This statement provides you with important information about our services and policies. Please read this material carefully. If you have any questions, do not hesitate to discuss them with your clinician. We hope we can be of assistance and look forward to working with you. Thank you for your cooperation!

1. Services Provided. The Counseling Center staff provides counseling and psychological services to currently registered A&M-Commerce students. The Center offers individual, group and couples counseling, crisis intervention, psychiatric evaluation and medication management. Clinicians will work with you to determine which services are appropriate for you. If group is appropriate, you will meet with a group leader to explore this option. If individual is appropriate, we will select a clinician who will be a good match for your needs. All services are free of charge.

2. Limitations of Service. Based on our mission and resources, the Counseling Center offers short-term counseling and emphasizes a brief treatment approach. While we do not have strictly defined session limits, we cannot address all mental health needs. If it is determined that your treatment requires resources or services beyond what we can provide, we will assist you with a referral to an appropriate mental health provider. Circumstances that might warrant a referral include: long-term treatment and/or medication maintenance; more intensive treatment; or specific services or approaches to mental health treatment not available at the Counseling Center. For an after-hours crisis, call 903-886-5145 to speak with a counselor. Please note that weapons of all kinds (e.g., guns, knives, etc.) are not allowed in the Counseling Center.

3. Process of Counseling: Counseling is guided by a written treatment plan that you and your clinician agree to pursue. To monitor progress, you are asked to fill out an assessment at the first session and throughout treatment. Individual clinicians may have advanced training in therapeutic modalities and specialties. Each clinician will recommend options regarding the therapeutic intervention based upon the unique needs of each individual client. There are times when you may feel that your clinician is not a good match for you. If that situation occurs, you have the right to request a different clinician, as well as the responsibility to inform your clinician of your desire to change. You also have the right to terminate counseling at any time.

4. Effects of Counseling. Most clients can expect to benefit from counseling, making positive changes in thoughts, feelings, and behaviors. Distressing and unresolved memories may surface through therapeutic treatment. Some clients have experienced reactions during the treatment sessions that neither they nor the clinician may have anticipated, including a high level of emotion or physical sensations. Subsequent to the counseling session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface. As you make personal changes, stress may occur in relationships.

5. Use of Electronics. You have decided to set aside some of your valuable time to make improvements in your life. We honor and respect your commitment by empowering you to solely focus on the counseling experience. Please keep your cell phones and portable devices turned off and put away while in the Counseling Center and in session. When you and others follow this practice, you ensure that both privacy and confidentiality are protected.

6. Confidentiality. Our counseling staff adheres to the ethical principles and codes of conduct for counselors and psychologists as outlined by the appropriate state licensure boards. Information shared by you in a counseling session or obtained through psychological testing will be kept in strict confidence. The counseling staff operates as a team to provide the best possible services to clients. As professionals, we consult with each other. These consultations are for professional or training purposes only. We can assure you that written and electronic records of your contact with the Counseling Center do not go into your academic record, and no information will be disclosed to anyone else without your written permission.

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There are some situations in which we are legally obligated to disclose information or take action to protect you or others from harm: (a) if we believe that a child or vulnerable adult is being abused, we are required to file a report with the appropriate state agency, (b) if we believe that a client is threatening serious bodily harm to self or others, we are required to take protective actions; these actions may include seeking hospitalization for the client, contacting others who can help provide protection or contacting the police, or (c) if a court issues an order for the release of records. Please note: the exceptions to confidentiality do not occur very often. Should they occur, it is the policy of the Counseling Center that, whenever possible, we will discuss any action with you that is being considered.

7. Late Arrival/Cancellation/No-Show Policy. It is important that you be on time. If you are unable to keep your appointment, please give us 24 hour notice. This will allow us to free that time for another student. Your session time will not be extended for a late arrival, and your session will need to be rescheduled if you are more than 15 minutes late. Should you miss or no-show for an appointment, it is your responsibility to contact your clinician. Your file will be closed if your clinician does not hear from you within 72 hours of a missed appointment, you have 2 consecutive no-shows, or 3 no-shows within the same semester. You may return for services; however, there may be a wait time and you may not be assigned to the same counselor. We will notify you if your clinician is ill or unable to meet with you.

8. Psychiatric Appointments. Clinicians may refer their clients to the psychiatric nurse practitioner to: (a) assess any medical basis for current difficulties and discuss treatment options, (b) determine whether medication will be helpful and, if so, obtain a prescription, or (c) monitor medications currently taken. Please note that you can only meet with the nurse practitioner if you are also seeing a clinician.

9. Counseling Records. Your counseling record is not a part of your academic record, and no one outside the Counseling Center has access to it without your written permission. Counseling records are stored in both locked cabinets and electronically on a secure server that is only accessible by our staff. Your record will be destroyed either five or seven years after your last date of service depending on specific licensure board requirements. For confidentiality reasons, we do not use e-mail for counseling. With your permission, we may use e-mail to contact you regarding appointments or to send information.

10. Supervision of Staff. Both counselors and psychologists seeking licensure receive supervision of their counseling work. Counseling interns may be required to have sessions recorded for review by their supervisors. If your counselor wishes to record your session, you will be asked to give your written permission. Any information shared with supervisors will be treated confidentially, the goal being to give you the best service we can. If you do not wish to be recorded, your wish will be respected.

11. Evaluation. The Counseling Center seeks to assess the effectiveness of its services. You will be asked to complete an intake questionnaire prior to your first session, periodic evaluations during the counseling process, and a satisfaction survey at the end of counseling. This will allow us to assess your needs, check on your progress, and make changes so we can better serve you. Some information may be used for administrative purposes, but it will be in aggregate form and will not be personally identifiable.

*Your Acknowledgement. To indicate that you have read this Informed Consent Statement in its entirety and understand the criteria for eligibility of service, limitations of services, and exceptions to confidentiality, please sign and date in the spaces provided below and return to the front desk.

Client Signature: ____________________________ Date: ______________

Clinician Signature: ____________________________ Date: ______________

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