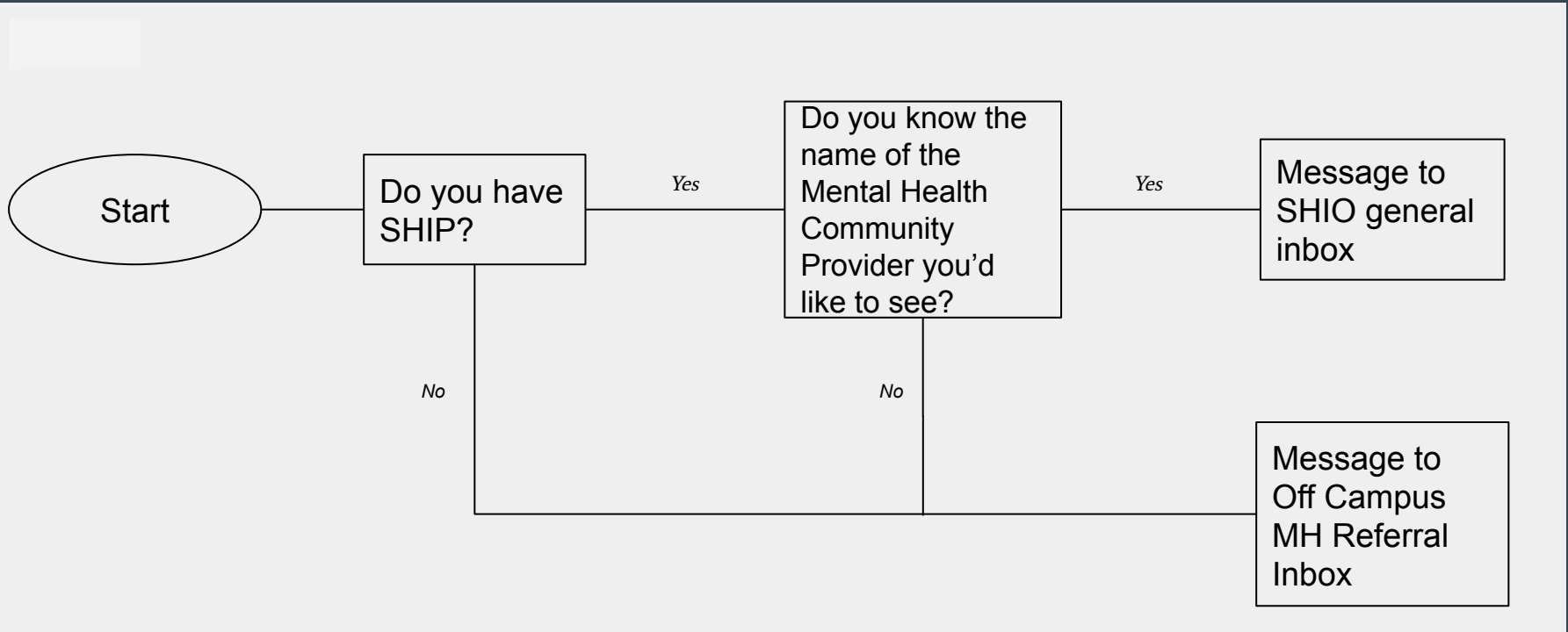


# Step-by-step guide on how to request an Off Campus Mental Health Provider Referral

...

# Process to request and Off-Campus Mental Health Provider



# Step 1: Log into the portal

Log into the eTang patient portal: <https://etang.berkeley.edu>

You will need to use your [Calnet ID](#) to authenticate into the portal.



The screenshot shows the Berkeley University of California CalNet Authentication Service login page. At the top, the Berkeley University of California logo is displayed in blue. Below the logo, the text "CalNet Authentication Service" is written in orange. There are two input fields: "CalNet ID:" and "Passphrase (Case Sensitive):". At the bottom, there is a "SIGN IN" button in orange and a "HELP" link in blue.

**Berkeley**  
UNIVERSITY OF CALIFORNIA

**CalNet Authentication Service**

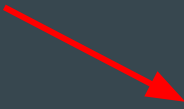
CalNet ID:

Passphrase (Case Sensitive):

**SIGN IN** [HELP](#)

# Step 2: go to Messages

From the Home Page go to Messages



eTang Patient Portal

Home

Profile

Medical Clearances **Not Satisfied**

Health History **Need to Review**

Appointments

Groups/Workshops

Referrals

Handouts

**Messages 6 Unread**

Letters

Forms

Survey Forms

My Account

Visits / Medications / Lab Results

Immunization Record

Immunization/TB Upload

Log Out

You last logged in: 5/7/2019 9:45:16 AM [Log Out](#)

