

Counseling Center

Personal Counseling, Academic Support, and Career Counseling Services

North Carolina State University

RIGHTS & RESPONSIBILITIES AGREEMENT FOR PERSONS USING THE SERVICES OF THE COUNSELING CENTER

Welcome to the NC State University Counseling Center. This handout summarizes important information that you should know about our services. We ask you to read, sign, and date this form to acknowledge that you have read and understood it. Thank you.

I. Services Offered

The Counseling Center offers a range of professional services for students including short-term personal, academic, and career counseling as well as psychological assessment and psychiatric consultation. Currently, counseling sessions at the Center are free of charge; there are, however, fees for career testing and some psychiatry services (please inquire at the front desk or with your counselor for more detailed information on our fee schedule). Please note that as of November 1, 2007 a \$15 charge (\$25 for ARPs/Readmission Evals.) will be assessed to your SHS account if you fail to cancel or reschedule your appointment at least 24 hours in advance. Also note that the Counseling Center does not provide services that require court testimony, reports, or involve legal proceedings.

II. Your Rights

▪ Appropriate Treatment

A counselor may meet with you for one or two sessions to determine the kind of services that will best meet your needs and whether we can provide those services at this agency. If we determine that your treatment needs require resources or competencies beyond the scope of our services, we will assist with a referral to an appropriate community agency or mental health provider.

▪ Confidentiality

Information shared by you in a counseling session, or through testing, will be kept in strict confidence. The Counseling Center staff operates as a team in order to provide the best possible services to clients. In order to provide you with the best care, your counselor may consult with or receive supervision from other professional staff, here or in the Student Health Services (SHS). Medical records information may be shared between SHS and Counseling. Information will not be disclosed outside of the Counseling Center and Student Health Services without your written permission, with the exception of the following:

1) Abuse of Children or Disabled Adults. If a staff member has reason to believe that a child under the age of 18 or a disabled adult is being abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.

2) Imminent Harm to Self. If a staff member has reason to believe that you are in danger of physically harming yourself, and if you are unwilling or unable to follow treatment recommendations, s/he may have to arrange for an evaluation off-campus and/or contact a family member or another person who may be able to help protect you.

3) Imminent Harm to Others. If a staff member has reason to believe that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, and if s/he believes that you are an actual threat to the safety of another person, s/he may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some combination of these actions) to insure that the other person is protected.

4) Compliance with Legal Mandates. If a court of law or if the Department of Homeland Security orders the release of certain information, we are legally required to comply with this order.

Please Note: The exceptions to confidentiality are extremely rare. However, if they should occur it is the Center's policy that, whenever possible, we will discuss with you any action that is being considered. Legally we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect your and/or another person's physical safety.

For additional information regarding confidentiality please see NC State University Health Care Components Notice of Privacy Practices. This is posted in the reception area and is available on the Counseling Center web page at www.ncsu.edu/student_affairs/counseling_center/privacy.html. You may also ask the front desk for a printed copy of the notice.

III. Responsibilities

▪ Complete Paperwork

All students who come to the Counseling Center are asked to complete paperwork before scheduling an appointment for an initial consultation.

▪ Regular Attendance

You are expected to attend and be on time for all scheduled appointments. If you are unable to attend a session due to illness or an emergency, please cancel your appointment at least 24 hours in advance in order to avoid a no show charge.

▪ Active Participation

To benefit from the services you receive requires being prepared for your sessions, actively participating with your counselor, and carrying out plans made with your counselor.

▪ Feedback

If you wish to comment on the services you have received, you may do so at any time. Comment cards are available at the Front Desk for your convenience. You may be asked to provide a more formal evaluation of the services you receive at the Counseling Center. Your feedback is essential to our continuing effort to improve the quality of our services.

May We Contact You?

At times, Counseling Center staff may need to contact you regarding rescheduling or other issues. If you would like to be contacted for such reasons, please indicate the telephone numbers that can be used to reach you in the space provided below.

Phone 1 _____ Phone 2 _____

May we leave a brief confidential message?

Phone 1 Yes () No () Phone 2 Yes () No ()

Email Messages

For confidentiality reasons, email messages will not identify us as the Counseling Center. They will only refer to your appointment and give a date or time or ask you to call the office. If you have an email that can be used for the purpose, please list it below.

Email: _____

Due to the technology involved, please note that email and cellular phone conversations cannot be guaranteed to be confidential.

Emergency Contact Information:

In the event of an emergency, whom should we contact?

Emergency Contact Person _____

Home phone _____ Work phone _____

If you have any questions regarding the above information, please discuss them with your intake counselor

CONSENT

I have read the above material regarding rights and responsibilities of Counseling Center clients, understand its provisions, and agree to receive Counseling Center services under the above conditions. I further grant consent to the North Carolina State University Counseling Center to use and disclose my protected health information for the purposes of treatment, payment for services and healthcare operations.

Name (please print) _____ Student ID: _____

Signature _____ Date _____