



DONNELLY COLLEGE

EST. 1949

Counseling Center Disclosure Statement 2014/15

Welcome to Donnelly College's Counseling Center. Thank you for taking a few minutes to review this Consent for Services Form. Feel free to ask any questions.

Donnelly College's Counseling Center was founded as a resource to help people grow toward greater health and wholeness. At one time or another, we all face stressful situations, conflicts or doubts that invite a journey into ourselves in search of understanding, resolution and meaning. We work within the framework of each person's individual beliefs, balancing attention to mind, spirit and body.

Our goal is to provide consultation, evaluation, and counseling services for students, faculty, and staff members of Donnelly College dealing with issues impacting their well-being. Our focus involves counseling within a brief solution-focused framework and to offer you the most helpful counseling experience. Community referrals may be made for clients needing or requesting long-term counseling. We will explore new approaches to the issues you are dealing with. This may include problem solving techniques, healthy decision making, and cognitive and behavioral strategies for coping and managing thoughts, feelings, and behaviors. Information about the experience, training, and approaches of the professional staff is available for you to review.

Services Provided: A range of options may be discussed following an assessment of the need for counseling services. This includes initial consultations; therapy group(s); individual counseling; referrals to another Donnelly College office, health center, or support group; referral to community counselors, groups or other supportive services; providing educational information and/or resources for you to learn more about the issues you may be dealing with.

Eligibility: To be eligible for counseling you must be enrolled in Donnelly College as a student or be employed as a faculty or staff member.

*Group sessions are scheduled for up to 75 minutes once a week.

*Individual sessions are scheduled for up to 50 minutes at a frequency to be determined by the client and the counselor.

*Students and their partner may be seen for couple's counseling only if both are enrolled at Donnelly College.

Referrals to the Community are made when clients prefer to be seen off-campus, when the type of problem is not within the professional capacity of the Counseling Center staff, when long-term therapy is indicated, or when the wait for treatment exceeds what may be clinically appropriate.

Assignment for Treatment: Before any type of treatment is scheduled we need the intake questionnaire filled out completely and accurately. This will help us determine how we can best serve you. If we are unable to reach you with the information you have provided, we will assume you no longer need our services. An initial consultation session will be scheduled to clarify what you are looking for in counseling, provide information to you about available resources, and/or provide possible referral information.

We will attempt to match you with the treatment that will best meet your needs following our review of the intake questionnaire and an initial consultation session.

Supervision: The current Director of Counseling Center employed by Donnelly College, I. Diana Camden, MS, is a Licensed Professional Counselor (LPC) in the state of Kansas. She is working toward a higher licensure, that of Licensed Clinical Professional Counselor (LCPC) also in the state of Kansas. She is being supervised for this higher licensure by: Donna Constantineau, MA, LCPC; a clinical counselor at Keeler Women's Center located at 2220 Central Avenue, Kansas City, KS 66102. Her phone number is 913-906-8990.

As part of the supervision process, Ms. Camden may discuss your treatment plan and progress with her supervisor. In addition, **it may be requested of you** for permission to videotape/record/observe your sessions with Ms. Camden for later review with her supervisor. More details will be available to you to determine if you wish to participate in this supervision exercise and formally consent to do so. **You are under no obligation to grant permission nor will your participation impact the treatment you receive. Any recording will be destroyed once they are reviewed within supervision.**

Statement of Confidentiality: It is the policy of *Donnelly College's Counseling Center* to protect to the maximum extent possible the privacy of every client. Generally, no one will be given any information about either you or services furnished to you without your prior written authorization or consent. There are, however, some circumstances which require the disclosure of information without your consent.

Briefly these are:

- a) When mandated by state or federal law (i.e. suspicion or knowledge of child abuse or neglect)
- b) When there is an imminent risk or serious threat of physical harm to self or to others (including suicidal or homicidal thoughts)
- c) When specifically ordered by a court of law

Your file may be checked to ensure good quality of service. Most staff members will periodically and anonymously discuss your treatment with a supervisor, again to ensure good quality of service. Supervisors are obligated to follow laws of confidentiality.

Counseling Center Confidentiality Policy: Donnelly College advocates for the health and well-being of the entire college community and observes all of the laws of the state of Kansas regarding confidentiality. To provide effective service, your counselor may discuss your case with the Vice President of Student Affairs or Vice President of Academic Affairs in order to prevent imminent danger to students, faculty, or staff members caused by high risk behavior. No information about you is given to anyone outside of these individuals including parents, partners, roommates, employers, or other staff unless:

- 1) We have your written permission to do so.
- 2) We believe it necessary to prevent clear and imminent danger to you or others.
- 3) You indicate that there is reasonable cause to believe a child, dependent adult, or vulnerable elderly person has been abused.
- 4) A court orders us to disclose confidential information about you in which case we will first ask that court to drop their order. If they refuse, 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.

Please talk to the counselor if you have any questions about confidentiality.

Contact: A confidential voicemail is available 24 hours per day. The number is: (913) 621-8781. If we do not hear back from you after leaving a message, a second contact will be made and we will assume you will contact us if you are interested in further services.

