

Client Information

The following information provides details about some of the policies and procedures of the University Counseling Service. We ask you to read this material and to sign it to acknowledge that you have read and understood it. Thank you.

1. Eligibility for Services

Our services are available to all currently enrolled students, including those enrolled for correspondence and/or Saturday and Evening classes. Part-time students are fully eligible for services. Withdrawal from school may limit eligibility. Minor students are eligible with signed parental consent.

2. Counseling Services

We provide primarily short-term counseling, usually 3 to 10 sessions. Your initial appointment will be for a consultation only. If it is determined that your treatment needs indicate more intensive or long-term therapy, or require resources or competencies beyond what we can provide, we will assist with a referral to an appropriate mental health care provider. If you are offered services at our agency, you may subsequently see a counselor other than the one you saw for your initial appointment. Ongoing counseling appointments typically last from 45 to 50 minutes. This includes the time needed to schedule your next appointment. Students are typically limited to one course of short-term counseling per calendar year.

3. Testing Services

Testing services for Learning Disabilities may be available on a limited basis. Screening appointments to discuss the relative merits of full battery testing are typically available with no more than a four-week wait. A limited number of spaces may be available for undergoing a full assessment battery. Even if your screening appointment indicates that testing is warranted, we do not guarantee that those services will be available through the University Counseling Service.

4. Changing or Missing Appointments

If it is necessary to change or cancel your appointment, please call 335-7294 or stop by the University Counseling Service 24 hours in advance. 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.

5. Children in Waiting Area

Unattended children are not permitted in the waiting area at any time. It is up to the therapist to decide if any children accompanying you today are welcome in the session, or if you need to reschedule for a time when you have childcare available.

6. Confidentiality

All communications between you and your counselor will be held in confidence and will not, except under the circumstances explained below, be disclosed to anyone unless you give written authorization to release the information. A copy of our release form is available from our receptionist.

In some situations involving danger and/or risk of imminent harm to yourself or specifically identified others, child abuse, or dependent adult abuse, your counselor is required to disclose certain information in order to protect you and/or others. In certain legal situations (for example, lawful subpoena of your counseling records or your use of mental condition as a legal defense), your counselor is required to disclose information as necessary to comply with the law in that situation. If at all possible, your counselor will discuss the procedures for doing this with you and enlist your assistance in resolution of the situation that has necessitated such disclosure.

7. Email

Email is not a secure mode of communication and should not be used to communicate private information. Your counselor may or may not use email for the purpose of scheduling appointments. Email to the University Counseling Service in general might not be reviewed in a timely manner. Please use the telephone to contact us for a more timely response.

8. Counselor Records

You will be asked to provide us with information about yourself prior to your first meeting with a counselor. This information will help us better understand your situation and plan service. We require that you provide us with your name and local address in order to receive an initial consultation session. All requests for information comply with the Iowa Fair Information Practices Act.

Counseling files are NOT part of academic records, and no one has access to them except the staff of the University Counseling Service. Complete records are maintained for seven years. Upon written request, we will provide a copy of your treatment summary and/or other pertinent portions of your record to another licensed mental health care provider or physician of your choice. If you request release of information to any other individual, we will request a written release and may request personal contact with you.

You may review records of your treatment at the University Counseling Service. This review follows established University Counseling Service procedures as well as University, state, and federal laws pertaining to confidentiality and release of professional information.

9. Research and Evaluation

The University Counseling Service (UCS) seeks to evaluate and improve its services to students by conducting research and evaluation projects each year. You may be asked to participate in research projects currently underway. Staff members conducting research and evaluation projects may also take selected information from your UCS file as a part of a project. This would always be on an anonymous and confidential basis and restricted to information relevant to the project only.

10. Staff Consultation

In working with you, your counselor may consult with or receive supervision from another member of our professional staff concerning the service we provide you. Your counselor may request your permission to record counseling sessions with you for review purposes. Such recordings are never made without your knowledge and written permission to do so.

If you have any questions or are not sure that you are clear about any of these policies, please feel free to discuss it with your counselor.

This is to affirm that I have read the policy and procedures statements appearing on BOTH SIDES of this document.

I, (please print name) _____,

hereby request services from the University Counseling

Service and understand that I may withdraw this request and

terminate services at any time, for any reason.

Client Signature _____ Date _____