

Student Name: _____

P#: _____ DOB: _____

File: _____
College Counseling Center

131 Van Housen Hall
Tel: 315-267-2330
Fax: 315-267-2228

Please read the Informed Consent below. If it is determined that the College Counseling Center is an appropriate place for you to receive services, you will sign a copy of this document with your counselor.

INFORMED CONSENT FOR STUDENT COUNSELING SERVICES

Welcome to the **SUNY Potsdam College Counseling Center**. This document contains important information about our professional counseling services and business policies. Please read it carefully.

COUNSELING SERVICES

The Service. The **SUNY Potsdam College Counseling Center** provides a short-term, solution focused counseling service. Counseling varies depending on the personalities of the Counselor and student, and the particular concerns you bring forward. **Counseling calls for your active effort. For your therapy to be the most successful, you will have to work on things you and your Counselor talk about, both during and outside your sessions.** Consultation with other professionals is considered good practice for quality care. Your Counselor may consult with other licensed professionals within the Center with the consent provided in this document.

Risks and Benefits. Counseling can have risks and benefits. Therapy often involves discussing unpleasant aspects of your life, and you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. However, counseling has also been shown to have benefits for people who go through it. **Therapy 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.**

Treatment Plan. **Your first appointment is for information gathering to evaluate your needs and determine if the treatment required for your concerns can be addressed at the Counseling Center.** Based on this consultation evaluation, your Counselor will be able to offer you some first impressions of what your work together will include, begin to develop goals and work towards collaborative plan of treatment to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your Counselor. Therapy involves a large commitment of your time and energy, so you should be very careful about the Counselor you select.

Session Limits. The College Counseling Center utilizes the brief, solution-focused model due to the time constraints of the semesters. **In order to allow a greater number of students to access services we do set sessions limits dictated by the scope and severity of concerns.** As sessions each semester are limited, it is important you and your counselor establish goals to allow you to gain the most from your time at the College Counseling Center. These sessions limits do not apply to group counseling sessions or crisis appointments. However, **frequent crisis appointments often indicate the need for a higher level of care beyond the scope of practice of the College Counseling Center.**

Alternatives. If you have questions about your treatment plan, you and your Counselor should discuss them whenever they arise. If your doubts persist, your Counselor will be happy to help you set up a meeting with another Counselor. The College Counseling Center brief therapy treatment approach is time-limited due to the natural limits of resources. In order to best serve the needs of our students, **those who require long-term and/or intensive support will generally be referred to community resources for ongoing treatment.** Similarly, students whose needs require a particular type of expertise that is not available in the College Counseling Center are also referred to community resources. If your Counselor determines that you may need care beyond the scope of practice of the College Counseling Center, your Counselor will refer you to another health care provider. Specifically, students

may be referred to off-campus providers for a higher level of care, including for the following: (a) medication follow-up, (b) care outside the clinical expertise of staff, including forensic threat assessment or substance abuse, (c) long term counseling when short term counseling may be detrimental, or (d) addressing harassing, violent, or threatening behavior towards Center staff. **You will be responsible for obtaining transportation at your cost to off-site referrals and to work with your insurance company for payment coverage of such appointments.** The **SUNY Potsdam Counseling Center** is not responsible for these aspects of treatment.

The Center is staffed by licensed therapists or supervised permit holders working toward NYS licensure. Specific information about your Counselor's experience, education and credentials can be provided to you upon request. **Licensed therapists are required to refer clients to, and remain in consultation with, a medical physician in the case of ongoing treatment of any serious mental illness.** Such medical evaluation and consultation shall be to determine and advise whether any medical care is indicated for such illness. *For purposes of this section, "serious mental illness" means schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder and autism.*

The Center serves as a training site for Mental Health Counseling Interns who work under the supervision of professional licensed staff. Your Counselor may involve an Intern in your therapy. The Intern does not yet have a New York State License to provide counseling services and works under the direct supervision of a licensed professional at the Center to attain the experience required for licensure. The Intern and your Counselor will share information about your diagnosis and treatment. Your Counselor is professionally responsible for therapy provided to you.

