



DISCLOSURE STATEMENT AND CONSENT FOR COUNSELING SERVICES

Welcome. This document contains important information about our professional services and business practices at Counseling Services. Please keep a copy of this information for your records. When you sign this document, it will represent an agreement between us.

About Counseling. WSU Vancouver Counseling Services counselors are available to assist students with problems and concerns that may arise while a student at WSU Vancouver. Our trained counselors have experience working with a diverse population with a variety of psychological concerns, such as depression, bipolar, anxiety, ADHD, bereavement, relationship concerns, disordered eating and body image concerns.

We offer short-term individual and couples counseling, group counseling, psychological testing, and crisis and consultation services. Same-day urgent appointments are available to students in acute distress. We also assist students by referring them to other services on campus and to community resources that can offer more specialized or longer-term assistance with problems and concerns.

Counseling is a collaborative interaction with a counselor who can help to improve your life through healthier relationships, better communication, greater understanding of self, strategies for self-care, and in making choices that are more consistent with your educational and personal goals. Together, you and your counselor will discuss your needs, including the type of counseling, goals and strategies to meet those goals, and counseling duration. Both you and your counselor have a shared responsibility to positively impact your counseling.

Our Counseling Staff. Our counselors include licensed psychologists and doctoral student trainees who work under the clinical supervision of our professional staff. If it appears that another counselor might be a better fit for you, your counselor or the counseling staff can arrange a transfer for you. If it appears that your needs cannot be met at Counseling Services, we will be happy to facilitate a referral to a community provider.

Confidentiality and Privacy. Counseling is private and confidential, and any contact with, or information shared with any of the members of Counseling Services is not exchanged with anyone else without your written permission (RCW 70.02.020). Please note that in order to coordinate the best services for you, we may consult with other Counseling Services staff without your written permission.

In all but a few rare situations, your confidentiality is protected by federal and state laws and by the ethics of our profession. The exceptions to this are:

1. If we believe you are in imminent danger of causing harm to yourself or someone else, it is our legal and ethical responsibility to act to keep you safe, which may necessitate the release of confidential information. We may contact emergency personnel, family, or significant others, including the emergency contact person you identified on your Client Information Form, to facilitate maintaining your safety and the safety of others.
2. If we have reason to believe that a child or vulnerable adult has suffered abuse, exploitation, or neglect; or is in imminent danger of suffering abuse, exploitation, or neglect; we will report the incident (or cause a report to be made) to the proper law enforcement agency.
3. If a court of law compels a release of records through a subpoena, we are legally required to comply and will make the records available to the court and involved legal professionals.

Otherwise, information can be released only if you sign a form that authorizes a release and specifies what is to be released. Under most circumstances the release is valid for 90 days and can be revoked at any time at your written request.

Notice of Information Practices. We keep a record of services we provide you (RCW 70.02.120). We will not disclose your record to others unless you direct us to do so or unless the law authorizes us to do so. You may ask to see a copy of your record and you may ask us to correct that records. If you wish to do so, please contact the lead psychologist, Dr. Patience McGinnis.

Supervision/Consultation. Doctoral level trainees provide counseling services and have their work reviewed by a licensed psychologist in accordance with state and professional guidelines. A doctoral level trainee will ask for permission to record your sessions to review with his/her clinical supervisor. This is done for training purposes only and will not be shown outside of Counseling Services. The recordings are erased or destroyed after review by the counselor and supervisor and no later than the end of the semester in which they are made. You will be asked to sign an additional form authorizing permission to do this; your agreement to be recorded is voluntary. If you have questions about this please discuss this with the lead psychologist, Dr. Patience McGinnis.

Client Information. When you first come in to meet with a counselor, or if it has been a long time since your last appointment, we will ask you to provide personal information on a Client Information Form, Initial Assessment Form, and Counseling Center Assessment of Psychological Symptoms (CCAPS), either electronically or in hard copy. The information you provide will assist our counselors in understanding your concerns and how we may help meet your needs.

Client Rights. You may ask to change counselors at any time. Your counselor will be happy to discuss with you his or her theoretical or therapeutic orientation and the proposed treatment, including any risks, requirements, or expectations that might exist. You have the right to receive care that is nondiscriminatory and the right to confidentiality.

