**Risks and Benefits**:

Psychotherapy can have both risks and benefits. The therapy process may include discussions of your personal challenges and difficulties, which can elicit uncomfortable feelings such as sadness, guilt, anger and frustration. However, therapy has been shown to have many

benefits. It can often lead to better interpersonal relationships, improved work/academic performance, solutions to specific problems, and an increased capacity to manage intense feelings. But, there is no assurance of these benefits. Therapy requires your very active involvement in order to work towards growth. We will be committed to this process and work hard for you, and we will ask you to do the same.

**Confidentiality**:

In keeping with ethical standards of the American Psychological association, American counseling association, the National Association of Social Workers, the international association of counseling services (IACS) and state and federal law, all services we provide are kept confidential, except as noted below. At times, we may consult as needed with supervisors or colleagues about the best way to provide the assistance that you might need, which includes student health center staff. The UCC is the ‘holder’ of all client records; records do not become a part of southern university records. Neither the fact that you seek therapy, nor any information disclosed in the therapy sessions will be disclosed except as requested by you and as noted in the exceptions below:

The UCC has a legal responsibility to disclose patient information without prior consent when a patient is likely to harm himself/herself or others, unless protective measures are taken, when there is reasonable suspicion of abuse of children, dependent adults or the elderly, when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files. Fortunately, breaching confidentiality is infrequent. By signing this form you also give me permission to communicate with the Emergency Contact that you have designated if we believe that you are at risk, and we believe doing so will not exacerbate the problem. Please consult with us if you have any questions about confidentiality.

The UCC serves as a training center for advanced graduate students in mental health counseling, so you may be seen by a graduate intern or counselor-in-training. Interns are in their second year of their masters program and receive supervision by UCC licensed staff.

**CLIENT’S RIGHTS AND RESPONSIBILITIES**

* To be informed of the counselors training status, including limitations and restriction of services
* To be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to counseling
* To request to be seen by another counselor if dissatisfied with the counselor assigned to you
* To ask questions about techniques and strategies used during counseling
* To refuse any services and to understand the implications of refusal
* To actively participate in the development of a plan for self-improvement
* To expect fair and equal treatment in all circumstances

**\*\*Counseling records are the property of the UCC. However, you do have the right to the information contained within them under the discretion of your counselor. If information from your record needs to be transferred to a third party, a release of information *must be signed and submitted*.**

**NOTICE OF PRIVACY PRACTICES**

This notice describes how mental health and medical information about you may be used and disclosed and how you can get access to this information.

Southern university counseling center provides several types of services. It is necessary to gather specific information about you to provide these services. We understand that information we gather about you and your health is private and that we are required to protect this information by federal and state laws, as well as ethical practices. We call this information **“protected Health Information” (PHI).**

This Notice of privacy practice tells you how the university counseling center may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we gather and keep about you. Southern university counseling center is required to follow the terms of the notice currently in effect. However, we may change our privacy practices and make that change effective for all PHI maintained by the office. The effective date of this notice of privacy practices is august 2003.

The university counseling center may use and disclose information without your authorization:

* For treatment: we may share information with health care providers for the purpose of professional consultation that involves your care.
* For health care operations: we may use or disclose information in order to evaluate our services for quality care purposes.
* For public health purposes: we may share information with the appropriate agency if we deem there is a risk to the public and/or an identifiable individual.
* You have the right to request Southern University Counseling Center to limit how your information is used or disclosed. You must make the request in writing and specify what information you want to limit and to whom you want the limits to apply. We **are not required** to agree to the limits. You can request in writing that the limit be terminated.
* You have the right to cancel at any time any signed authorization to use or disclose information. You must make the request in writing, and this will not effect information that has already been shared.
* you have the right to ask that we share information with you in the manner that is best for you, for example, you may request in writing that information be sent to your work address instead of your home address. You are not required to explain why.
* you have the right to file a complaint with southern university counseling center with the Louisiana board of examiners for psychologist, The Louisiana board for professional counselors, and/or the Louisiana board of social work examiners if you do not agree with how we have made use of disclosed personal information.
* you have a right to receive notice of changes in our privacy practices that affect you on or after the effective date of change.
* you have a right to ask for a paper copy of this notice at any time.
* You have the right to review, correct or change, limit, and/or copy our phi. Your request may be denied; if denied you will receive both a verbal and written explanation about why.

**NOTICE OF PRIVACY PRACTICES**

**Please review carefully**

The notice of privacy practices tells you how southern university counseling center uses and discloses information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and/or received a copy of the notice of privacy practices utilized by southern university counseling center.

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Signature Date

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Witness Date

University counseling center

P.O. Box 12874 Baton Rouge, la 70813

T 225-771-2480 F 225-771-3560

[www.subr.edu/counselingcenter](http://www.subr.edu/counselingcenter)

**UCC MEDICATION MANAGEMENT POLICY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been informed by my counselor of the university counseling centers (UCC) policy of medication management. I understand that I must attend scheduled therapy appointments in order to see the psychiatrist for evaluation and medication distribution. Failure to comply with this policy will result in two attempts by a UCC staff person to reschedule missed appointments. Thereafter by discretion of the UCC, my file may be terminated and/or deemed inactive.

I have read and understand the above written statement.

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Signature Date