

Westmont College Counseling Center Policies and Consent for Counseling

I understand that the Westmont College Counseling Center offers short-term counseling services for a variety of problems. *Short-term counseling means that sessions will last 45-50 minutes, and are limited to once a week for up to 8 sessions per semester.* Sessions will be scheduled consecutively unless otherwise arranged with the therapist. Services are provided by Licensed Psychologists and Licensed Marriage and Family Therapists. Occasionally the staff consults with each other regarding individual cases as the need arises. ____ (*initial*)

I understand that all information disclosed within sessions is confidential and may not be revealed to anyone outside the Counseling Center without my written permission except where disclosure is required by law, i.e., where my therapist is informed of or suspects abuse of children, elderly or dependent persons; or where I present a serious danger of violence to another person, or another person's property; or where my therapist is subpoenaed and then mandated by a court of law. ____ (*initial*)

I understand that if my therapist is concerned that I am likely to harm myself, my therapist may break confidentiality to keep me safe, however my therapist will not contact anyone without first attempting to notify me. I understand that my safety is taken very seriously and is not negotiable. ____ (*initial*)

I understand that my eligibility for counseling at the Counseling Center is contingent upon my status as an enrolled Westmont College student. I understand that the delivery of services from this Center shall be based on the appropriateness of the services for the needs presented. If it is decided that the Counseling Center cannot meet my needs, or that my needs extend beyond the limited sessions offered, I understand that I will be given referrals to resources more appropriate to my needs and goals. I understand that costs for outside referrals are to be paid for by me. ____ (*initial*)

I understand and agree to give 24-hour or more notice (except in case of medical emergency) if I need to cancel my appointment. I understand that a "no show" or late cancellation counts as one of my eight sessions. It is my responsibility to reschedule cancelled or missed appointments. If I fail to reschedule promptly I may lose my appointment time and/or be placed on the waiting list. If I "no show" two times I will lose my appointment time and be placed on the waiting list only if I notify the office manager of my desire to continue counseling. ____ (*initial*)

I am committed to taking responsibility for my counseling process. ____ (*initial*)

Student Signature _____ Date _____

This information has been reviewed with the student.

Counselor Signature _____ Date _____