

**Amarillo College  
Counseling Center  
Client Service Agreement Consent Form**

**Note: If this is an emergency, please tell the receptionist or call AC Police at 371-5911**

**SCOPE OF CARE**

The AC Counseling Center provides short term counseling and consultation to students who are experiencing emotional and psychological problems that are interfering with their ability to be successful in school and with their individual personal development. Our purpose is not to provide intense treatment for severe, chronic, or long-term mental illness or mental health problems. The Counseling Center does not employ accommodation specialists and therefore does not provide letters regarding academic or living accommodations (e.g, pet and /or emotional support animals, special allowances for classes, etc.). Requests for accommodations should be directed to Student Disability Services.

**ELIGIBILITY**

Any student enrolled at AC for at least one (1) class per semester will qualify for counseling services. Sessions will be determined by the counselor using a Tier model based on symptom severity, client participation in the therapeutic process, and evidence-based interventions, up to a **maximum of 10 sessions**.

**INTAKE SESSION**

The first session is a brief, initial contact session. Information is gathered, concerns discussed, and counseling goals are determined. The intake session is primarily for assessment and intervention plan development. Additionally, the counselor you see at your initial appointment may or may not be the counselor you see in ongoing sessions. This counselor may be a practicum student, licensed intern, or professional staff member who is completing the intake session only.

**CANCELLATIONS**

Your well-being is important to us and scheduled appointments are set aside for only you. Therefore, we require at least 24 hours' notice if you need to cancel or reschedule your appointment. Missed appointments will be counted as one of the ten (10) sessions.

- If you "no-show" or cancel an appointment we request you contact our office to reschedule within one week of the original appointment. It is your responsibility to reschedule following a missed or cancelled appointment.
- Appointments not canceled at least 24 hours in advance will be considered no shows. We reserve the right to deny services to any student who no shows two appointments in the same semester. If services are denied due to no shows, you may be eligible to continue counseling for the next semester in which you are enrolled.

**NOTICE:** If a student enters the counseling center in crisis during your scheduled appointment time, we will reschedule your appointment time in order to assist the student in crisis.

**LATE ARRIVALS**

A student is expected to arrive on time. In the event a student is fifteen (15) minutes late or later to their appointment they will need to reschedule, unless they have previously notified the Student Counseling Center of their delay. **Each session will last 45-50 minutes.** When students/clients are late it does not allow time to accomplish meaningful counseling. There are times that unforeseen situations arise in the Counseling Center and your counselor will not be able to see you at your regularly scheduled appointment. You will be notified in advance of any scheduling changes, if it is possible.

**COUNSELOR OPTIONS**

- To seek consultation with other Counseling Center staff - In order to provide the highest level of comprehensive care to clients, consultation with other counseling center professional staff may include access to your mental health records.
- To terminate or refer to another community resource - After review, it may be determined that a student would benefit from, or be more appropriately seen by an outside the college referral or termination of

counseling sessions. If this is the case, the student will be given a list of options and an explanation for the referral or termination.

- To expect the student's active participation and cooperation in services - While a counselor can serve to help a student understand and possibly guide a student in an appropriate direction, the student is primarily responsible for his or her own progress in therapy.

**AC Crisis Intervention Team** - Should your case appear before the AC Crisis Intervention Team and they inquire about your participation in counseling, we will confirm that you are utilizing services and will make a recommendation on whether or not there needs to be further involvement from the CITeam. This information is only released if it is in your best interest in an attempt to expedite the process. No information discussed in therapy sessions will be released to the CITeam without your written consent.

## **CLIENT RIGHTS**

**Confidentiality** - Information obtained in sessions or in written form will not be disclosed to any outside individual or agency, university personnel or student without the written permission of the student. In an effort to protect your confidentiality, should you see your counselor outside of the Counseling office, they will not acknowledge that they know you unless you speak to them first.

