COUNSELING CENTER

Consent to Treatment

I. Records

A. Counseling Center Chart

A summary of each counseling session is maintained in an electronic record in a secure server. These notes, and any information related to your contacts with us, will not be released to anyone without your written permission, except as provided for by law (see below). The secure server is located in the OIT in Gordon Palmer Hall, whose staff has committed to standards of confidentiality.

B. Administrative Responsibilities

As a part of our on-going quality improvement efforts, your case may be discussed among other Counseling Center staff members, as professional consultation can lead to improved outcomes for you. Also, staff members are required, and have the right by law, to submit records to University administrators and/or legal counsel when we have information that you are involved in a legal action and intend to use our records as a basis for the action.

II. Limits to Confidentiality

As noted above, confidential information may be released with your written permission. Only in the following special circumstances, which are provided for by law, would information be released without your permission:

A. When your own life or that of another person may be in danger,
B. When physical or sexual abuse of a child, handicapped, or elderly person is revealed, and
C. When the Counseling Center is under a Court Order to produce records.
D. Also, in the State of Alabama, parents of students under the age of 19 may be allowed access to the psychological records of their children, in some circumstances.

III. Termination of Services

The Counseling Center may consider your contact with it as terminated when:

A. You and your counselor mutually agree to discontinue services,
B. You have been referred out to another provider of mental health services,
C. You have discontinued visits against advice given to you by your counselor,
D. You have discontinued visits and have not responded to attempts to contact you, or
E. You have discontinued visits and it is not possible or recommended to contact you.

I, the undersigned, have read this consent form and the Counseling Center informational brochure for new clients. I understand and consent to the policies mentioned therein.

_________________________________________  ________________________________________
NAME                                                  CWID

__________________________
DATE

August 2012