### Most popular links

- Immunization and TB Requirements
- Schedule Appointments
- Lab Results
- Refill Medication
- Self-Ordered Lab Test  
STI, Pregnancy, etc.
- Manage Profile  
Address changes go through CalCentral.
- Contraception Options  
Use Messaging for online services.
- Messaging  
Find most services under "New Message"

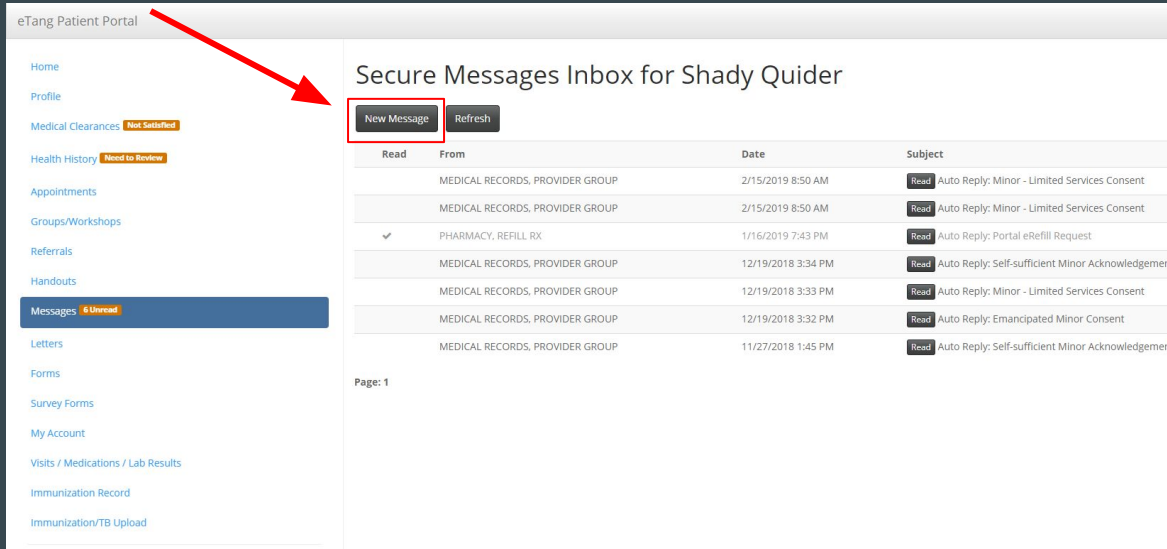
**Online scheduling notice:** If you have not yet enrolled in any units you will not be eligible to schedule appointments online. Please call all other appointment types.

**Advanced Directive:** If you are interested in learning more, click to go to our webpage on [Advanced Directives](#).

### Do you need additional help with your Immunization/TB requirement?

Start by visiting our [website](#) to learn about the requirements, for answers to frequently asked questions and how to contact us.

# Step 3: Select “New Message”



The screenshot displays the eTang Patient Portal interface. On the left is a navigation menu with various options. The main content area is titled "Secure Messages Inbox for Shady Quider" and features a "New Message" button highlighted with a red box and a red arrow. Below the button is a table of messages with columns for Read status, From, Date, and Subject.

eTang Patient Portal

Home  
Profile  
Medical Clearances **Not Satisfied**  
Health History **Need to Review**  
Appointments  
Groups/Workshops  
Referrals  
Handouts  
Messages **6 Unread**  
Letters  
Forms  
Survey Forms  
My Account  
Visits / Medications / Lab Results  
Immunization Record  
Immunization/TB Upload

## Secure Messages Inbox for Shady Quider

[New Message](#) [Refresh](#)

Read	From	Date	Subject
	MEDICAL RECORDS, PROVIDER GROUP	2/15/2019 8:50 AM	<a href="#">Read</a> Auto Reply: Minor - Limited Services Consent
	MEDICAL RECORDS, PROVIDER GROUP	2/15/2019 8:50 AM	<a href="#">Read</a> Auto Reply: Minor - Limited Services Consent
✓	PHARMACY, REFILL RX	1/16/2019 7:43 PM	<a href="#">Read</a> Auto Reply: Portal eRefill Request
	MEDICAL RECORDS, PROVIDER GROUP	12/19/2018 3:34 PM	<a href="#">Read</a> Auto Reply: Self-sufficient Minor Acknowledgement
	MEDICAL RECORDS, PROVIDER GROUP	12/19/2018 3:33 PM	<a href="#">Read</a> Auto Reply: Minor - Limited Services Consent
	MEDICAL RECORDS, PROVIDER GROUP	12/19/2018 3:32 PM	<a href="#">Read</a> Auto Reply: Emancipated Minor Consent
	MEDICAL RECORDS, PROVIDER GROUP	11/27/2018 1:45 PM	<a href="#">Read</a> Auto Reply: Self-sufficient Minor Acknowledgement

Page: 1

# Step 4: Select “Request an off-campus mental health referral”

I want to:

- Send a medication request to the Pharmacy (including birth control).
- Request an off-campus mental health referral
- Order my own STI tests without an appointment.
- Take a pregnancy test without an appointment.
- Order a Tuberculosis (TB) blood test at the lab.
- (temporarily obsolete) Send a medication request to the UHS pharmacy.

