

Longwood University CAPS Informed Consent

I. CLIENT RIGHTS

Psychotherapy and counseling are confidential and voluntary. CAPS provides free and confidential psychotherapy and counseling for currently enrolled students. Information shared in therapy sessions or through testing is treated with the highest regard for confidentiality. This information will not be disclosed to any outside persons or agencies without your written permission, with the exception of the following. As required by law, the psychologist or counselor must disclose information when any of the following are present: (a) reasonable suspicion of abuse of children or elderly persons, (b) the client presents serious danger to another person, (c) the client is likely to seriously harm him/herself unless protective measures are taken, (d) signed subpoena by a judge requiring testimony or appearance in court. Minor students (under age 18) may consent to mental health treatment and may be seen at CAPS without parental consent. However, a minor's parents may request and receive the minor's mental health treatment records unless the treating psychologist or counselor determines that the release of records "would be reasonably likely to cause substantial harm to the minor or another person" or a court finds "good cause" to disallow disclosure. Psychologists and counselors may consult with other professionals without revealing identifying information about the student in accordance with this confidentiality agreement.

The psychologist or counselor can be expected to respect you as an individual and to convey this respect by keeping appointments or contacting you if rescheduling is necessary. The psychologist or counselor will give you complete attention during sessions while providing the most effective counseling and feedback he/she can.

In the initial counseling and/or single session, the psychologist or counselor will explore the issue(s) that led you to CAPS so that he/she will be able to assist you effectively. Working with a psychologist or counselor can sometimes lead to unexpected feelings and insights that may be difficult, even though they may lead to growth over the long-term. It is important to discuss your reactions and experiences with your psychologist or counselor throughout this process. At any point you can terminate treatment, although it is strongly recommended to first discuss this with your psychologist or counselor. The psychologist or counselor can provide information about other services available at Longwood and elsewhere in the community.

II. CLIENT RESPONSIBILITIES

Active participation in the therapy process is important for progress. You need to devote time and energy to the therapy relationship for it to be successful. Keeping your appointments will allow you to take full advantage of counseling services. You will work with your psychologist or counselor to create an individualized counseling plan. Regular reviews will take place to ensure continued effectiveness while respecting your freedom of choice. Deciding when to end is a part of treatment and you are encouraged to discuss this with your psychologist or counselor.

Once the appointment has been scheduled, it is your responsibility to keep the appointment. If you arrive more than 10 minutes past a scheduled appointment time, the appointment will be rescheduled for another date. If for any reason the appointment cannot be kept, you are asked to call CAPS at least 24 hours prior to the scheduled appointment time.

If you establish a pattern of canceled, rescheduled, or no show appointments, you will receive a letter from CAPS asking you to make an appointment with the Director before services can resume. Complaints or disputes with CAPS services, procedures, or policies can be addressed to Cam Patterson, Vice President for Student Affairs.

III. GENERAL INFORMATION

Client records, notes, and provided demographic information are kept in a computer data system which is maintained in a secure manner and accessible only to CAPS staff. Records are maintained and destroyed according to state regulations. Therapy notes are kept separate from academic, judicial, and health records.

If a student is experiencing a mental health crisis, they may be connected with ProtoCall Services, Inc. for support, assessment, and a determination of what is needed for immediate intervention and stabilization. This is an emergency service and not a substitution for on-going counseling.

At various points in your treatment, you will receive a brief evaluation of CAPS. This is routinely done to evaluate our services in a constant effort to maintain quality and to address student concerns/feedback. We appreciate your responses and will use them to provide the most effective services possible.

IV. COUNSELORS IN TRAINING

There is a likelihood that you may be seen by a counselor in training. These are either graduate level practicum/Intern students or a resident in counseling who do not have the authority for independent practice and are under the supervision of one of our licensed practitioners. Counseling supervision necessitates the recording of these counseling sessions for clinical and instructional review. You will have the opportunity to discuss any questions about the recording procedure with your counselor in training. You have the option to discontinue this procedure at any time.

Information received through counseling and supervision is strictly confidential and will not be released, unless upon your request or as required by law. Audio recordings and/or video recordings are erased at the end of your treatment unless otherwise agreed to.

If you, as a client, have questions or concerns about a practicum/intern's/resident's performance, please feel free to contact their supervisor.

-Tianna Jordan M.S., Resident in Counseling – supervised by Dr. David Davino, Clinical Psychologist

License #0810005566 & LPC #0701003626

-Christian Finkbeiner, Graduate Intern – supervised by Dr. Jenny Retallick, Clinical Psychologist

License #0810005593

-Abigail Rogers, Graduate Intern – supervised by Dr. Brandon Creech, Clinical Psychologist

License #0810008271

I have read, understand, and consent to the above information.

Yes

No

Client Signature

____/____/____
Date