

# Welcome to CSU Counseling Services

This information is provided to inform you how the clinic operates and the procedure we use to coordinate counseling and other services. We hope this will help you understand the purpose and scope of services, the limits of confidentiality, and the risks and benefits of counseling, assessment/evaluation, and/or psychological treatment.

**Our Services.** CSU Counseling Services offers counseling for individual, couple, family, and relationship concerns. Services are intended for currently enrolled Charleston Southern students. We do not provide treatment for severe and chronic mental disorders.

1. Referral to therapy groups or counselors depends on your needs and the availability of resources. We make every effort to assign you to a counselor or group that suits your needs with as little delay as possible. If you wish to work with a specific counselor, you may have to wait longer until that counselor has an opening.

2. You and your counselor will determine the scope of therapy or other services that will meet your current needs based upon your circumstances and desire for therapy. Experience suggests that if counseling time is used well, most students are able to make substantial progress in 5 to 7 sessions.

**Getting Started.** What will you do today?

1. The first step is to fill out the paperwork. Complete the *Confidential Intake Information* form. Then, read and sign the *Informed Consent and Limits of Confidentiality* form on the reverse side of this sheet.

2. If you are here as a Walk-in, your name has been given to the counselor on duty who will meet with you as soon as possible. The wait can range from no waiting at all to a request to return the following working day (although the latter is rarely necessary).

3. **If you feel the concern that brings you here is an emergency, clearly state this to the receptionist and counselor.** What constitutes an emergency? Some examples of emergencies would be any victimization, unmanageable psychological distress, agitation, outbursts of anger or violence, and/or serious thoughts of harming yourself or someone else.

4. During your initial meeting, you will meet with a counselor for about 30 minutes to talk about your concerns. To help you determine what services may be most helpful, you may be provided information, helped with identifying alternatives, or assisted with some problem-solving such that no further services are necessary at this time. If you and the counselor determine that services would be helpful, you will be assigned to a therapy group or an individual counselor.

5. If you and the intake counselor decide that our services are not appropriate to address your concerns, you will be provided other options, suggestions, and/or assistance regarding how to establish a relationship with community service providers.

**Counseling Groups.** A variety of topical counseling groups are offered. We have found student may not request group counseling, perhaps believing that individual counseling is a better treatment option.

1. There are many reasons why a group is the **best** treatment for some concerns. While the group may feel uncomfortable at first, this option is more effective than individual counseling for some problems.

2. If your counselor recommends a group or if you are curious about one, she/he will be glad to talk with you about the nature and potential value of the groups offered each term.

**Return Visits.** If you have utilized CSU Counseling services before, let the receptionist know when you check-in so she can locate your file. We would like to keep your information up-to-date but, depending on the length of time since your last visit, it may not be necessary to re-do all the paperwork.

**Questions?** Please let a counselor or the receptionist know if you have questions, concerns, or comments.

*Thanks.*

*The CSU Counseling Services Staff*

# INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY

The contents of all intake, assessment, or counseling sessions are confidential. It is the policy of CSU Counseling Services not to release any information about a client without a signed release of information. Even when consent is provided, information is released only other mental health or medical clinicians.

**Possible additional exceptions may include:**

**1) Duty to Warn and Protect**

In cases where a client discloses or implies a plan for suicide, counselors are required to take reasonable means to try to prevent this from occurring. These measures may include notification of College authorities, the family of the client, and/or others. If a client discloses intentions to harm another person, counselors are required by law to warn the intended victim and/or report this information to legal authorities.

**2) Abuse of Children or Vulnerable Adults**

If a client states or implies that he or she is abusing a child or vulnerable adult or has recently abused a child/vulnerable adult, or a child/vulnerable adult is in danger of abuse, counselors may be required to report this information to the appropriate social service and/or legal authorities. This extends to admitted prenatal exposure to potentially harmful substance. Counselor may also be required to report allegations of past abuse if the client or others appear to still be at risk.

**3) Professional Misconduct**

Health care professionals are required by law to report instances of professional misconduct by other health care professionals. If a professional or legal disciplinary process is conducted regarding a health care professional's actions, records may be released in order to substantiate disciplinary concerns or in the accused person's defense.

**4) Other Provisions Regarding Confidentiality and Informed Consent:**

-Participation in assessment, counseling, and therapy is voluntary. The possible risks, benefits and reasonable alternatives will be explained to you and specific clinical procedures and interventions will be clarified at your request.

-Parents or legal guardians of non-emancipated minors may have the right of access to a minor client's records.

-Information kept in a client's file includes (a) testing results, (b) information provided to the counselor by the client, (c) information received from other sources about the client, (d) diagnosis, (e) treatment plan, and (f) individual reports, summaries, and case notes.

- If we need to contact you for reasons such as appointment reminders, all efforts are made to preserve confidentiality, e.g., if we phone you at home or work, we would not say the name of the clinic or the nature of the call, but will leave your number with the message for you to return the call.

- Although client information is not shared with other parties without your consent, state law dictates that if a court order is issued for your records we are obligated to provide them.

- Counseling reserves the right to deny further services to individual whose concerns are beyond the capacity of this office to effectively treat as well as to any individual that abuses or misuses services in any manner, e.g., non-compliance with treatment, frequent missed appointments, etc. If this should become necessary, other local treatment options and possible referrals would be arranged.

**Consent for Treatment**

Your signature below indicates that you have received and understand the purpose and scope and of counseling services, the limits of confidentiality, the risks and benefits of counseling, and that you are voluntarily electing to participate in assessment/evaluation, counseling, and/or psychological treatment. Please let your counselor know if you have any questions.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

