

Westmont College Counseling Center

Returning Student

CONSENT FOR COUNSELING

I understand that the Westmont College Counseling Center has a staff of mental health professionals who offer short-term counseling services for a variety of problems. Sessions last 45-50 minutes. I understand that services are provided by Psychologists and Marriage and Family Therapists. I understand that the staff may consult with each other about individual cases as the need arises.

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 there is reasonable suspicion of abuse of children, elderly or dependent persons, or where the individual presents a serious danger of violence to another. If the therapist is concerned that the individual is likely to harm him or herself the therapist may break confidentiality to protect the safety of the student. The therapist will not contact anyone without attempting to notify the student.

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, I understand that I will be given referral to resources more appropriate to my needs and goals. Costs for outside resources are to be paid by the student.

I agree to give 24-hour notice (except in case of medical emergency) if I need to cancel my appointment. I recognize and agree that "No Shows" jeopardize my appointment time.

Student Name (please print) _____

Student Signature _____

Date _____