

COUNSELING SERVICES

Our mission is to provide short-term, professional mental health counseling to address the academic, career, and personal development of all students. Our goal is to empower students to seek a well-balanced, healthy lifestyle with positive perspective and optimal coping skills to reach full potential.

Counseling at a Glance: Let's Talk About It

- Counseling sessions are by appointment only, unless a crisis situation develops.
- Counseling sessions are 50 minutes in length.
- Clients arriving 20 minutes or more after the scheduled appointment time may be asked to reschedule the appointment.
- Clients are asked to call to cancel an appointment at least two hours in advance.
- Client notes and related information will be kept securely on file in a locked file and in Titanium, a secure software platform. Counseling files are not a part of educational files.
- Counselor may tape sessions, with client permission, in order to transcribe accurate session notes at a later time and to clarify presenting issues.

Statement of Confidentiality

Counseling Services adheres to strict confidentiality guidelines set by APA and ACA ethical standards. All conversations, both by telemental health and in person, shall be held in strict confidence. Also, all records kept by the counselor relating to the client and issues discussed by the client during counseling sessions, shall be held as confidential, except under the following conditions:

- When the counselor considers the client to be a threat to himself/herself, or to another individual or individuals;
- When the counselor regards the client as committing any type of physical or sexual abuse toward a child or elderly person;
- When documents are court ordered to be released to the property of the court;
- When a counselor deems it necessary to engage in professional consultation with another counselor regarding a particular client and/or case.

Refusal to Harm

The client agrees that he/she will not physically harm self or others. If the client believes to be a threat to himself/herself or others, for reasons beyond control, the client agrees to notify emergency personnel at 911, go to the nearest ER or consult a crisis line by phone or text.

I have read and understood the above statements. I agree to the information presented.

Client Signature _____ Date _____

Counselor's Signature _____ Date _____

Counseling Services Intake Form

Date _____

Name _____ Student ID: 900

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Program of Study _____

Gender _____ Pronouns _____ Age _____

Are you currently on academic probation or suspension? _____

Reason(s) for seeking counseling: _____

Counseling Goal(s) _____

Is this your first visit with a counselor? _____

If no, where did you receive services? _____

Reason for your last visit with a counselor _____

List any medications you are currently taking

For what condition(s) are medications prescribed _____

Individual to notify in case of emergency

Name _____ Phone _____

Read and complete this intake form to verify that you understand the appointment guidelines, informed consent, confidentiality, and refusal to harm self.