



## COUNSELING CENTER DISCLOSURE STATEMENT 2009/2010

**Welcome to the Counseling Center:** We want your experiences here to be positive and growth promoting. This disclosure statement is to inform you about us and about your rights as a client. Please sign this form to verify that you have received this information. Take your time, read this carefully, and ask your counselor if you have any questions.

**Mental Health Counseling:** Our goal is to provide consultation, evaluation, and counseling services for students dealing with issues impacting their well-being. Our focus involves counseling within a brief intervention framework to maximize your time with your counselor and to offer the most helpful therapy experience. Community referrals may be made for clients needing or requesting long-term therapy. We work with students in exploring new approaches to the issues they are dealing with. This may include problem solving techniques, healthy decision making, and cognitive and behavioral strategies for coping and managing thoughts, feelings, and behaviors. Information about the experience, training, and approaches of our professional staff is available for you at the front desk.

**Counseling Center Services:** A range of options may be discussed following an assessment of the need for mental health services. Please inquire about current therapy/support group offerings. Our services include:

- Initial Consultations
- Therapy groups, which generally begin and end each quarter and meet once a week.
- Support groups, which generally begin and end each quarter and meet once a week.
- Workshops
- Individual mental health counseling.
- Couples therapy
- Referrals to another TESC office, Health Center, support group rather than or in addition to the Counseling Center direct services listed in this section.
- Referrals to community counselors, groups and other supportive services and resources.
- Providing educational information and/or resources for you to learn more about issues you may be dealing with.

### **Eligibility For Counseling Services:**

To be eligible for counseling you must be an enrolled TESC student who has paid the quarterly Student Health and Counseling Fee. Because demand is high, and in order to best serve our student community, we work hard to determine an individual treatment plan for each client. This may include assignment to groups and workshops, individual/couples counseling and/or referral to community providers.

- Group sessions are scheduled for *up to 90 minutes* at a frequency determined by the group and the group leader.
- Individual sessions are scheduled for *up to 50 minutes* at a frequency to be determined by the student and his or her counselor.
- Students and their partners may be seen for couple's counseling even if the partner is not a student. Couple's sessions are scheduled for up to 50 minutes at a frequency to be determined by the student and his or her counselor.

**When Referrals to the Community are made:**

- When students prefer to be seen off-campus.
- When the type of problem is not within the professional capacity or expertise of the Counseling Center staff, or when long-term therapy is indicated.
- When it appears that the wait for treatment exceeds what may be clinically appropriate.

**Assignment for Treatment:** Before any type of appointment is scheduled with you, we will need the following:

- Your current phone number and address. If your phone number or address changes after filling out our paperwork, it is your responsibility to notify us of these changes; otherwise we have no way to contact you.
- Current e-mail information. If you choose this form of contact, please be sure to initial the consent statement at the end of this form acknowledging your request to be contacted electronically instead of, or in addition to, contact by phone (remember, e-mail is in the public domain and confidentiality cannot be guaranteed).
- Your initial contact sheet and intake questionnaire. We will not schedule a session until these documents are completed and returned to our office. We require these so that we have enough information to determine how we could best serve you and consider what might best fit your needs and requests.
- If we are unable to reach you with the information you have provided, we will assume you no longer need our services.
- However, if you have valid contact information but have requested that messages not be left, our attempts to schedule an appointment for you will be restricted. Consequently, if you have designated that messages cannot be left, it is your responsibility to contact us on a weekly basis to see if you have been scheduled for a session. In the event you have been assigned to a counselor and one week passes without hearing from you, we will assume you no longer need our services.
- A consultation session will be scheduled to clarify what you are looking for in counseling, provide information about available resources, and/or provide possible referral information.

**Assignment to a Group or Counselor:** We will attempt to match you with the treatment which will best meet your needs following our review of the above information. Counseling staff meets daily to review requests for counseling services along with the information you have supplied. Based on this information, assignments are made with consideration of appropriate fit, community resources that may better meet your needs, and the availability of groups, workshops, or individual counselors. Once assigned to a group or counselor, we will need to contact you to arrange an initial appointment.

