



INFORMED CONSENT FORM

Welcome to Counseling Services. We would like to introduce you to our services and inform you of our procedures. Please read this form and then sign it to indicate your understanding and consent. If you have any questions, please feel free to ask your counselor.

Name _____ Date _____

The Initial Intake Interview

I have voluntarily requested services at the Counseling Services. I understand that the purpose of my initial interview is to discuss myself and what brings me to counseling, so that my counselor and I can determine what services will be most helpful.

The Counselor

I understand that it is my counselor's responsibility to explain all counseling and assessment procedures that are used, including their advantages and disadvantages. I agree to be responsible for asking questions or discussing any concerns I may have about counseling or assessment. I understand that the counseling staff will not be available 24 hours a day and that I will contact the Residence Life duty phone or Public Safety should an emergency arise outside of normal operating hours.

Confidentiality

Counseling staff adhere to the accepted ethical and professional standards set forth by the American Counseling Association and the National Association for Social Workers. I can expect that my counselor, counselor's supervisor and the behavioral intervention team (i.e. Medical and Developmental Services) will hold any and all information about me strictly confidential and no information will be released to any individual or agency, on or off campus, without my written consent, unless specifically or allowed by law. Attached is a document that contains important information regarding policies and practices related to the protection of your privacy of your counseling records. The Health Insurance Portability and Accountability Act (HIPPA) is a federal law that provides privacy protection and client rights with regard to the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, insurance and health-care operations. HIPPA requires that we provide you with a copy of this Notice of Privacy Practices, which is attached.

Policy Regarding Length of Treatment

The Counseling Services at Antioch provides four (4), free sessions per term (not including the initial intake), Exceptions can and do occur when there is ample evidence of a clinical need for additional therapeutic time, such as crisis intervention. There may be instances where Counseling would not be the appropriate setting to provide care for a particular student. In this situation, the student might be referred to a counselor or psychiatrist in the community. When there is a history of significant past psychiatric treatment or a significant current psychological condition, an individual may need to be referred to another agency for more intensive services, which are beyond the scope of the Counseling Services. Any such decision will be at the discretion of the counseling staff.

Counseling at Antioch is voluntary and you may withdraw your consent for services and agreement with the above procedures at any time. Please sign the consent to treatment form to authorize your request for counseling services and acknowledge receiving the HIPPA disclosure forms.

Signature: _____ Witness: _____