



WESTERN MICHIGAN UNIVERSITY

Counseling and Psychiatric Services

Informed Consent Statement

What Counseling Is

Counseling is a process that can help you explore challenging situations that may be confusing and painful in your life with the goal of developing awareness and skills to live more effectively. It can often provide assistance in dealing with personal problems, making life decisions (e.g., selecting a career or academic major), and improving personal relationships. The counselor doesn't make decisions for you, or change you; he/she creates an atmosphere in which you can do these things for yourself.

Counseling can, in some cases, evoke unpleasant memories and/or arouse strong emotions related to events in your life. Should feelings like these arise they will be dealt with in the context of the counseling process.

What Testing Is

Testing is a procedure by which you gain insight into yourself; your interests, abilities, personality characteristics, personal problems, etc., through the use of an assessment instrument. Summary data is then presented in a counseling session to help you understand the results. The information from tests does not make decisions for you; it provides input that you can use in understanding yourself better and making more sound personal decisions.

Professional Ethics & Confidentiality

A professional code of ethics governs the counseling relationship. A key aspect of ethical practice is confidentiality. Information you share with your counselor will not be divulged to anyone who is not involved in the treatment process without your written permission. However, there are some limits as outlined in the Notice of Privacy Practice for Western Michigan University. This document is available for you to review upon request.

A brief record is made of your counseling contacts. This information, which is confidential, is maintained in a secure database. Counseling records are entirely separate from all other aspects of the University and will be released only with your written permission. You can review your counseling records in compliance with HIPAA regulations. Your therapist may share information with other Sindecuse Health Center professionals for the purpose of coordinating care, which may become part of your SHC medical record.

Your signature below shows your understanding of and consent to the above communication between CS and other parts of SHC.

Your signature below shows you understand and agree that the contact information provided during the mental health assessment appointment may be used to contact you if necessary.

In addition, your case may be brought to a multidisciplinary case review committee for the purpose of coordinating care and treatment recommendations. This review committee is comprised of Sindecuse Health Center professionals who include counselors, psychologists, social workers, psychiatrists, other physicians and medical providers.

Your signature below shows your understanding of and consent to case review and consultation between members of the SHC - multidisciplinary case review committee.

Referrals

On occasion, when your counselor feels that the services of another professional may be helpful, he/she may suggest a referral. This may include counseling with another provider, a consultation for medication or other medical treatment, career testing, academic skills development, etc .

Counseling/Testing Procedures

* Assessments are used to help determine your personal counseling needs and assess your progress. Your cooperation will be beneficial to the counseling process. A counselor will review the results of your assessment information and determine the most appropriate services for you.

*The frequency of appointments is based upon your individual needs as determined by your counselor's professional judgment and available resources.

* Although every effort is made to provide services as soon as possible, there are times during the academic year when a wait list for individual counseling is necessary.

* It is important to be prompt in keeping appointments. Counseling time is very valuable. If you must cancel a session, you are required to cancel within four (4) hours prior to your appointment time and inform the receptionist. Effective January 1, 2013, all students will be charged a \$20 No-show/Late cancellation fee for appointments that are not cancelled within the four (4) hour requirement. This \$20 No-show/Late cancellation fee will be charged to your student account. Please be aware, that if you miss two (2) consecutive appointments and do not contact Counseling Services prior to your appointment, you will be removed from the schedule.

* Occasionally you may be asked to complete a brief evaluation questionnaire about the services you received. This anonymous feedback is very helpful to us in continuing to provide quality services.

* For the benefit of your treatment it may be necessary for other professional staff to discuss aspects of your case with each other. This will remain confidential among those staff members, and will only occur when appropriate.

* Counseling Services is also a training agency for advanced graduate students in the helping professions. The professional services they render are closely supervised by counseling faculty. If you work with a trainee you may be asked to audio or videotape your sessions for supervision purposes.

* If you feel an urgent need to contact a mental health counseling resource when we are closed, you may call Gryphon Place Help Line at (269) 381-4357. You can receive emergency psychiatric treatment 24 hours a day through the Borgess Medical Center Emergency Room, 1521 Gull Road, (269) 226 -4815.

Please let your therapist know if you have any questions about the above information.

Consent for Counseling Services

I have read and understand the above information, and I consent to treatment in Counseling Services. I understand that my treatment in Counseling Services is voluntary and that I may discontinue treatment at any time.

Client Signature:

Name of Patient:

Electronic Signature of Patient:

Date:
