

EVERGREEN COUNSELING CENTER DISCLOSURE & CONSENT STATEMENT 2015/2016

Welcome to the Evergreen Counseling Center: We want your experiences here to be positive, promoting health and wellness. The Evergreen Counseling Center is a partner with the Evergreen Health Center, providing an integrated approach to the care and treatment of students.

This disclosure statement informs you about us and your rights as a client. Please review carefully, and ask staff if you have any questions. Your signature on this form serves to verify you have reviewed the policies and you are consenting to the services described.

Mental Health Counseling and Services: Our goal is to provide consultation, evaluation, counseling and support services for students dealing with issues impacting their well-being. Our focus involves counseling within a brief intervention framework to maximize your time with your counselor and to offer the most helpful therapeutic experience. Community referrals will be made when appropriate. We work with students through a variety of therapeutic approaches. We are a clinical training program including graduate interns in our delivery of services and therefore all services may be observed or recorded for supervision purposes. Information about the experience, training, and approaches of our professional staff is available for you on our website and upon request.

Eligibility for Counseling Center Services:

Evergreen students who pay their quarterly *Student Health and Counseling Fee* are eligible to receive services. Services vary depending upon the needs of the student.

Accessing Evergreen Counseling Center Services:

Simply come to the Evergreen Counseling Center located on the fourth floor of Seminar 1 building. Walk-in to the main office - Room # 4130 and check-in with the support staff at the front desk. Students may access information about services, contact numbers, and initial paperwork required online at <http://www.evergreen.edu/health/counseling/home.htm>

Counseling Center Hours for Walk-in Services

Monday – Tuesday:	10 am – 12pm	&	1 pm – 5 pm
Wednesday:	10 am – 12pm	&	<u>2 pm – 6 pm</u>
Thursday:	<u>11 am – 12pm</u>	&	1 pm – 5 pm
Friday:	10 am – 12pm	&	<u>1pm – 2 pm</u>

Contact: 360-867-6800 (confidential voicemail 24/7)

After Hours 24/7 Crisis Clinic: 360-586-2800

What to Expect at the Counseling Center

Services: During your initial visit to Evergreen Counseling Center, the assessing therapist will work with you to clarify your concerns and determine the options available to you. A range of options may be discussed as our services vary based upon the unique needs of students and the academic quarter.

- Walk-in Services: Unscheduled visits are offered Monday – Friday during office hours.
- Referrals & Assistance for Evergreen Student Services and faculty
- Substance Abuse Prevention & Intervention Services
- Crisis Intervention Services
- Groups & Workshops: Topics vary each quarter generally offered 2 – 3 days a week.
- Mental Health Counseling Services
- Care Coordination Services: Assist with referrals to community services.
- Educational & Community Resources available 24/7 outside the Counseling Center and on the Evergreen State College website.
- Counseling Center staff is available to provide education and support to student groups, programs and faculty upon request.

Clinical Training and Supervision: The Evergreen Counseling Center provides clinical training for graduate level student interns. All interns are under the direct daily supervision of staff. Your treatment and progress may be discussed with a clinical supervisor on a regular basis. As part of the Counseling Center's training function, ***sessions will be video recorded solely for supervision purposes***. On some occasions an intern may be present during a session for the function of observation and training. Graduate interns are a necessary component of the Evergreen Counseling Center team and enhance our capacity to extend services to students.

Permission for Recorded and Observed Sessions: A request for permission to record and/or be observed in sessions or groups is included in this consent for services agreement. Recorded sessions are for training purposes only. Following the review of any recordings by our staff or interns the recordings are erased; they are NOT part of your clinical record.

Observed Sessions: In the event of an observed session you will be notified with a verbal request for your permission. An intern observing a session is watching the staff member for training purposes.

Please discuss any concerns or questions about our intern program and supervised sessions with our staff. If this type of clinical training program will not meet your needs then we will happily assist you in finding alternate services in the community.

Client Rights: Counseling is a voluntary act, and you have the right to choose counselors who best suit your needs. We will do our best to accommodate your needs or to give you an appropriate referral. You have the right to be treated ethically by your counselor. If you have any questions concerning your rights and/or ethical treatment, or if you wish to file a complaint, please contact one of the following:

- 1) Kelly Brown, PhD, Lead Psychologist, at 360-867- 6771
- 2) Elizabeth McHugh, Director of Evergreen Health & Counseling, at (360) 867-6808
- 3) The Washington State Department of Health at (360) 236-4700

CONFIDENTIALITY POLICY: We observe confidentiality within the Evergreen Health & Counseling Centers as required by RCW 18.19.180. In addition to the state guidelines, the Counseling Center also advocates for the health and well-being of the college community. To provide effective services, your therapist may discuss your case with others working in or for the Health & Counseling Center (i.e., the consultant psychologist, coordinator of sexual assault/domestic violence, other counselors, Health Center staff and/or the receptionist). Within the Health & Counseling Centers, Counseling Center staff may also consult with Health Center staff on an as-needed basis (please see RCW Chapter 70.02 for rules about this consultation). The Counseling Center may also share information with members of the Student Response Team in order to prevent imminent danger

to students or the community caused by high risk behavior. The Student Response Team is comprised of Student Affairs staff who meet weekly to discuss ways to support students who are engaging in behaviors posing a significant risk to themselves or the community. However, no information about you is given to anyone outside of the Evergreen Health & Counseling Centers, including parents, partners, roommates, employers, faculty, or other Evergreen staff, unless:

- (1) We have your written permission.
- (2) We believe it is necessary to prevent clear and imminent danger to you or others.
- (3) You indicate that there is reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
- (4) A court orders us to disclose confidential information about you. If this happens, we will first ask that the court drop their order. If they refuse to drop their order, we will disclose only the minimum amount of information we deem necessary to satisfy the court's order.
- (5) You waive the privilege by bringing charges against us.

If you have any questions about confidentiality, please talk to a staff or your counselor.

Our Schedule: The Evergreen Counseling Center is open during academic quarters of Fall, Winter, and Spring. We are closed Summer Quarter. The center is closed on weekends, holidays, and all holidays and breaks. Regular hours are posted on the Counseling Center office door and on the Evergreen website:

<http://www.evergreen.edu/health/counseling/home.htm>

If you are in crisis and in need of service during these periods of closure, go to the emergency room at Providence St. Peter's Hospital or call the Crisis Clinic at (360)-586-2800.

Contact from the Evergreen Counseling Center:

- It is your responsibility to contact the Evergreen Counseling Center to confirm a tentative appointment or to decline the offer of counseling. **Please call our confidential voicemail at (360) 867-6800.** The voicemail is available 24 hours a day and is our preferred method of communication. We cannot guarantee the confidentiality of anything sent through e-mail.
- The counseling center staff will attempt to reach you twice; if you do not respond to the second contact it may be assumed you are no longer in need of our services and no further contacts may be attempted.
- If you request that no message be left, **it is your responsibility to contact** us if you are waiting for assignment to a counselor or group.

Cancellation Policy and "No-Shows": Your well being is important to us and scheduled appointments are set aside for only you. Therefore, **we require at least 24 hours notice if you need to cancel or reschedule your appointment.** This policy applies to groups and workshops as well as individual therapy.

- If you "no-show" for your appointment and fail to provide notice 24 hours in advance, your student account may be billed a \$35.00 fee.
- If you arrive more than 15 minutes late for a scheduled session, you may be subject to a \$35.00 late fee and the availability of your therapist when you arrive late cannot be guaranteed.
- If you "no-show" or cancel an appointment we request you contact our office to reschedule within one week of the original appointment.
- It is your responsibility to reschedule following a missed or cancelled appointment.
- If our office does not hear from you within seven days it may be assumed you are no longer in need of our services.

Communication of Intent to Continue Counseling after quarter break:

- It is your responsibility to contact the Counseling Center by the fifth day of each new quarter, even if you don't have your schedule yet, in order to indicate your intent to continue counseling.

IMPORTANT HIGHLIGHTS

- My rights to confidentiality will be protected according to Washington State Law.
- I understand this is a clinical training program; all interns are supervised by clinical staff.
- Any sessions may be observed or recorded for supervision and training purposes.
- I understand the Counseling Center works collaboratively in my best interest with the Evergreen Health Center and Office of Sexual Violence Prevention.
- I understand information may be shared with members of the Student Response Team in order to prevent imminent danger to students or the community caused by high risk behavior (See Confidentiality Policy).
- I understand I must cancel at least 24 hours in advance of my individual or group session or a \$35.00 fee will be charged to my student account for missing my scheduled session.
- I understand if I arrive more than 15 minutes late I may forfeit my individual or group session and I may be charged a \$35.00 late fee.
- I understand it is my responsibility to reschedule a missed or cancelled appointment within a week or it may be assumed I am no longer in need of services.
- I understand it is my responsibility to promptly return any phone or email contacts in order to ensure I continue to receive individual or group services.
- I understand that two attempts will be made to reach me. If I do not respond within 2 business days from the attempted delivery of the second, it may be assumed I no longer need services.
- It is my responsibility to notify the Counseling Center if my contact information changes.
- I understand I must provide some way to be contacted by the Counseling Center. Ultimately; it is my responsibility to check in with the Counseling Center to receive individual or group services.
- I will notify the Counseling Center if I no longer need or want their services.
- I understand the above information, and have received my own copy of this form for my review.

Please keep this disclosure document for your records.

THANK YOU!

I have read and fully understand the disclosure information and conditions of the Evergreen Counseling Center's services and policies. I agree to permit Counseling Center staff and interns to discuss the nature of my concerns and treatment needs with other Health and Counseling Center staff. I understand and I consent to services at the Evergreen Counseling Center that may include mental health counseling and triage. I consent to the following:

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 - Any sessions may be observed or recorded for supervision and training purposes.
 - I understand the Counseling Center works collaboratively in my best interest with the Evergreen Health Center and Office of Sexual Violence Prevention.
 - I understand information may be shared with members of the Student Response Team in order to prevent imminent danger to students or the community caused by high risk behavior (See Confidentiality Policy).
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 - I understand I must provide some way to be contacted by the Counseling Center. Ultimately; it is my responsibility to check in with the Counseling Center to receive individual or group services.
 - I will notify the Counseling Center if I no longer need or want their services.
 - I understand the above information, and have received my own copy of this form for my review.

Client Signature _____ **Date :** _____

I have asked to be contacted by email and I understand that the confidentiality of information transmitted via email cannot be guaranteed. Client initial here: _____

Counselor Signature: _____ **Date:** _____