Informed Consent for Counseling
Your counselor will review the Informed Consent for Counseling form with you.

Welcome to the University Counseling Center. We are glad you are here, and we want to help you meet your goals for success, however you may define those.

Please read the following information regarding your receiving counseling in the Lipscomb University Counseling Center. If you desire clarification before signing the consent, please ask.

CONFIDENTIALITY
As clients of the University Counseling Center, everything you discuss with your counselor will be held in strictest confidence. Counseling services are provided in accordance with Tennessee state law governing Professional Counselors and Marital and Family Therapists and in accordance with the professional ethical standards of these professions.

Confidentiality is strictly observed for legal and ethical reasons. Exceptions to confidentiality are made only in cases where

- it is deemed necessary to prevent a clear and immediate danger to a person or persons;
  - if so, the appropriate authorities will be contacted (police, psychiatric, medical, school administrators, and/or Campus Security) - (Behavioral Intervention Team)
- it is mandated by law, as in suspected abuse of a minor or elder;
- a written waiver has been signed by you, and then such information may be revealed only in accordance with the terms of the waiver.

SUPERVISION
Counselors in the Lipscomb University Counseling Center are Lipscomb faculty/staff and graduate students in the Clinical Mental Health Counseling or Marriage and Family Therapy programs at Lipscomb University. Graduate student Counselor Interns in the Lipscomb University Counseling Center work under the supervision of Faculty/Staff who are Licensed Professional Counselors or Marital and Family Therapists. Supervisors at the University Counseling Center are Dr. Frank Scott, LPC/MHSP and Andrea Mills, LPC/MHSP. This supervision allows for instruction and supervisory input regarding your situation, ensuring you the highest quality service possible. Your identity is kept anonymous, and the supervision process is always conducted in accordance with the rules of confidentiality as stated above.

THE COUNSELING PROCESS
Counseling may not by itself resolve your problems or concerns. Your progress will be assessed by your counselor on an ongoing basis. If necessary, he or she will discuss alternatives, including possible referral to others. If you have concerns about a lack of improvement, you are encouraged to address these with your counselor. Remaining in counseling is ultimately your choice.

PERSONAL COMMITMENT TO COUNSELING
Counseling may not be beneficial to you without your commitment to active participation. You are encouraged to follow through with activities requested by your counselor. When possible, please notify your counselor before missing an appointment.

E-MAIL
E-mail is not a confidential medium for communication. It should only be used for the logistics of scheduling or changing appointments with the Administrative Assistant (615-966-1781)
SOCIAL MEDIA AND TEXTING
It is preferred that contact should not be made through social media and texting. Counselors typically do not give out their personal contact information.

CLIENT RIGHTS AND RESPONSIBILITIES

CLIENT RIGHTS: The client has the right to…
1. request a particular therapist, request a change of therapist, review credentials of University Counseling Center staff, terminate counseling at any time, and receive the names of qualified professionals in the area who may provide alternative services.
2. Have information revealed in counseling treated in a confidential manner and be informed of any limitations of confidentiality in the counseling relationship.
3. Ask questions about the counseling techniques, strategies, benefits, and risks as well as the services offered; refuse any techniques or services considered objectionable by the client; participate in setting counseling goals and evaluating progress toward them.

CLIENT RESPONSIBILITIES: Clients are expected to…
1. Keep appointments (client cases may be closed if “no shows” occur and/or if appointments are not rescheduled in a timely manner).
2. Arrive on time for sessions
3. Cancel at least 24 hours in advance (if possible).
4. Participate actively in the therapy process, to include performing “homework” or maintaining a record of behaviors, emotions, etc. as agreed upon with the counselor.
5. Terminate your counseling relationship before entering into counseling with another counselor at this facility or at other facilities.

COUNSELING CENTER EFFECTIVENESS
At the beginning of counseling and periodically throughout your tenure as a client, you will be asked to complete questionnaires to help us understand your current functioning, your feelings about your relationship with your counselor or your overall therapy experience. These questionnaires will be utilized to improve counseling services for you and for all future students. This data may also be used for research purposes to demonstrate counseling center effectiveness or to explore issues related to college counseling centers and college students. Any data used in research will only present data in aggregate, and your personal data will not be identified. Your confidentiality will be completely insured. If you do not wish for your information to be used for research purposes, you may opt to only complete questionnaires for clinical purposes, to be used solely by your counselor. Please initial if you wish that your information is NOT included in any potential research

YOUR CONSENT
When you have read this, and have received clarification where desired from your counselor, please sign. Your signature indicates your acceptance and agreement with each issue discussed above. Your counselor will review this with you and will also sign.

My signature below indicates that I have given my full and informed consent to receive counseling services.

_____________________________________________  ____________________
Client(s)                                        Date

_____________________________________________  ____________________
Witnessed by Counselor                           Date