# Step 5: Select if you have SHIP

Do you have SHIP?

Select One

Yes

No



# Step 6: or If you have SHIP, and know the name of the mental health provider you want to see, let us know

## 1. Select “A SHIP insurance referral”

I would like:

- A list of off campus mental health providers
- A SHIP insurance referral
- Both

## 2. Indicate name of the off-campus provider and send message

Recipient: SHIO, PROVIDER GROUP  
Message Type: Standard Secure Message  
Subject:   
Attachments:

Items marked with \*\*are required.

Please indicate the full name of the off-campus mental health provider you would like a referral for.

**Please read and acknowledge the following statement before you send your message.**  
 Responses may come in the form of a secure message or a phone call. My profile is up to date and my phone number listed in my profile on eTang is correct. \*\*



# Step 6: or If you have SHIP and want a list of available off campus providers

1. Select “A list of off campus mental health providers”

2. Fill out the questionnaire below to request a list of providers

I would like:

- A list of off campus mental health providers
- A SHIP insurance referral
- Both

Message Type: CAPS Off Campus Referral  
SUBJECT: CAPS Off Campus Referral  
Attachments: Add attachment...

Items marked with \* are required.

### Off Campus Mental Health Referral Request

#### University Counseling and Psychological Services

Please fill out the questionnaire below to request a list of providers for off campus mental health services (therapy, psychiatry, ADHD/SD testing). The CAPS Referral Case Manager will respond to your request and do their best to find providers that best fit your needs.

#### Contact Information

You will be contacted via secure message in 3-5 business days. If we have further questions, we will contact you by phone.

\*\* Phone Number:

Go to this message and/or message at this number? (Times: 0/0)

#### Academics

\*\* Academic Level:

- Undergraduate 1st year
- Undergraduate 2nd year
- Undergraduate 3rd year
- Undergraduate 4th year
- Undergraduate 5th year
- Undergraduate 6th year
- Academic evaluation student
- Professional Graduate Student

#### Insurance

What insurance(s) do you have?

- UMass
- Aetna
- Anthem Blue Cross
- Blue Shield
- UMass
- Tricare
- United Behavioral
- Healthnet
- Magellan
- United Empire Health Plan
- Medicare
- CoverHealth
- Kaiser
- Molina
- United Health
- Medi-Cal
- I do not have insurance
- Other

If other, please specify:

Would you be able to pay for a sliding scale fee, higher copay, or full fee if there is a therapist who may be a good referral and does not take your insurance?  
Yes   
No

Do you have a car that you could use, or would you be willing to take bus or BART to see a therapist that is not within walking distance?  
Yes   
No

#### Your Availability

Which of the following times are you available for off-campus appointments?

Monday:  8-9  9-10  10-11  11-12  12-1  1-2  2-3  3-4  4-5  
Tuesday:  8-9  9-10  10-11  11-12  12-1  1-2  2-3  3-4  4-5  
Wednesday:  8-9  9-10  10-11  11-12  1-2  1-2  2-3  3-4  4-5  
Thursday:  8-9  9-10  10-11  11-12  1-2  1-2  2-3  3-4  4-5  
Friday:  8-9  9-10  10-11  11-12  1-2  1-2  2-3  3-4  4-5  
Saturday:  8-9  9-10  10-11  11-12  1-2  1-2  2-3  3-4  4-5  
Sunday:  8-9  9-10  10-11  11-12  1-2  1-2  2-3  3-4  4-5

#### Presenting Concerns

\*\* Please select what kind of therapy you are seeking

Individual therapy for me:  
 Cognitive therapy  
 Family therapy  
 Group therapy  
 Psychiatry (prescription evaluation and management)  
 Medication testing  
 Intensive outpatient programs

\*\* Please indicate your presenting concerns. You may choose one or more items.

- Academic
- Anxiety
- Attention and/or learning
- Career
- Depression
- Eating
- Family
- Emotional
- Grief and/or loss
- Identity
- Loneliness
- Medical/physical
- Relationship
- Self-esteem
- Sleep
- Stress
- Substance abuse
- Suicidal ideation
- Other issue not listed

- If you choose "Other issue not listed", please enter a brief description:

Please rank your top 3 concerns from the items you indicated in the Presenting Concerns above:  
\*\* - Indicate your PRIMARY concern:   
\*\* - Indicate your SECONDARY concern:   
\*\* - Indicate your TERTIARY concern:

Please indicate any other concerns you would like to address in therapy that would assist us in finding you a therapist.

