Sexual Violence/Assault Prevention Specialist: \_\_\_\_\_

Professionally trained Health Educator/Health Promotion/Prevention Specialist (bachelor's degree) - do not include sexual violence/assault prevention specialist in this line: \_\_\_\_\_

Professionally trained Health Educator/Health Promotion/Prevention Specialist (master's degree or doctorate) - do not include sexual violence/assault prevention specialist in this line: \_\_\_\_\_

Graduate student (paid assistantship): \_\_\_\_\_

Epidemiologist (Master's-level or higher) data analysts: \_\_\_\_\_

Other staff in health promotion/prevention/health education not listed above (please include support staff): \_\_\_\_\_

Total: \_\_\_\_\_

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**30. Please indicate how [administrative support services](#) were provided for this facility/unit/organization during the 2017-2018 Academic Year.**

	Primary support provided by:				Secondary support provided by:			
	Internal facility/unit /organization staff	Other campus resource or office	Contracted externally	No primary support for this function	Internal facility/unit /organization staff	Other campus resource or office	Contracted externally	No secondary support for this function
<a href="#">Marketing and Communications</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Finance</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT – application support (e.g. EHR support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT – desktop support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT – other (database administration, network, security, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building services (including custodial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Assessment and Evaluation</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**31. What was your total expense budget for medical, mental health, and wellness services for students for this facility/unit/organization for the 2017-2018 Academic Year? (Figure should include salaries but exclude student health insurance premiums except for administrative fees retained by the health services for program management. [See definitions](#) for more information.)**

**Please enter -9 if you don't know or are unable to disclose this information.**

**Please enter whole numbers only and no commas or other punctuation.**

\_\_\_\_\_ Expense budget

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**32. What was your expense budget for each type of services medical, mental health, prevention/health promotion and other administrative services for students for this facility/unit/organization for the 2017-2018 Academic Year?**

*Notes:*

- *Please be sure that the total for this question is the same as your response in 31.*
- *If you entered -9 in question 31, please enter -9 in the "other" row and explain in the text box.*
- *Each row must contain a number, even if that number is 0.*
- *Place any budget for clinical preventive services in "medical services," and not in "prevention/health promotion costs."*
- *If the categories of your budget are not disaggregated as requested, please enter entire budget in "other" and indicate that the disaggregated figures are not available in the text box.*

Medical Services: \_\_\_\_\_

Mental Health Services: \_\_\_\_\_

Prevention/Health Promotion Costs (non-clinical services): \_\_\_\_\_

Administrative Costs (not allocated above): \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

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**33. What was your total funding (revenue) for medical, mental health, and wellness services for students for this facility/unit/organization for the 2017-2018 Academic Year? (Exclude student health insurance premiums except for administrative fees retained by the health services for program management.)**

Please enter -9 if you don't know or are unable to disclose this information.

Please enter whole numbers only and no commas nor other punctuation.

\_\_\_\_\_ Total revenue

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**34. What was the contribution of various sources of funding (revenue) for medical, mental health, and wellness services for students for this facility/unit/organization for the 2017-2018 Academic Year?**

*Notes:*

- Please be sure that the total for this question is the same as your response in 33.
- If you entered -9 in question 33, please enter -9 in the "other" row and explain in the text box.
- Each row must contain a number, even if that number is 0.
- If the categories of your funding sources are not disaggregated as requested, please enter entire funding in "other" row and indicate that the disaggregated figures are not available in the text box.

Health Fee (mandatory and supplemental): \_\_\_\_\_

Insurance Capitation Funds: \_\_\_\_\_

Fee-for-Service, insurance collections, and self-pay: \_\_\_\_\_

General Fund: \_\_\_\_\_

Grants: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Total: \_\_\_\_\_

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**35. How did your TOTAL expense budget for the 2017-2018 Academic Year (reported in #31) change from the 2016-2017 budget?**

- No change – the budget stayed the same
- 2017-2018 budget is higher than the 2016-2017 budget (please specify %): \_\_\_\_\_
- 2017-2018 budget is lower than the 2016-2017 budget (please specify %): \_\_\_\_\_
- Don't know

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**36. Did this facility/unity/organization have a Student Advisory Committee or Board during the 2017-2018 Academic Year? (OPEN)**

- Yes
- No

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**37. Please identify the division/department to which this facility/unit/organization reported during the 2017-2018 Academic Year. (OPEN)**

- Academic Affairs or similar
- Academic Medical Center or Medical School
- Business Affairs or similar (i.e., Risk Management, Human Resources/Employee Benefits/Purchasing)
- Student Affairs or similar
- Office of the President
- Student Government or similar
- Other (please specify:) \_\_\_\_\_



**38. Which electronic health records product(s) did you use at this facility/unit/organization during the 2017-2018 Academic Year? (OPEN)**

- Careflow
  - Cerner
  - GE Centricity
  - E-ClinicalWorks
  - EPIC
  - Magnus Health
  - Mediat
  - NextGEN
  - NueMD
  - Point and Click Solutions
  - Practice Fusion
  - PyraMED
  - Titatnium
  - None- we use paper only
  - Other EHR product (please specify:)
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**39. We need to understand if the information submitted in this institutional profile adequately represents the full range of medical care, mental health/counseling, or health promotion services offered by all facilities/units/organizations whose primary mission is to provide services to students at your institution. We recognize that there may be facilities/units/organizations on campus that have this information but are unwilling or unable to contribute to the institutional profile. Which of the following best describes the thoroughness of this submission?**

- The information submitted in this profile represents all places on campus where services are provided primarily for students during the 2017-2018 Academic Year.
- Data from facilities/units/organizations that provide services primarily for students during the 2017-2018 Academic Year is missing from this profile. The profile should be flagged as incomplete.
- I won't know if our Institutional Profile is complete until I know if our campus partners participate. Please contact me once the data collection period closes for clarification.

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**39A. How many facilities/units/organizations are missing from this profile during the 2017-2018 Academic Year?**

\_\_\_\_\_

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**39B. Please list the name and type of services provided for each facility/unit/organization on your campus that are not represented in this profile during the 2017-2018 Academic Year.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_