COUNSELING SESSIONS

The Center will conduct a consultation evaluation that will last 50 minutes, the first 10 minutes of which is used to fill out a computer-based intake form. **If the College Counseling Center is an appropriate place for treatment, your Counselor will schedule subsequent 50-minute sessions, at a time and frequency with which you both agree.** Once an appointment hour is scheduled, you will be expected to attend unless you provide notice of cancellation by 3:00 pm on the business day prior to your appointment. **If you fail to attend a scheduled appointment, arrive late 10 minutes or more or fail to provide timely notice of cancellation, you will be charged a "Counseling No Show Fee" of \$20.00.** The charge will appear on your student bill. You may appeal this charge by submitting an appeal request within two (2) weeks of the missed or late appointment. You may reschedule the appointment by calling (315) 267-2330 or by stopping by the office.

PROFESSIONAL FEES

Short-term counseling is included in your student health fee. Referral services are not included in your student health fee. You will be expected to pay for any referral services when provided unless you have insurance coverage that permits another arrangement. **You are responsible for making payment and transportation arrangements. It is very important that you find out exactly what mental health services your insurance policy covers,** and inform your off-campus provider that you intend to utilize your health insurance policy before receiving any services.

Counselors are available after the Center is closed only to provide safety assessments. If you are unsure if you can remain safe from thoughts of suicide, you should contact Reachout at 315-265-2422 or a Peer Counselor at 315-261-8873 to obtain assistance.

If your Counselor will be out of the office for an extended time, your Counselor will provide you with the name of a colleague to contact, if necessary.

TREATMENT OF MINORS

The Center recognizes the important role of parents and guardians in providing counseling to minor students. **If your parent or guardian is not reasonably available or if requiring parental or guardian consent would be**

detrimental to your treatment, the Center may be able to provide services to you without parental or guardian involvement. Your Counselor would need to determine that you can give informed consent and the treatment is needed for your well-being. If an exception does not apply and you are under 18 years of age, the Center will require the written consent of your parent(s) or guardian.

CONFIDENTIALITY AND RECORDS

Information shared by you in a counseling session will be treated with the strictest confidentiality, and will not be disclosed without your permission, except when, in the judgment of the Counselor, such disclosure is necessary to protect you or someone else from imminent physical or psychological danger. This may include reporting a person who is at risk of harming self or other(s) to the Director of Community Services as required by the New York State SAFE Act. This report could result in the requirement to relinquish all firearms in the near future and may prevent approval of future firearm applications.

In addition, Counselors must also surrender client records to a court if subpoenaed by a judge.

In cases of formal complaint against the Center, client records may be used or disclosed to demonstrate acceptable practice standards were adhered to.

While information will not be released to an outside agency without your written permission, professionals confer within the Center and with providers at Student Health Services in order to improve services for you.

Under New York law, you may request access to your treatment records, including therapy notes prepared by the Counselor. **If you request access, your Counselor will review your records and determine whether your access might cause substantial and identifiable harm to you or others. If your Counselor makes this determination, your Counselor will provide you with a summary of your treatment records.** You can appeal a decision to deny access. If your Counselor determines that access will not likely cause harm, your Counselor will ask to review your treatment records with you. The cost of copying records is \$.25 per page.

INFORMED CONSENT

I have read the information provided above and have had an opportunity to discuss all my questions and concerns about receiving psychotherapy services at the **SUNY Potsdam College Counseling Center**. I understand the nature of the treatment, the risks, the benefits and the alternatives to this treatment. No one has guaranteed me that the counseling services will have certain results. I have the right to make decisions about my health care, to refuse health care and to revoke this consent at any time except to the extent services have already been provided. I understand that interns may be involved in my treatment. I consent to receiving counseling services at **SUNY Potsdam College Counseling Center** from my Counselor and the other licensed professionals of the Center. I also consent for my Counselor and other licensed professionals to discuss my treatment with providers at Student Health Services if I am also receiving mental health related services at Student Health Services.

_____	_____	_____
Date/Time	Signature of Patient	Date of Birth
_____	_____	_____
Date/Time	Signature of Parent or Legal Guardian ¹	Relationship to Patient
_____	_____	_____
Date/Time	Signature of Witness	Print Name of Witness

¹ Signature of custodial parent or legal guardian is required for minors, subject to certain exceptions.