Please indicate if you have preferences in how the therapist identifies in regards to gender, ethnicity, sexual orientation and other identities, or specializations.

\*\* Would you like to schedule a phone conversation or in-person appointment with the Referral Case Manager before they send you the list of referrals?  
Yes   
No

Upon completion of this form, you will be contacted by the CAPS Referral Case Manager to follow up on your referral request.

If you are experiencing a mental health related crisis, or if you are having thoughts of harming yourself or others, please call CAPS at (510) 442-6666 or come into CAPS for urgent drop-in counseling. Mental Health Team: for support with urgent concerns after hours, call (510) 577-9867.

-Thank you-

# Step 6: If you don't have SHIP

Complete this form, hit send and you will be contacted by the Referral Case Manager to follow up on your referral request



Message Type: CAPS of campus referral  
Subject: [ ]  
Attachments: Add attachment...  
Items marked with \* are required.

**Off-Campus Mental Health Referral Request**  
University Counseling and Psychological Services

Please fill out the questionnaire below to request a list of providers for off-campus mental health services (therapy, psychiatry, ADHD/ID testing). The CAPS Referral Case Manager will respond to your request and do their best to find providers that best fit your needs.

**Contact Information**

You will be contacted by Student Manager in 3-5 business days. For more further questions, we will contact you by phone.

\*\* Phone Number: [ ]  
Is it OK to leave a voice message at this number? (Yes) (No)

**Academics**

\*\* Academic Status: [ ]  
 Undergraduate 1st year  Undergraduate 2nd year  
 Undergraduate 3rd year  Undergraduate 4th year  
 Undergraduate 5th year plus  Academic Graduate Student  
 Professional Graduate Student

**Insurance**

What insurance(s) do you have?  
 SHIP  Aetna  
 Anthem Blue Cross  Blue Shield  
 Cigna  FHCare  
 United Behavioral  HealthNet  
 Magellan  United Empire Health Plan  
 Medicare  UnitedHealth  
 Kaiser  Qualitas  
 First Health  United-Cal  
 I do not have insurance  Other: [ ]

If other, please specify: [ ]

Would you be able to pay for a sliding scale fee, higher copay, or full fee if there is a therapist who may be a good referral and does not take your insurance?  
(Yes) (No)

Do you have a car that you could use, or would you be willing to take bus or BART to see a therapist that is not within walking distance?  
(Yes) (No)

**Your Availability**

Which of the following times are you available for off-campus appointments?  
Nondays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Mondays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Tuesdays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Wednesdays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Thursdays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Fridays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Saturdays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Sundays: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Presenting Concerns**

\*\* Please select what kind of therapy you are seeking  
 Individual therapy for me  
 Couples therapy  
 Family therapy  
 Group therapy  
 Psychiatry (medication evaluation and management)  
 ADHD/ID Testing  
 Intensive outpatient programs

\*\* Please indicate your presenting concerns. You may choose one or more items.  
 Academic  Anxiety  Attention and/or learning  Career  
 Depression  Eating  Family  Financial  
 Grief and/or loss  Identity  Interoception  Intersexuality  Intellectual/physical  
 Relationship  Self-esteem  Sleep  Stress  
 Substance abuse  Suicidal ideation  Other issue not listed

- If you choose "Other issue not listed", please enter a brief description: [ ]

Please rank your top 3 concerns from the items you indicated in the Presenting Concerns above:  
#1 - indicate your PRIMARY concern: [ ] [ ] [ ]  
#2 - indicate your SECONDARY concern: [ ] [ ] [ ]  
#3 - indicate your TERTIARY concern: [ ] [ ] [ ]

Please indicate any other concerns you would like to address in therapy that would assist us in finding you a therapist:  
[ ]  
[ ]

Please indicate if you have preferences in how the therapist identifies in regards to gender, ethnicity, sexual orientation and other identities, or specializations:  
[ ]  
[ ]

\*\* Would you like to schedule a phone conversation or in-person appointment with the Referral Case Manager before they send you the list of referrals?  
(Yes) (No)

Upon completion of this form, you will be contacted by the CAPS Referral Case Manager to follow up on your referral request.

If you are experiencing a mental health related crisis, or if you are having thoughts of harming yourself or others, please call CAPS at (510) 642-9666 or come into CAPS for urgent drop-in counseling Mon-Fri 10am-5pm. For supports with urgent concerns after hours, call (888) 871-9887

\*Thank you!

Send Cancel