Cancellation Policy and “No-Shows”: We require at least 24 hours notice if you need to cancel or reschedule an appointment. If you “no-show” or cancel two appointments in one semester, the counselor will review your case for continued eligibility and you may or may not be eligible for further services based on this review. You will be offered referrals to community resources or you may choose to wait for an appointment if still deemed eligible for services.

If you are in need of emergency services during periods of closure please call 911 or go to the emergency room at the University of Kansas Medical Center located at 3901 Rainbow Blvd., Kansas City, KS 66160, (913) 588-5000.

Client Rights: 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) I.Diana Camden, MS, LPC (913) 621-8781
- 2) Amy Neufeld, Vice President of Academic Affairs, (913) 621-8772
- 3) Donna Constantineau MA, LCPC (913) 906-8990 (Keeler Women’s Center)
- 4) The Kansas Behavioral Sciences Regulatory Board, (785) 296-3240

I have read and fully understood the preceding description and conditions of Donnelly College’s Counseling Center.

*I consent to participate in necessary psychosocial assessments, therapy or other procedures in the course of evaluation and treatment regarding my concerns by Diana Camden, MS, LPC, or other counselor/counselor intern at Donnelly College. I do this voluntarily and can terminate at any time without penalty.

*I am aware that the practice of psychotherapy and related disciplines is not an exact science, and I acknowledge that no guarantees have been made to me as the results of counseling, assessments, or consultations.

*I understand that all files are kept confidential and my written consent is required for any release of information by Diana Camden to other persons, organizations, or agencies. Possible exceptions or limits to rules around confidentiality and the therapist-client privilege include but may not be limited to the following circumstances when:

- The client consents to disclosure by signing an Authorization to Release Information
- The client poses a danger to self or to others
- A serious threat to a reasonably well-identified victim is communicated to the therapist (i.e. “Tarasoff” Situations)
- The therapist suspects abuse or neglect of a child, and elderly person or a disabled adult
- A court orders a therapist to make records available for a court case
- The therapist consults with other therapist or professional peers to obtain a different perspective on the therapeutic issues impacting the client’s change process. In keeping with general accepted standards of practice, the therapist may consult with other mental-health professionals to ensure quality care. Every effort is made to protect the privacy and confidentiality of clients by disguising identifying information during professional consultations.)
- National security issues

*My rights to confidentiality will be observed according to Kansas State Law.

*The counselor may share information with the specified members of the Donnelly College staff named above in order to prevent imminent danger to students or the community caused by high-risk behavior.

*If I “no-show” or cancel two appointments in one semester I understand that I may no longer be eligible for services through the Counseling Center and may be referred to a community resource or I may choose to wait for next availability in the following semester.

*It is my responsibility to notify the Counseling Center if my contact information changes.

*I am aware that I have the right to discontinue treatment at any time. The Counselor may discontinue treatment if it becomes reasonably clear that I am not benefiting from treatment or I have realized the maximum benefits from the therapy. I will notify my Counselor so that any lingering treatment issues may be addressed prior to termination of treatment (e.g., referral to another mental health professional, practice or agency).

*I understand all of the above information, and have received my own copy for review.

Client Name and Signature: _____ **Date:** _____

Client Parent Guardian

**Parent/Guardian signature required for Donnelly College students under 18 years of age, contact CC for details.*

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:** _____

Informed Consent for Telephone, Electronic and E-Mail Contacts

Important notice: Ordinary privacy precautions such as voice scramblers, pin codes, voice mail boxes, and locked fax, mail and computer rooms are by no means foolproof, so your confidentiality is always compromised when communicating by electronic devices, cellular telephones, mail or e-mail. Nor is deletion or shredding of private material a totally safe means of disposal. You are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with Donnelly College’s Counselor constitutes implied consent for reciprocal use of electronic and mail communication as well.

It is the consensus of mental health professionals that reliable and valid psychotherapy and consultation are always conducted in a face-to-face setting, so that nonverbal communications can be taken into consideration. Body language, voice tone, pacing, emotional overtones, eye contact, and other variables are an important part of counseling, or consultation. However, there may be time or circumstances under which telephone, electronic, postal or other kinds of communication may have limited value, such as:

- Brief, between sessions contact calls, electronic, or mail messages;
- Long distance communication when either the therapist or client is out of town or otherwise unavailable;
- Long distance communication when therapy seems near in natural termination and the client relocates, making standard sessions impossible.

I am aware of the limited security as well as limited validity and reliability of telephone voice mail and other kinds of electronics and mail communication. I am further aware that I am not guaranteed confidentiality when I contact or receive such contacts from my therapist. I understand that the purposes for engaging in telephone, cellular phone, electronic or mail communication must be limited in scope and time and that the validity and reliability of information given and received is necessarily limited. This consent supplements other or previous agreements.

Client Name and Signature: _____ **Date:** _____

Client Parent Guardian

**Parent/Guardian signature required for Donnelly College students under 18 years of age, contact CC for details.*