NORTHWESTERN COLLEGE

COUNSELING SERVICES

651-631-5190 N3087/3088

Informed Consent/Counseling Agreement/Limits of Confidentiality

Welcome to the Northwestern College Counseling Services! We provide individual, couple, and group counseling and/or support groups to **currently enrolled day school students and Focus students.**

Services Provided Free of Charge

Counseling Services are provided free of charge. There is a fee for the assessments available through the Counseling Services.

Scope of Services

It may be determined that a student's needs are beyond the scope of the services provided by the college, or there may be no current openings to schedule a student. In such cases the Counseling Services will provide you with referral options for off-campus providers. All services provided by off-campus professionals are the financial responsibility of the student.

Confidentiality

The counseling relationship is a confidential one and we are committed to keeping your interactions with us in the strictest confidence. Disclosure of information about you to anyone requires your written consent, including acknowledgement that you are receiving counseling services. However, your counselor is legally and ethically obligated to release information with or without your consent in the following situations:

- When there is risk of imminent harm to oneself or another person, or hospitalization is a result of such activities.
- Counselors are required by law to report abuse or neglect of a child or a vulnerable adult.
- If you are pregnant and using a controlled substance for non-medical purposes.
- When a court of law orders such release.
- Request of records that the Board of Psychology and its agents consider necessary for disciplinary proceedings.
- Access to records by individuals within the Counseling Services where duties require access.
- If your counselor seeks consultation with other Counseling Services staff regarding your treatment, your privacy will be safeguarded by not disclosing identifying information.
- If your counselor is a graduate intern, they will consult regularly and openly with their supervisor, the Director of the Counseling Services.

*In the event that circumstances require the Counseling Services staff to release any or all confidential information, you will be notified at that time by your counselor.

*You may be asked to give a written authorization for release of information to others. Before you authorize a release, you should understand what information would be released and how the disclosure of that information could affect you.

*Please be aware that voicemail and e-mail messages do not provide guaranteed confidentiality. Please discuss the limits and guidelines of their use with your counselor.

I understand the limits to confidentiality stated above, and accept them as part of the conditions of participating in counseling. _____ (initial)

Counselors

All of the counselors have Master's degrees in counseling and are either licensed by their respective boards or are in the process of being licensed by their respective boards. All are currently supervised by a licensed psychologist. We have one Master's level intern on staff as well. All of the counselors adhere to the College's statement of faith. You have the right to choose a counselor who best suits your needs and purposes. Counselors have different styles and methods. If you feel you would work better with a different counselor, you are encouraged to discuss this with your current counselor. You have the right to discontinue counseling at any time or to request a referral to a different counselor. We will attempt to accommodate your request as we are able. It is our desire to provide you with the most beneficial counseling possible.

Process of Counseling

The counselor's work from an object relations perspective, but draw from a variety of counseling modalities including but not limited to; systems, narrative, and cognitive-behavioral. We invite you to ask questions about your counselor's approach. The counseling process involves disclosure of personal information, discussing goals with your counselor, and together deciding upon a treatment plan. The goal of counseling is change and that can be a difficult and challenging process. The process sometimes brings up uncomfortable feelings and can affect your relationships. We will support and discuss the impact of the changes you make.

Schedule/Appointments

- I understand that the Counseling Services follows the day school calendar, (late August through mid-May). Services are not provided during the summer months or during various breaks. Your counselor will help prepare you for various breaks and provide off-campus referrals if needed and/or desired.
- Due to the volume of students we service, in most cases that staff will see a student for a maximum of 15 sessions per year.
- I understand that counseling appointments are forty-five minutes in length.
- This time-slot is reserved for you. If you need to cancel or reschedule an appointment, please call 24 hours before your appointment time.

The Counseling Service Does Not Provide 24-hour Emergency/Crisis Response

If you experience an emergency or crisis and the Counseling Services is closed, call the Crisis Connection Hotline at 612-379-6363. This is a 24-hour service in the Twin Cities area. If you are a resident student, please call the Student Center desk at #5307 to reach the Resident Director on duty. In the event of a medical emergency or a life threatening situation, CALL 911.

Records

A record of counseling services provided to you is kept by this office. This record is **not** part of any college record or data system outside of this office. With advance notice, you may view that record. I understand that my records will be kept in safe storage for a period of seven years following my last visit.

Signed Consent

Your signature below indicates that you have read and understand the information in this document, that you have been provided a copy, and that you have had opportunity to ask questions about your counselor and the counseling services provided. Your counselor's signature indicates his/her commitment to the conditions stated in this form.

_____	_____
Student/Counselee Signature	Counselor Signature
_____	_____
Date	Date