



Student Wellness Services Disclosure and Consent Statement

Student Wellness Services provides an integrated approach to the care, treatment and support of students, promoting health and wellness, within the context of the Evergreen State College.

The following disclosure & consent statement informs you about Student Wellness Services (SWS) and your rights as a client. Please review carefully, and ask staff if you have any questions. ***Your signature on this form verifies you reviewed the policies and consent to the services described.***

Counseling Services: SWS provides consultation, evaluation, therapy, and support services for individuals experiencing diverse challenges affecting their health and overall functioning as a college student. Evergreen students who pay the quarterly *Student Wellness Services Fee* are eligible to receive services. Services vary depending upon the needs of the student. Counseling services are provided within a brief intervention model that may include individual or group sessions, crisis intervention services, workshops, care coordination, and/or campus resources. Community referrals will also be made when appropriate. Information about the experience, training, and approaches of our professional staff is available on our website and upon request.

We are a clinical training program for undergraduate and graduate level interns. Interns are a necessary component of the counseling team and enhance our capacity to extend services to students. All interns are under the direct daily clinical supervision of SWS counseling staff; therefore your treatment and progress may be discussed with a clinical supervisor on a regular basis. Additionally, all services provided may be observed and/or recorded for training and supervision purposes.

During your initial Evaluation and Referral visit, the assessing therapist will listen and clarify your concerns. The provider will determine the appropriate options based upon your unique needs that are offered within the scope of services available. Students will receive the necessary and pertinent information to make informed decisions about their treatment.

Confidentiality Policy: We observe confidentiality as required by RCW 18.19.180. In addition to the state guidelines, SWS providers advocate for the health and well-being of the college community. SWS providers consult about client needs in a professional manner, as needed, to provide effective diagnosis and treatment services. Your provider may discuss your case with medical or counseling supervisors, colleagues or consultants on an as-needed basis, according to RCW Chapter 70.02. SWS providers may also share information with members of the CARE Team (CARE) in order to prevent high risk behavior from causing imminent danger to the student or the community. CARE is comprised of Student Affairs staff who meet weekly to strategize a support network for students engaging in behaviors of significant risk to themselves or the community. No information about you is given to anyone outside of SWS or CARE, including parents, partners, roommates, employers, faculty, or other Evergreen staff, unless:

- We have your written permission.
- We believe it is necessary to prevent clear and imminent danger to you or others.
- You indicate that there is reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
- 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.
- You waive the privilege by bringing charges against us.

Availability and Hours: SWS is located in SEM 1 #2100. We are open during academic quarters of Fall, Winter, and Spring. We are closed Summer Quarter. The center is closed on weekends, all campus holidays, and academic breaks. Regular hours are posted on the Student Wellness Services – Main office door and on the Evergreen website.

Contact SWS at (360) 867-6200, which includes confidential voicemail. The voicemail is available 24 hours a day (except during Summer Quarter and academic breaks) and is our preferred method of communication. We cannot guarantee the confidentiality of anything sent through e-mail.

Cancellation and Late/No-Show Policy: Your well-being is important to us and scheduled appointments are set aside for only you. We require at least 24 hours advance notice to cancel or reschedule your appointment. If you do not cancel 24 hours in advance you will be charged \$35. This policy applies to groups, workshops, as well as individual sessions. If you arrive 5 or more minutes late for a scheduled appointment, you will incur a \$35 late fee charge and may need to reschedule your session.

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) Kelly Brown, PhD, Lead Psychologist: 360-867-6771
- 2) Elizabeth McHugh, Director of Evergreen Student Wellness Services: 360-867-6900
- 3) The Washington State Department of Health: 360-236-4700

Important Highlights

- My rights to confidentiality will be protected according to Washington State Law.
- I understand this is a clinical training program; all interns are supervised by clinical staff.
- Any sessions may be observed or recorded for supervision and training purposes.
- I understand Student Wellness Services works collaboratively in my best interest and can integrate counseling with medical care and the Office of Sexual Violence Prevention, as needed.
- I understand information may be shared with members of the CARE Team in order to prevent imminent danger to students or the community caused by high risk behavior (See Confidentiality Policy).
- I understand *I must cancel at least 24 hours in advance of my individual or group session or a \$35 fee will be charged to my student account for missing my scheduled session.*
- I understand *if I arrive 5 or more minutes late I may forfeit my individual or group session and I may be charged a \$35 late fee.*
- I understand it is my responsibility to reschedule a missed or cancelled appointment.
- I understand it is my responsibility to promptly return any phone or email contacts.
- I understand the above information, and can request my own copy of this form for review.

Contact: 360-867-6200 (confidential voicemail 24/7, except during academic breaks and Summer Quarter)

If you are in crisis and need immediate assistance:

- Evergreen Police: 360-867-6140**
- Non-Evergreen Emergency Services: 911**
- The Crisis Clinic: 360-586-2800**
- Capital Medical Center Emergency Room: 360-956-2590**
- Providence St. Peter Hospital Emergency Room: 360-493-3287**

I have read and fully understand the Disclosure and Consent Statement of SWS. I agree to permit SWS staff and interns to discuss the nature of my concerns and treatment needs. I understand and consent to treatment. I have clarified any questions. I may have a copy of this document upon request.

Client Signature _____ **Date** _____