



Counseling Center  
Informed Consent

Welcome to Counseling Services at Concordia University. This document contains important information about our professional services and policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us.

### COUNSELING SERVICES

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Counseling has both benefits and risks which include experiencing unpleasant emotions or memories but also experiencing growth and emotional freedom. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

### APPOINTMENTS

Appointments will be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide Counselor with 24 hours' notice contacting by phone or email. If you miss more than two consecutive sessions without notifying your Counselor will assume that you no longer need counseling services and close your case. We understand that there are some circumstances that may prohibit you from notifying Counselor of a cancellation in advance. Please email or call to let Counselor know of your absence and if you will be able to attend your next scheduled appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still end on time.

### PROFESSIONAL RECORDS

Your records are maintained in a secure location. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that a treatment summary be provided should you request to view your records. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

### CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a counselor, and we may release information about our work to others only with your written permission. But there are a few exceptions.

- In some legal proceedings, Counselors may be court ordered to release information about your treatment, or the treatment records may be subpoenaed.
- If Counselors suspect child, elderly or person with a disability is being abused, we are legally obligated to file a report with a state agency.
- If Counselor believes that a client is threatening serious bodily harm to another, Counselors are required to take protective actions, including calling campus police during business hours or Austin Police Department. If the client

threatens harm to him/herself, Counselor may be obligated to seek hospitalization for him or her, to contact family members or others that may help provide protection.

If a situation as stated above occurs, we will make every effort to fully discuss it with you before taking action. Counselor may occasionally find it helpful or necessary; to consult other professionals about a client such as Ruth Cooper, Director of the Student Success Center, or the BIST team.

#### CONTACTING YOUR COUNSELOR

Counselors are often not immediately available by telephone. At these times, you may leave a message on our confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from your Counselor or they are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) go to your Local Hospital Emergency Room, or 2) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional you may contact. You are also free to email your counselor to schedule appointments. Email is not a confidential form of communication so we encourage you to limit your contact to arranging appointments or scheduling changes.

#### SOCIAL MEDIA & TECHNOLOGY LIMITS

Counselors will not communicate with clients via Facebook, twitter, Instagram, Snapchat or any other social media sites. Counselors will not accept friend or follow requests from currently active clients as this jeopardizes the professional ethics of the counseling relationship and confidentiality of the client. Clients are given the Counselor's cell phone number which is to be used to schedule, reschedule or ask a question by text or a phone call. If Counselor believes at any time that this privilege is being abused it will be discussed further with the client. Text messaging is also not a secure, confidential form of communication.

#### OTHER RIGHTS

Clients may ask to be referred to another mental health professional if they believe this would serve them better therapeutically. The client will then take on the financial responsibility with that counselor. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, or national origin. You have the right to ask questions about any aspects of therapy and about Counselor's specific training and experience. You have the right to expect that Counselor will not have social or sexual relationships with clients or with former clients.

Your signature below indicates that you have read this Agreement and agree to their term

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Client Signature

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Printed Name

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Date