Information for Clients and Counseling Agreement

Welcome to Union University Counseling Services. This document contains important information about my services and policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Counseling is not easily described in general statements. It varies depending on the personalities of the counselor and client, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. A counseling appointment is not like a medical doctor visit. Instead, counseling calls for a very active effort on your part. In order for the counseling to be most successful, you will have to work on things we talk about both during our sessions and at home.

Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have benefits for people who go through it. Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first couple of sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include based on your goals, if you decide to continue with counseling. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If you would like to see a different counselor, I can make a referral for you to a different counselor.

MEETINGS

I normally conduct an evaluation that will last one or two sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If counseling

is begun, I will usually schedule one 50-minute session every other week at a time we agree on. If you are unable to keep an appointment, please notify me as soon as possible (24 hours in advance is best). If you miss two appointments without notifying your counselor, your spot will need to be offered to another student who may be waiting for an appointment. You will then be wait listed for the next available appointment (if you wish to be).

CONTACTING ME

We (the counselors at Union) are often not immediately available by telephone. One of our counselors is on campus during business hours, and some are here beyond business hours. However, we do not answer our phones while we are in a session. You can leave me a message on voice mail. We will return your call. Or, you may e-mail us. Your counselor will provide you with his or her contact information. If you have an emergency or need immediate assistance and cannot reach one of the counselors, you may stop in at health and counseling services main desk on the D hall in the Penick Academic Complex, or please contact the Dean of Students (731.661.5090), a member of the Residence Life staff (731.298.7768), or Campus Security (731.661.5018 weekdays, 731.394.2922 cell phone). Mrs. Chicantek in the health and counseling clinic (chicantek@uu.edu, or 731.661.5284) can locate your counselor or reschedule your appointment if you cannot reach your counselor.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.

CONFIDENTIALITY

All records are confidential. Your records are NOT a part of your academic or administrative records. Your records and personal history are available to no one including parents, family, police, employers, or administrators unless you provide written consent. No information about your counseling may be released to anyone without your authorization except under the following circumstances:

- If you are under 18 years of age, your parents or legal guardian (s) may request access to your records and authorize their release to other parties.
- If you are determined to be in imminent danger of harming yourself or someone else.
- If you disclose abuse or neglect of children, the elderly, or disabled persons.
- Where otherwise legally required.

The staff adheres to the ethical principles and codes of conduct for psychologists of the American Psychological Association, for counselors of the Tennessee State Board of Examiners for Professional Counselors and for social workers for the National Association of Social Workers Code of Ethics.

If I see you as a couple I must have permission of both parties to release information.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

As indicated above, if I believe that a counselee is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the counselee. If the counselee threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a counselee poses a potential for harm to self, others, or the Union community I may need to contact family members, college personnel, or others in order to avoid or prevent harm.

If you have any questions about your rights as they relate to confidentiality, please do not hesitate to ask me at any point in time.

CONSULTATION

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make
every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the
information confidential. If you don't object, I will not tell you about these consultations unless I feel that
it is important to our work together.

Your signature below indicates that you have rea	ad the information in this document, have been given and
adequate opportunity to ask questions about it,	understand it, and agree to abide by its terms during our
professional relationship.	
Signature	Date