**Training and Supervision of Counseling Center Interns:** All interns are under the direct daily supervision of Counseling Center staff and will discuss your treatment plan and progress with their supervisor on a regular basis. As part of the Counseling Center's training function, *sessions will be recorded for supervision purposes* (video- or audio-taped). If you are not working directly with an intern, it is possible that, on some occasions, an intern might observe a counselor's session.

*In the event of a recorded session*, permission from you will be requested and you will be given an additional disclosure statement to sign. This statement will explain in detail our policies regarding the use of recordings. When a session is recorded, interns may review the recordings or portions of the recordings with their supervisors, who will then discuss and provide feedback about their session. Once recordings have been reviewed, they will be erased.

*In the event of an observed session*, you will be notified in advance and permission from you will be requested. An intern observing a session is watching the staff member, just as a supervisor observing a session is watching the intern.

Because supervision is an important aspect of an intern's training, we encourage you discuss any concerns or questions about supervised counseling sessions with your counselor.

### **Contact from the Counseling Center:**

If you have indicated that it is all right for us to leave a message for you, we will call and leave a message either offering a tentative appointment or requesting that you call our center to arrange your first session.

- It will then be your responsibility to contact the Counseling Center to confirm a tentative appointment or decline the offer of counseling by calling our confidential voicemail at (360) 867-6800. The voicemail is available 24 hours a day and is our preferred method of communication, since we cannot guarantee the confidentiality of anything sent through e-mail.
- If we do not hear back from you within the day, a second call will be made the following day.
- If we do not hear from you within two business days following the second call, we will assume you will contact us if you are interested in our services.
- If you have requested that no message be left, it is your responsibility to contact us on a weekly basis. In the event you have been assigned to a counselor and one week passes without hearing from you, we will assume you no longer need our services.

### **When Immediate Assignment is not Available:**

- You will be offered referrals to providers in the community to expedite the process of being seen.
- You may choose to wait for assignment.
- If you have not heard back from us within two weeks deciding to wait for assignment, please check back with us.

**Cancellation Policy and “No-Shows”:** As there is a high demand for our services and often a wait list, we require at least 24 hours notice if you need to cancel or reschedule your appointment. This policy applies to groups and workshops as well as individual therapy

- **If you “no-show” for your appointment** (i.e., do not come to your session), fail to cancel within 24 hours, or come more than 15 minutes late for the start of your session, your student account will be billed a \$35.00 fee and this will be noted as a “no-show.” If you arrive more than 15 minutes late, and if the counselor is available, you may be offered a brief check-in (but the fee still applies).
- **In the event you miss an appointment (due to a cancellation or a no-show)**, it is your responsibility to reschedule with us.
  - If you “no-show” a scheduled appointment, you must contact our center and/or reschedule within one week (i.e., seven days) of the initial appointment.
  - Similarly, if you cancel a scheduled appointment, you must contact our center and/or reschedule within one week (i.e., seven days) of the initial appointment.
  - In either case, if one week has passed and we do not hear from you, we will assume you are no longer interested in our services. If you call back after one week has passed, you will be assigned to your previous counselor or group only if immediate assignment is available. If immediate assignment is not available, you will be offered referrals to the community or you may choose to wait for re-assignment.
- If you “no-show” for two appointments in one quarter, your counselor will review your case for continued eligibility; you may or may not be eligible to continue based on the review. If you seek counseling after that point, you will be assigned to your previous counselor only if immediate assignment is available. If immediate assignment is not available, you will be offered referrals to the community or you may choose to wait for re-assignment.

- If you cancel two appointments in one quarter your counselor will review your case for continued eligibility; you may or may not be eligible to continue based on the review.

**Our Schedule:** The Counseling Center is open during Fall, Winter, and Spring quarters. Regular hours are posted on the center door and our website. The center is closed on weekends, holidays, Winter Break, Spring Break, and during the summer. If you are in need of service during these periods of closure, go to the emergency room at Providence St. Peter's Hospital or call the Crisis Clinic at (360) 586-2800.

