

INTERPROFESSIONAL CENTER FOR COUNSELING & LEGAL SERVICES INFORMED CONSENT FOR COUNSELING SERVICES

This form provides information about counseling services and your rights and responsibilities as a client. Your signature at the bottom indicates that you understand the information and freely consent to participate in therapy.

Program Description

The Interprofessional Center is dedicated to providing you with a high-quality, beneficial, and safe service. To that end, we provide a variety of Counseling Services to assist you in managing certain life circumstances. You will participate in establishing the goals and treatment plan for your therapy and in reviewing the progress of therapy towards these goals. You have the right to know your counselor's views of your presenting issues and to their opinion of the progress of your work together. You have the right to a periodic review of your treatment plan.

Confidentiality

The therapeutic relationship between you and your counselor is confidential, which means that your counselor cannot give out any information about you to anyone without your written consent. State law and ethical standards *do* require that your counselor report information about you to the appropriate agency in the following circumstances:

- If there is a clear and imminent danger that you may harm yourself or others.
- If there is suspected or confirmed abuse or neglect of a child or a vulnerable adult.
- If you report or describe sexual exploitation by a previous therapist.
- If you are pregnant and abusing substances.
- Unless you are an emancipated minor, your parent or guardian may be able to access your records.

Your Counselor

The professional counseling staff at the Interprofessional Center have differing areas of expertise. To provide you with the best service, your counselor may discuss your case with other members of the Counseling Services Team. The clinical counseling team is comprised of both qualified graduate level trainees and teaching faculty in the fields of psychology and social work. All counseling students are under the supervision of a licensed psychologist or social worker. In order to ensure the best possible service, your counselor will be discussing your treatment with their supervisor. However, know that confidentiality will be maintained as described above.

Sessions and Fees

Counseling sessions are typically 50 minutes in length, unless otherwise specified by your counselor or the treatment program. If for any reason you are late, the session will have to end at the regular time. If you must cancel an appointment, please do so as soon as possible so that your time may become available for others. It is expected that you will provide at least 24 hours notice when canceling appointments. Please call 651-962-4820. A pattern of canceling or missing appointments without prior notification may result in termination of services. Counseling services are provided free of charge.

Recording and Observation

Your counselor is currently working on an advanced degree in counseling psychology or social work and is under the supervision of a licensed psychologist or licensed social worker on the faculty of the University of St. Thomas. By consenting to counseling services, you give permission for videotaping and/or audiotaping or live supervision and consultation of counseling and/or assessment sessions conducted by your counselor at the Interprofessional Center. The recording will be used for internal educational purposes only and only those directly involved in the training of your counselor will have access to any identifying information about you. Normally all tapes will be erased by the end of the training period; however, occasionally there is an exception to this procedure. Doctoral psychology

