

# INFORMED CONSENT FOR COUNSELING SERVICES

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Last

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M.I.

Salem State ID#

## Introduction

Welcome to counseling and health services (CHS). This informed consent document is intended to give you general information about our counseling and mental health services. Please read it carefully before signing. If you have any questions about signing this document and/or would like a copy of this document, please ask your counselor.

## Eligibility

I understand that I am eligible for services as long as I am currently enrolled as a Salem State University student.

## Scope of Services

I understand that counseling and health services offers a variety of counseling services to students including: initial assessment, short term individual counseling, crisis intervention, group counseling, workshops and referrals. In some cases, a medication evaluation may be provided by a nurse practitioner from health services. During the initial visit, my counselor and I will work together to determine how best to serve my needs. I understand that counseling services does not provide weekly counseling for more than one semester. I may be referred off campus for longer term services, a specialist or more comprehensive services that are a better fit for my needs.

## What to Expect from Counseling

I understand that counseling or psychotherapy has been proven to have benefits for the great majority of people who engage in counseling. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. But there are no guarantees of what I will experience. Sometimes counseling involves discussing unpleasant aspects of life, and I may experience uncomfortable feelings or memories. If that happens, I can talk to my counselor about how to manage those feelings or let them know if I need to change the focus of our work. Counseling calls for an active effort on my part. In order for the therapy to be most successful, I will have to work on things we talk about outside of sessions.

## Counseling Staff

I am aware that counseling services is staffed by licensed psychologists and licensed mental health counselors, as well as counselors-in-training. These trainees include post-doctoral psychology fellows and advanced pre-doctoral psychology interns, who work under the supervision of the licensed professionals. If I am working with an intern or other trainee, I will be informed of their current supervisor's name at the initial meeting. I have the right to request to work only with a licensed staff member, although this may mean I will have to wait longer for services.

## Confidentiality

I understand that the counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective counseling sometimes requires that staff members share confidential information with other counseling and health services staff members for training purposes or to coordinate care. Counseling and health services staff may also receive information about me from other offices on campus as part of their role as consultants on campus; however, CHS will not share information about me without my written permission, except under the following circumstances:

- If I present a serious danger to myself or another person;
- If I am under 18 and my parent or legal guardian requests my medical records;
- If I am under 18 years of age and disclose abuse or neglect to my counselor;
- If I disclose that a minor child, dependent adult or elderly person is currently at risk for abuse or neglect from me or someone else;
- If a valid subpoena is issued on my records, or my records are otherwise subject to a court order or other legal process requiring disclosure;
- In the rare case where the office of the dean of students and/or the chief of university police has a serious concern about my safety or the safety of the community.

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**Cancellation Policy**

I am responsible for canceling or rescheduling my counseling appointments. If the university is closed for a holiday or weather conditions, I can call to reschedule my counseling appointment on the next business day. I understand the mission of the office is to benefit as many Salem State students as possible, so I will be mindful of canceling appointments in a timely fashion. To cancel appointments I will call 978.542.6410.

**I understand that I should not use email to communicate with CHS, and that CHS staff will not use email to contact me because email is not confidential.**

**Documentation**

I understand that counseling and health services staff does not provide excused absences for missed classes. If I am an on-going client I could possibly be provided with documentation to support an academic withdrawal or other documentation to assist me in advocating for myself within the institution. The dean of student's office can best help me with this kind of situation.

**Mandated Counseling**

I understand that if I have been referred for a mandated evaluation/counseling, it is my responsibility to let my counselor know at the start of the initial assessment. After I sign a release of information, my counselor will be able to contact the referral source if I desire them to do so. I understand that CHS does not provide court mandated evaluation/counseling other than the diversion program.

**Records**

Counseling and medical records are stored electronically. The records are only accessible within CHS and are protected by multiple security measures. Counseling and medical records are kept separate from academic records. I understand that I am entitled to receive a copy of my records, a summary of my record or have CHS provide an outside clinician with my records if I sign a release of information. I understand that if I wish to review my records, CHS recommends that I do so with my counselor. I understand that if I am under the age of 18, my parents may have a legal right to see my treatment records.

**Emergency Services**

I understand that CHS is open from 8 am-5 pm M-F, and that if I experience a mental health emergency during these hours, clinicians are available to consult with me to determine appropriate treatment, which may include a referral for further evaluation at a local hospital. I understand that if I am in an urgent mental health situation, I should call or come to counseling services even if I do not have an appointment, and CHS will make arrangements to see me as soon as possible.

CHS can be reached at 978.542.6410. After hours if on campus, please call Public Safety at 978.542.6111. If off campus, please call 911 or go to your nearest emergency room.

If there are any concerns with counseling services that you cannot discuss with your counselor, please contact the director of counseling and health services at 978.542.6410

**Consent**

I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of Salem State University's counseling and health services. I hereby give my consent to authorize counseling and health services to evaluate, treat, and/or refer me to others as needed. My signature below indicates that I have read the information in this informed consent form, and that I agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date