**Professional Courtesy:** The student can expect the counselor to respect the client as a human being and to convey this respect by keeping appointments or contacting the student if a change is necessary. The counselor can also be expected to give the student his/her complete attention by avoiding interruptions during sessions and providing only those services which they are competent to give.

**Self-Determination:** Types of service, treatment plan, goals, frequency and duration of sessions will be determined and agreed upon by the student and counselor.

**Information:** If the student has any questions or concerns about the sessions or suggestions made by a counselor, the student is encouraged and should ask any relevant questions.

**Termination:** If the client believes that there is no progress towards their treatment goals, he/she may terminate or ask for a referral at any time during sessions.

**Client Records:** The AC Counseling Services is required to maintain accurate records of services received and keep those records secure; these records will not be part of your permanent college records. Records are stored in paper files and/or on an electronic database for a period of five years.

## **Confidentiality Agreement**

The contents of a counseling intake or assessment session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of AC Counseling Center not to release any information about a client without a signed release of information. Noted exceptions are as follows:

**Duty to Warn and Protect** - When a client discloses intentions or a plan to harm another person, the health care professional may warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for harm to self, the health care professional may notify legal authorities and make reasonable attempts to notify the family of the client.

**Abuse of Children and Vulnerable Adults** - If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or a vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriated social service and/or legal authorities.

**Professional Misconduct** - Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

**Court Orders** - Health care professionals are required to release records of clients when a court order has been placed.

**Minors/Guardianship** - Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

### **This Counseling Center is a Designated Training Center:**

The Counseling Center has been designated as an approved training placement for Counseling Therapists from several graduate programs. Typically, these graduates come from a psychology department, the counselor education department, or the social work program. Accordingly, clients at the Counseling Center will sometimes be seen in therapy by qualified graduate students as part of their practicum experience. Clients may also be seen by Interns who are concluding their requirements for becoming Licensed Professional Counselors, Licensed Master Social Workers, or Licensed Clinical Social Workers.

There may be times when the graduates will be accompanied by other fully licensed professionals. However, there will also be times when the graduate under supervision will conduct therapy sessions on their own.

Be assured that all work done by interns, field placements, and practicum graduates will be closely monitored by licensed professional therapists.

### **Videotaping Policy**

I hereby give AC Counseling Services permission to audio/video tape one or more of my counseling sessions. The purpose of these recordings is to assist the counselor or counseling intern in providing the highest standard of professional service to the clients. Tapes are used by the counselor or counseling intern who is providing the counseling, his/her supervisor, clinical staff members, and/or counseling interns if applicable, for professional consultation and training purposes.

All information contained in the tapes falls under the same principles of confidentiality explained in the Client Service Agreement.

All recordings will be erased when the above purposes are accomplished.

## **Consent/Signature Page**

Please keep the above information for your records.

Please sign/initial this page and return to the counseling center staff in the envelope you were provided (along with the intake packet and completed assessments).

**Initial here to confirm that you have read and agree to the Eligibility and Service Agreement.**\_\_\_\_\_

**I understand I can decline to give permission to be videotaped or audio recorded and still obtain counseling services and if I do consent to this taping, I may withdraw the consent at any time.**

I do give consent to be audio/videotaped\_\_\_\_\_

I do not give consent to be audio/videotaped\_\_\_\_\_

**By choosing YES below, I agree to the above limits of confidentiality, eligibility requirements, and service agreement. I also understand their meanings and ramifications.**

Yes\_\_\_\_\_ No\_\_\_\_\_

Sign here to confirm that you have read and agree to the Confidentiality Agreement

*signature* \_\_\_\_\_ *date* \_\_\_\_\_

I have asked to be contacted by email/phone. I understand that the confidentiality of information transmitted cannot be guaranteed. Client initial here: \_\_\_\_\_

**\*\*If you have any questions about eligibility/service agreement, video/audio recording, or confidentiality, feel free to bring this page to your first session and sign it after your questions have been answered.\*\***