

## **Counseling Services Treatment Consent**

**Welcome to Counseling Services.** This informational handout is intended to inform you about Counseling Services and about your rights and responsibilities as a student. Please sign this form to verify that you have received and understand this information. Take your time, read this carefully, and ask your counselor if you have any questions.

**Eligibility for Counseling Services:** To be eligible for counseling you need only be enrolled in at least one credit course for the current semester at UAS. There are no fees for services.

**Services Offered:** Counseling Services provides brief, solution-focused counseling. During your first appointment, a counselor will help you identify and understand your concerns, explore resources that might help, and form an initial plan for making changes. Students are offered different resources which include: Wellness activities and workshops, Drop-in/Crisis Services, Short-term individual counseling (up to 6 sessions per semester), and referral to community providers. Future sessions are approximately 50 minutes in length.

**Cancellation Policy and "No-Shows":** Please call the Student Resource Center at 907-796-6000 or e-mail uas.info@alaska.edu if you need to re-schedule or cancel an appointment. 24 hours' notice is appreciated.

**Confidentiality Policy:** Counseling Services ensures that any information exchanged during the counseling process is used exclusively for the benefit of the student. Counseling records are not kept in student academic files and information is not released to anyone unless:

- 1) We have your written permission.
- 2) Information you provide gives counselors reasonable cause to believe you will harm yourself or someone else and we believe it is necessary to prevent clear and imminent danger to you or others.
- 3) Information you provide gives counselors reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
- 4) Counseling Services receives a court order to disclose confidential information about you. If this happens, we will first ask that the court to drop their order. If they refuse to drop their order, we will disclose only the minimum amount of information we deem necessary to satisfy the court's order.
- 5) You waive the privilege by bringing charges against us.

## Rights and Responsibilities

1) You have the right to withdraw your consent for counseling without affecting your right to future care. Counseling is a voluntary act, and you have the right to



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- choose counselors who best suit your needs. We will do our best to accommodate your needs or give you an appropriate referral. You have the right to be treated ethically by your counselor.
- 2) You understand that your counselor will require you to designate an emergency contact and your counselor may need to contact your emergency contact and/or appropriate authorities in case of an emergency. Additional mental health resources, local to your area, will also be identified with your counselor's assistance during your first appointment.

**Tele-Counseling Rights and Responsibilities:** Should it be necessary or you choose to engage in tele-counseling, tele-counseling is the practice of delivering clinical mental health counseling over the phone or through a video platform between a counselor and a student who are located in two different locations within the state of Alaska.

- 1) You understand there are risks, benefits and consequences associated with telecounseling including but not limited to disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and or limited ability to respond to emergencies.
- 2) You understand that during a tele-counseling session, you could encounter technical difficulties resulting in service interruptions. A counselor will discuss what to do if technical difficulties occur.
- 3) You understand that there will be no recording of any of the online sessions by either party.
- 4) You understand that if you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that tele-counseling services are not appropriate and a higher level of care is required.

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Student Signature	e: Date:
Printed Name:	

I have read and fully understand the preceding description and conditions