

Client Information and Consent for

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Client Information and Consent for Counseling Services
(Please read and sign)
University Counseling Services provides educational and personal counseling, and case management. Personal counseling includes short-term individual, couples, and group counseling. Individual and couples sessions normally run 50 minutes. Educational counseling sessions are typically 30 minutes and group sessions usually run 80-90 minutes. Case management services are also short-term and sessions are 30-50 minutes depending the nature of services needed. The Center is open from 8:30am to 4:30pm, Monday through Friday, with the exception of University holidays. Please read the following paragraphs and sign at the end.

Services and Staff: I understand that Counseling Services is a professional agency offering a wide range of counseling services, including clinical testing. These services are provided by psychologists, social workers, and graduate-level interns. For personal counseling, a licensed mental health professional, or a team that includes a licensed

(b) if a court of law issues a legitimate court order;
(c) if I disclose abuse or neglect of children, the elderly, or dependent adults;
(d) if I am deemed to be gravely disabled and need hospitalization. In these situations, the counselor is required by law to provide information to other persons or agencies without my permission. In addition, it is part of the continuing goal of Counseling Services to provide the best possible service to students. Therefore, I am aware that my counselor and case manager may share information about me, when appropriate, with other professionals within this agency as well as with professionals within Student Health Services for the purpose of diagnosis, treatment planning, or counselor supervision. On occasion, it is necessary to transmit information by fax to the Student Health Center following tightly controlled confidential procedures. As needed, interpreters may be used to facilitate communication between students and counselors. If this should occur, I understand that interpreters follow the same standards of confidentiality as counselors. I am

Notification of Supervision: For personal counseling I understand that I may be seen by a post doctoral resident or by a graduate student pursuing a doctorate in psychology. As a trainee completing their training, each semester they are supervised by members of the Counseling Services' Training Committee who hold mental health licenses in the state of California. The counselor faculty are members of the Training Committee.

Email: With respect to electronic mail (e-mail), I know that e-mail is not a confidential means of communication. Furthermore, Counseling Services cannot ensure that e-mail messages will be received or responded to if my counselor is not available. I understand that e-mail is not the appropriate way to communicate confidential, urgent, or emergency information. I also understand that clinical sessions are never conducted via e-mail. Therefore, I am encouraged to come to Counseling Services during open hours. In addition, I am aware that I can call the campus Police or 911 if I have urgent needs when Counseling Services is closed.

Research: In order to better

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mental health professional supervises trainees. In addition to providing direct counseling services, this agency provides training, consultation, and engages in program evaluation.

Confidentiality: I understand that information provided during personal, educational, and case management counseling sessions will be kept strictly confidential, and information will be released to other parties only with my expressed written consent except in the following situations:

(a) if I pose a danger to myself, someone else, or another's property;

also aware that Counseling Services follows the mental health laws of California and that any records maintained in written and/or electronic form will be kept strictly confidential as required by State and Federal law, and by professional ethical standards. I understand that these counseling records are not a part of my academic records, and that counseling records are destroyed 7 years after my last date of contact.

Benefits and Risks: I understand that there is a possibility of benefits and risks, which may occur in counseling. Counseling can impact relationships with significant others, and may lead to greater growth. The benefits from counseling may be an improved ability to relate to others; a clearer understanding of self, values, goals; increased academic productivity; and an ability to deal with everyday stress. While counseling can be of benefit to most people, the counseling process is not always helpful. Counseling may involve the risk of experiencing unpleasant emotions. I understand it is important for me to discuss with my counselor any questions or discomfort I have regarding the counseling process.

Eligibility, Appropriateness, and Referrals: I understand that my eligibility for personal counseling

provide services, I am aware that University Counseling Services uses client demographic data in their annual report for the purpose of conducting needs assessments and program evaluations. I am aware that no individual identifiable information will be used.

Please sign below to indicate you have read the previous information and agree to its terms. If you have any reservations or questions, please discuss this with your counselor or case manager.

Client's Name

Pamela Jenkins

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and case management in this agency is contingent upon my status as a fully enrolled University student. I understand that as a prospective or disqualified student, I am also eligible for educational counseling sessions. The delivery of services from this agency to me shall be contingent upon whether the Counseling Services staff and I can agree that the services are appropriate given the needs and conditions I present. If it is decided that this is not the appropriate agency to meet my needs, I understand that I will be given referrals to resources more appropriate to my needs and goals.

Audio-and Videotaping: I understand that my counseling sessions may be video or audio recorded for the purpose of continued staff training and clinical supervision. All taping is done with my full knowledge. The tapes are treated confidentially and are erased after they are used. My counselor will address any concerns I have about taping. I will never be taped without my permission.

Client's Signature

Date

11/16/2019

Add your logo

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Client's Signature

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.