



University of South Carolina Lancaster Counseling Services Informed Consent Form for Services (Office Version)

128 Bradley Building • University of South Carolina Lancaster • Lancaster, SC 29721 • 803-313-7112

Welcome to the University of South Carolina Lancaster Counseling Services (USCLCS). The USCLCS offers a range of professional services for students wanting help with personal concerns, career concerns, interpersonal issues, and crisis intervention. All students enrolled in classes at the University of South Carolina Lancaster are eligible for services at the USCLCS free of charge. These services may include personal counseling, career counseling, group counseling, and career assessment, depending on what best matches the student's needs. The following items are intended to inform you as to the nature and obligation of the counseling relationship.

- My consent to participate in services at the USCLCS is voluntary and that I may revoke my consent to services at any time. I further understand that revoking my consent will terminate services, but will not affect my right to seek services from the USCLCS at a later time.
- The USCLCS maintains health records describing my health history, symptoms, diagnostic impressions, process notes, and future plans and that this information is private. Access to these records follows federal and state statutes. If I have concerns about the use of information in my records, I should speak with my counselor.
- The information that I discuss with my service provider and USCLCS staff is confidential. This means that USCLCS providers will only discuss pertinent clinical information with other USCLCS staff who participates in my care. I may give USCLCS staff written permission to share information with others such as USC faculty and administration, family members, other health care providers, ect. However, I may revoke permission for the USCLCS to exchange information with these individuals at my discretion.
- There are some exceptions to the confidential nature of my counseling record:
 - When you have given permission for the USCLCS to exchange information with others.
 - If your provider suspects that a child or elder is being abused or neglected they are required by law to make a report to the SC Department of Social Services or law enforcement.
 - If we believe you are at risk of harming yourself or another individual, we may be required to give information to others to ensure your safety and/or the safety of others.
 - Information may be revealed if ordered by a court or when mandated by law or statute.

- **Please Note: The exceptions to confidentiality are extremely rare.** However, if they should occur it is the USCLCS's policy that, whenever possible, we will discuss with you any action that is being considered. Legally we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect your and/or another person's physical safety.
- Counseling files are NOT part of academic records, and no one has access to them except the staff of the USCLCS.
- If it is necessary to change or cancel your appointment, please call 313-7112 or stop by the USCLCS 24 hours in advance. Regular attendance of counseling appointments is important in order to facilitate the counseling process.
- In an emergency when the USCLCS is not open, after-hours emergency services are available from Springs Memorial Hospital at 803-286-1214.
- The USCLCS seeks to evaluate and improve its services to students by conducting research and evaluation projects each year. You may be asked to participate in research projects currently underway.
- If you are not satisfied with your therapy, then you could discuss this with your counselor. If I have a complaint with any member of your treatment team or USCLCS staff, you can address your concerns with the USCLCS Director. At the end of your counseling experience, you will be given a brief questionnaire in order to provide us with feedback regarding your USCLCS experience.

If you have any questions about this contract, you may discuss them with your service provider.

My signature indicates that I have read this form and consent to receive services as described in this contract.

Consumer Date

Witness Date