

INFORMED CONSENT FOR COUNSELING SERVICES

Name _____ Date of Birth _____
ID# _____

I understand that as a student at Berry College, I am eligible to receive short-term counseling and psychotherapy at the Counseling Center (BCCC) at no additional charge. The appropriateness of BCCC services for my needs will be assessed in an initial intake interview and ongoing sessions. Typically, counseling is provided in 45 minute meetings. BCCC does not provide long-term treatment and intensive mental health maintenance beyond time and resource constraints of the college setting. In some cases, consultation with the in-house consulting psychiatrist is recommended, and that is the only service that incurs a fee (see, "Informed Consent for Psychiatric Services" if necessary). BCCC does not provide testing and administrative services for disability accommodations such as emotional support animals. I am not bound to receive services at BCCC, and I may request suggestions from the BCCC staff for alternative resources or treatments.

I understand that all information shared with the counselors is confidential and no information will be released from BCCC without my consent. Only Counseling Center counselors, the office manager, the in-house psychiatrist, and other contracted consulting mental health professionals have access to both my name and records, and all these parties adhere to strict standards of confidentiality in keeping with professional standards and state law. Student workers may assist with making appointments, but they do not have access to my records and hold to the same strict standards to protect my privacy. If I invite a third party to a session, I grant my counselor the right to share previous communications during the conjoint sessions. In all other circumstances, consent to release information is given through my written authorization. I understand that I have a right to review my information and to request in writing for BCCC to release it to another provider. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is significant risk of imminent lethal harm to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child or elder, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.
- D. When the client is under 18, the parents or guardians possess the legal privilege for the information shared in counseling and therapy, not the client. Clients who are under 18 should discuss this with the counselor/therapist.

I understand that while counseling may provide significant benefits, it may also pose risks. Counseling may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. While counselors may recommend that some students visit a physician to consider pharmacological treatment, I understand that medications may have unwanted side effects. If I have any questions regarding this consent form or about the services offered at BCCC, I may discuss them with my counselor. I have read and understand the above. I consent to participate in the counseling services offered to me by BCCC. I understand that I may discontinue services at any time.

Signature

Date ____/____/____