

## INFORMED CONSENT FOR COUNSELING AT HAMLINE UNIVERSITY

**SERVICES OFFERED:** At Hamline University Counseling and Health Services, we offer short-term, developmentally-oriented services including individual counseling, couples counseling, group counseling, consultation, and help in crisis situations. Our services are available to all students currently enrolled at Hamline University. Part-time students are fully eligible for services. Withdrawal from school may limit eligibility for use of services. Minor students (age 17 and under) are eligible for services with written parental consent.

**INITIAL APPOINTMENT AND FOLLOW-UP:** At your initial appointment, you and the counselor will discuss which services best fit your situation. This may mean that the counselor for your initial appointment will not be the individual with whom you continue to meet. If it is determined that you will most benefit from intensive or long-term counseling, or that you require specialized treatment beyond what we can provide, we will assist you with a referral to another appropriate mental health care provider.

**GENERAL APPOINTMENT POLICIES:** Counseling and Health Services experiences a heavy demand for individual counseling appointments. If you find that you cannot keep an appointment, it is your responsibility to contact us as soon as possible to cancel or reschedule (phone 523-2204). This gives us the opportunity to use the time for another student. If you either (a) miss or cancel a scheduled appointment and do not call to reschedule within three business days, or (b) no-show for your first scheduled appointment, we will assume you are no longer interested in our services and your file may be closed. You may, of course, reapply for service at any time, although your reassignment to counseling may be delayed. If a counselor cannot keep a scheduled appointment, every effort will be made to contact you in advance.

**CONFIDENTIALITY:** Except as stipulated by law, neither counselors, their supervisors, nor counseling agencies are permitted to share information about you or your counseling sessions without your written permission. Within Counseling and Health Services, client information is shared between the professional staff on an as-needed basis. In the rare circumstance that a student is at risk for serious or life-threatening harm, Counseling and Health Services reserves the right to communicate with appropriate members of the Hamline community and/or other professionals to ensure student safety. Legal exceptions to confidentiality requiring our staff to disclose information or take other action include situations when:

- a student expresses serious intent to harm him/herself or another person;
- a student reports or describes any physical abuse, neglect, or sexual abuse of children or vulnerable adults having occurred within the last three years (this includes the occurrence of abuse or neglect to yourself if you were under age 18 at the time of the abuse);
- a student reports use of an illegal drug for a non-medical purpose while she is pregnant;
- a student reports or describes sexual exploitation by counseling or health-care professionals;
- there is a valid court order that requires disclosure of information for a legal proceeding.

**TRAINING SITE INFORMATION:** Our facility also provides training for doctoral-level students in counseling and clinical psychology. As part of this training, counseling sessions may be audio- or video-recorded for review in a confidential setting by clinical supervisors. All audio or video recordings of sessions are erased after review. If your counselor is a trainee at our center, s/he will provide you with more detailed information about these procedures.

**E-MAIL:** E-mail is not a secure mode of communication and should not be used to communicate private information. Your counselor may (or may not) use e-mail for the exclusive purpose of scheduling appointments. E-mail to Counseling and Health Services may not be reviewed in a timely manner. For a more timely response, please use the telephone to contact us.

*I hereby consent to each of the terms listed above for receiving counseling at Hamline University:*

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Signature

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Date

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Name (please print)