**Communication of Intent to Continue Counseling after quarter break:**

- It is your responsibility to contact the Counseling Center by the tenth day of the quarter (i.e., the end of week two) to confirm your intent to continue counseling.
- If you have a scheduled appointment during the first or second week, you may fulfill this requirement by coming to your scheduled session.
- If you are planning to schedule an appointment once the quarter begins, you will need to let us know your intent to make an appointment (even if you don't have your schedule yet) by the tenth day.
- If you do not contact the Counseling Center by the tenth day, we will assume you are no longer interested in our services.

**Client Rights:** Counseling is a voluntary act, and you have the right to choose counselors who best suit your needs. We will do our best to accommodate your needs or to give you an appropriate referral. You have the right to be treated ethically by your counselor. If you have any questions concerning your rights and/or ethical treatment, or if you wish to file a complaint, please contact one of the following:

- 1) Your current mental health counselor
- 2) Elizabeth McHugh, Director of Health & Counseling, at (360) 867-6808
- 3) The Washington State Department of Health at (360) 236-4700

**TESC COUNSELING CENTER CONFIDENTIALITY POLICY:** We observe confidentiality within the TESC Health & Counseling Centers as required by RCW 18.19.180. To provide effective service, your therapist may discuss your case with others working in or for the Counseling Center (i.e., the consultant psychologist, other counselors, and/or the receptionist). Also, within the Health & Counseling Centers, Counseling Center staff may consult with Health Center staff on an as-needed basis (please see RCW Chapter 70.02 for rules about this consultation). However, no information about you is given to anyone outside of the TESC Health & Counseling Centers, including parents, partners, roommates, employers, faculty, or other Evergreen staff, unless:

- (1) We have your written permission.
- (2) We believe it is necessary to prevent clear and imminent danger to you or others.
- (3) You indicate that there is reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
- (4) A court orders us to disclose confidential information about you. If this happens, we will first ask that the court drop their order. If they refuse to drop their order, we will disclose only the minimum amount of information we deem necessary to satisfy the court's order.
- (5) You waive the privilege by bringing charges against us.

If you have any questions about confidentiality, please talk to your counselor.

***PLEASE SEE FINAL PAGE FOR SIGNATURES AND REVIEW OF THE ABOVE INFORMATION***

---

*I have read and fully understand the preceding description and conditions of The Counseling Center's services, procedures and policies. I agree to permit my counselor to discuss the nature of my problems with other Counseling Center Staff. I understand this Disclosure Statement and I consent to counseling. Additionally, I consent to the following:*

- 
- If I “no-show” for my appointment, fail to cancel within 24 hours, or arrive more than 15 minutes late for an appointment (in which case I may be seen for a brief check-in if the counselor is still available), I will need to reschedule, and understand that my student account will be billed \$35.00. After a missed appointment (either due to a cancellation or a “no-show”), I have one week to contact the Counseling Center. If one week passes, I understand that the center will assume I no longer need their services.
  - If I “no-show” for two appointments in one quarter, I understand that I may not be able to use the Counseling Center’s services until the following quarter. I also understand that if I request counseling the following quarter, I may be referred to community providers or I may choose to wait for re-assignment if immediate assignment to my counselor or group is not possible.
  - If I cancel two appointments in one quarter I understand my counselor will review my case for continued eligibility, I may or may not be eligible to continue based on the review.
  - I understand that the no show/cancellation policy applies to groups, workshops, and individual/couples counseling.
  - If I intend to continue counseling after a quarter break I agree to notify the Counseling Center of my intent to continue services no later than the 10<sup>th</sup> day of the quarter.
  - It is my responsibility to notify the Counseling Center if my contact information changes.
  - I understand that if I am waiting to be assigned to a counselor or group, two attempts to reach me will be made. If messages can be left, I have 2 business days from the delivery of the second message to contact the center.
  - If I have designated that messages cannot be left, it is my responsibility to check back with the Counseling Center (by phone or in person) on a weekly basis until I am assigned to a counselor or group.
  - If I have chosen to wait to be assigned and I expect to be out of town, I will notify the Counseling Center.
  - I will notify the Counseling Center if I no longer need or want their services.
  - I understand the above information, and have received my own copy of this form for my review.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have asked to be contacted by email and I understand that the confidentiality of information transmitted via email cannot be guaranteed. Client initial here: \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_