Front Desk Pocket Guide: Health & Counseling Services

Quick scripts + decision points for the welcome-and-workflow seat

Urgent Consult:	Security/Campus PD:	Supervisor/Lead:

First 60 Seconds
- Open & steady: "Hi. I'm glad you came in. How can I help today?"
- Name the goal: "What are you hoping happens today?"
- Keep it lobby-safe: if details start spilling, pivot to privacy.

Privacy and Confidentiality
- **Privacy pivot:** "I want to protect your privacy, so let's keep details minimal out here. We can step over here, or you can write it down."
- **Release rule:** "We don't release information without written permission, except for specific safety/legal exceptions."
- **Cannot confirm/deny:** "I can't confirm whether someone is a patient or has an appointment without a release."

Triage Without Diagnosing
- Don't go it alone: if you are worried, consult immediately.
- Always consult now: self-harm talk, threats, sexual assault, severe intoxication + risk, major medical symptoms.
- Walk-over: "If you're having a counseling emergency, we'll get you seen as soon as a counselor is available."

De-escalation
Three anger questions:
- "What do you want to have happen today?"
- "Is this helping or hurting?"
- "What would feel like a fair next step?"

Avoid escalation words: you can't, always, never, but, should.

Boundaries and Behavior
- **Choices + limits:** "Here's what I can do today… Here's what I can't do… and here are your options."
- **Behavior boundary:** "Yelling isn't permitted here. If it continues, I'll need to end this conversation and involve my supervisor/security."

Third-Party Calls
- "I can't share information or confirm care without a signed release."
- "If you're worried about safety, I can share general resources and next steps."
- "If the patient wants coordination, they can sign a release."

Documentation (quick structure)
- Facts: date/time, who was present, key quotes.
- Observed behavior: objective and specific (avoid labels).
- Action taken: what you did, who you notified, and where it was routed.
- Next steps: follow-up, timing, and any policy-based consequences.

After the Storm
- Assign follow-up: who contacts the patient, when, and how.
- Document and notify: don't assume "better now" means "safe later."
- Take a 60-second reset: breathe, hydrate, brief debrief if needed.

When in doubt: protect privacy, consult early, document facts, offer choices.