As indicated above, we keep a record of the services we provide you. Our records are stored in locking file cabinets within Counseling Services. Some of the information you give to us may be stored in electronic format or is managed electronically. We strive to protect the security of our records and maintain practices in accordance with federal and state guidelines. We use appropriate firewall protection, data encryption and password protection to insure the privacy of your information. You may ask us for more information about how our records are stored or transmitted or to review your record. You also may ask us to correct that record if you find it to be in error. If there is a breach of security of your records, you have the right to be informed of that breach.

First session. You will be scheduled for an initial assessment to get a broad understanding of your concerns. The length of this appointment will be approximately 45-50 minutes. At this first appointment, counselors ask standard intake questions to help gain an understanding of your situation and concerns and decide with you the most appropriate resources for assisting you, either within Counseling Services, through other services on campus, or in the community. If it is determined that Counseling Services provide the most appropriate services for your concerns, the counselor you see at your initial assessment may schedule a follow-up appointment with you or may refer you to another counselor within Counseling Services. Your counselor will work with you individually to determine the goals, duration, and best methods of counseling. We also maintain current information on psychological services in the community for students who request extended counseling or services by a therapist with particular expertise.

Individual counseling sessions. Short-term individual counseling (beyond the initial intake) is offered based on a variety of factors (e.g., availability, client-therapist fit, and level of care needed for treatment). Based on these factors, WSU Vancouver Counseling Services counselors will provide students with brief individual therapy services, or will provide referral resources within the community, for continued off-campus health-related services. The length of individual counseling session will be approximately 45-50 minutes.

Evaluation of Services. Evaluating our services helps us to maintain their quality. You are encouraged to give individual feedback to your counselor at any time. In addition, you may be asked to fill out a short questionnaire regarding your counseling experience.

Use of Email. Counseling Services occasionally uses email to contact clients about scheduling issues or other clinic business, such as surveys. If you do not wish to receive these emails, please do not provide your e-mail address on the Client Information Form you complete today.

Fees and Eligibility. Currently enrolled WSU Vancouver students are eligible for mental health counseling. The counseling services are free.

Cancellation & Missed Appointments. Regular and consistent attendance at counseling appointments is critical in order to benefit from the counseling process. Please make every effort to keep your appointments and an attempt will be made to notify you in the event that a counselor has had to cancel your appointment.

Please initial in the line provided to acknowledge you have read and understand the Cancellation and Missed Appointments Policy.

_____ *Cancellations:* Your appointment times are reserved for you alone. If you need to cancel your scheduled appointment for any reason, please do so 24-hours in advance so that we can make the time available to someone else. *If you cancel two consecutive sessions, you may be removed from your counselor's schedule.*

_____ *Missed Appointments:* Demand for services is high and at times we need to place students on a waiting list due to limited appointment availability. *If you fail to show up for two appointments, you may be removed from your counselor's schedule so that another student can be seen.* Once you are removed from your counselor's schedule, you will need to call Counseling Services at 360-546-9238. If there are no openings at that time, you may request to be placed on our waiting list for ongoing counseling.

Emergencies. If you experience a mental health emergency, including having an experience where you believe you may harm yourself or someone else, please call 911 or the Clark County Crisis Line at 360-696-9560. This resource is available 24 hours a day, seven days per week, including holidays.

Other policies. At any time you may refuse treatment, request a change in approach, or a change of your counselor. Additionally, although it is very rare to do so, any member of the Counseling Services faculty and staff has the right to end counseling for any circumstances determined to be relevant. These may include (but are not limited to) issues with counselor safety, impairment, or if counseling is seen to be harmful. In these instances, you will be provided with a list of referrals to other local providers, or transferred to another provider in Counseling Services, depending on the circumstances.

If you have concerns about your counselor or the course of counseling, we encourage you to discuss them first with your counselor. You may also talk about them with the Lead Psychologist. You may contact the licensing board of the state, the Department of Health, or the ethics boards of the American Psychological Association. If you believe your privacy rights have been violated you have the right to express complaints to the above offices and organizations and to the Secretary of Health and Human Services.

If you have any questions about psychologist licensing, you may contact the Washington Department of Health at 1-800-525-0127; 101 Israel Road SE, Tumwater, WA 98501.

Treatment consent. I have been informed of the type of counseling I will receive from Counseling Services counselors, the methods and techniques used; counselors' education, training and experience; and the fees and eligibility of counseling services. Furthermore, I have received this information in writing.

Please discuss any questions you may have about the counseling process, confidentiality, or any other concerns with your counselor during your visit as soon as possible. To indicate your understanding and agreement to these conditions, please print and sign your name in the space below.

Printed Name

Client's Signature

Date

Therapist's signature

Date