**Center for Health & Counseling**

**Counseling Services**  4600 South Redwood Road, STC035, Salt Lake City, UT 84123 ● 801-957-4268 (office) ● 801-957-4341 (fax)

**Consent Form for Couple Counseling Services**

Welcome to Counseling Services at the Center for Health & Counseling (CHC). Counseling appointments are available at the Taylorsville-Redwood, South City and Jordan campuses. Before starting counseling, it is important to know what to expect and to understand your rights and commitments. This consent form provides information you should know in order to be fully informed prior to starting couple counseling.

**What to Expect:** Couple counseling is a process of identifying interaction and communication patterns that are negatively impacting one or both partners in the relationship. Each partner is expected to honestly examine their own interaction and communication styles, identify and express their own feelings, and make an attempt at experimenting with alternative ways of communicating and interacting. Each partner will be helped to clarify their own values and level of commitment to the relationship. The outcome of counseling may include increased satisfaction with the relationship or increased clarity about the decision to part ways. Since counseling involves discussing unpleasant aspects of your relationship, be aware that at times you may experience uncomfortable feelings like sadness, guilt, anger, frustration, anxiety, or helplessness.

**Fees:** Student couple counseling is $30 a session. Faculty and staff couple counseling is $60 a session.

**Session Length:** Couple counseling sessions are 50 minutes in length. Counseling is generally limited to no more than 12 sessions per academic year. Many couples find they can accomplish their counseling goals with fewer sessions. If you and your counselor conclude that more than 12 sessions are needed, options considered may include continuing counseling at the CHC or possible referral to an outside agency.

**Session Frequency:** Given our demand for services, the standard frequency for counseling appointments is every other week. Depending on your particular circumstances, your counselor may decide you temporarily need to be seen more frequently (e.g. once a week).

**Confidentiality:** CHC counselors are committed to confidentiality regarding the information shared in counseling sessions. The fact that you are receiving counseling as well as the specific content of your counseling record is confidential. Records are maintained in a secure, electronic management system that is not accessible to other faculty, staff or departments at SLCC. No one outside the CHC may have access to your counseling record without your prior, written permission, documented on an “Authorization for Release of Information” form.

**Exceptions to Confidentiality:** Exceptions to confidentiality are enumerated below. These include mandatory reporting to the State of 1) suspected or known abuse, neglect or exploitation of children or vulnerable adults (disabled or older adult), 2) the production, possession, distribution or viewing of child pornography, and 3) a previously unreported communicable disease. In case of imminent danger to yourself or another, CHC may be allowed or required to 4) break confidentiality in order to secure your safety or that of others. Counselors may also be required to 5) give information to judges or courts of law if a valid subpoena or court order is issued. A counselor on occasion may also 6) consult with another professional at the CHC for help about your particular situation. We work in this manner because we believe it will provide you with the best possible care.

**The Couple is the Client:** Unlike in individual counseling, in couple counseling the couple is considered to be the “client,” and the counseling record thus belongs to both parties. This means that written consent is required from both parties to disclose information requested to be released to a third party. Also, by signing this consent form, *both parties agree not to request counseling records be released for court purposes*. Both parties must be present to conduct a couple counseling session. If only one partner shows up, the session will need to be rescheduled and a No-Show fee will be assessed (see below). If couple counseling is stopped and one of the parties wants to pursue individual counseling, that party may be required to start individual counseling with a new counselor.

**No Secrets:** To ensure ethical responsibility to both parties in couple counseling, CHC counselors adhere to a policy of “no secrets.” This means that counselors cannot promise to protect secrets from either party, especially if the secret is harmful or destructive to the counseling process or undermines the agreed upon goals of the counseling. Thus, do not share any information with the counselor that you would not want the other party to know also.

**Contacting Your Counselor:** The best way to contact your counselor is through the front desk at the Taylorsville Redwood campus at (801) 957-4268. If your counselor is not available, the front desk will leave a message for him or her. When we are closed, please access after-hours support or crisis services through the University of Utah’s Neuropsychiatric Institute (UNI) Crisis Line at (801) 587-3000. We also encourage you to download and register with the SafeUT app as a SLCC student. We discourage the use of email to communicate with your counselor as we cannot guarantee the confidentiality of email, nor can we guarantee a response time. So, please avoid using email to communicate with your counselor.

**Fee Payment:** Payment is due at the time of service. If absolutely necessary, a session fee may be credited to your account. However, you cannot accumulate a balance over $50 (which may also include incurred no show or cancellation fees). Couples with an ongoing balance will need to work out a payment plan to continue to be seen. If an appointment is scheduled that would result in a balance over $50, the balance will need to be paid down below $50 before being seen. Overdue accounts may result in a hold on Banner records.

**Fee Waiver Program:** A fee waiver program is available for students who can demonstrate financial hardship. This program allows students to receive up to five counseling or psychotropic medication management sessions at no cost. To qualify you must complete a Fee Waiver Application for Counseling Services form and meet our criteria for financial hardship. This form needs to be reviewed and approved by your counselor.

**No Show, Cancellation and Rescheduling Fee Policy:** We ask you only schedule appointments you are confident you will keep. To change or cancel your appointment time, do not do so by leaving a recorded message. Please call during business hours and speak with a CHC staff person 1) at least one business day prior to your appointment day, and 2) at least 24 hours prior to your appointment time. Be aware that you will be charged a $10 fee for appointments cancelled or rescheduled less than one business day and 24 hours prior to your appointment time, as well as for any missed appointments / no shows. Please arrive on time for your appointment. If you arrive significantly late, your appointment may need to be rescheduled. *Repeated rescheduling, no shows and/or cancellation of appointments may result in restriction of use of Counseling Services.* Thank you for assisting us in achieving maximum utilization of this important College resource.

**Consent to Treatment**

We have read the above conditions for participation in couple counseling and give our consent to be treated at the Center for Health & Counseling - Counseling Services. We understand that we have the opportunity to discuss the information above with our counselor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Please Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Please Print Name Date

Therapist Signature / Witness Please Print Name Date

Last updated: 1/22/20