**Center for Health & Counseling**

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

# Minor Consent Form for Counseling Services

# Orientation to Counseling Services

Welcome to the Center for Health & Counseling’s Counseling Services (CHCCS). We offer personal counseling to registered SLCC students, faculty and staff at an affordable cost. Services include short-term individual and couple counseling, generally limited to no more than 12 sessions per academic year. Many individuals find they can accomplish their counseling goals with fewer sessions. If you and your counselor conclude your situation requires more than 12 sessions, we will discuss options with you. This may include continuing counseling at CHCCS, or possible referral to an outside agency. Counseling sessions are $15 for individual and $30 for couple counseling. Payment is due at the time of service. Any exceptions will require a written payment plan between you and CHCCS. Counseling sessions are 50 minutes in length. You can inquire about available counseling appointments at Taylorsville Redwood, South City and Jordan campuses.

Counseling can have both benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, anxiety, or helplessness. On the other hand, counseling has also been shown to have many benefits. Counseling often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience.

In addition to providing counseling services to the campus community, we are also a training facility. Some counselors are graduate trainees who are supervised by the licensed professional staff of CHCCS. If your counselor is receiving clinical supervision, you will be informed of this and will be told the name and credentials of the supervisor.

The best way to contact your counselor is through the reception desk at the Taylorsville Redwood campus at 801-957-4268. If your counselor is not available, the receptionist will leave a message for him or her. When we are closed, you can access after-hours support or crisis services through the University of Utah’s Neuropsychiatric Institute (UNI) Crisis Line at (801) 587-3000. We encourage you to be careful in the use of email to communicate with your counselor as we cannot guarantee the confidentiality of email, nor can we guarantee a quick response time. Not all staff check their college email on a daily basis. Please do not use email to communicate an urgent message.

# No Show, Cancellation and Rescheduling Fee Policy

We ask that you only schedule appointments you are confident you will keep. If you need 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 CHCCS 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. Any unpaid balance in your account will result in a hold on your Banner records. Please arrive on time for your appointment. If you arrive more than 10 minutes late, your appointment may need to be rescheduled. Repeated rescheduling, no shows and/or cancellation of appointments may result in the loss of eligibility for services. Thank you for assisting us in achieving maximum utilization of this important College resource.

I have read and understand the No Show, Cancellation and Rescheduling Fee Policy.

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Minor Signature Please Print Name Date

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# Parent or Guardian Signature Please Print Name Date

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# Parent or Guardian Signature Please Print Name Date

# Your Rights and Exceptions to Confidentiality

The fact that you are receiving counseling services and the specific content of your counseling record is confidential. CHCCS counselors are committed to maintaining confidentiality regarding the information you share in your counseling sessions. Your counselor may consult with other counselors within the Center in order to provide you with the best possible care, or if your counselor is a graduate trainee receiving clinical supervision. CHCCS adheres to the ethical guidelines of the National Association of Social Workers and the American Psychological Association, as well as state and local laws. CHCCS records are governed by FERPA, and we also seek to be compliant with HIPAA standards. Our center maintains clinical records in a confidential electronic client management system. We may also keep a hard copy of some of your records which are maintained in secure and locked files.

Our counselors work collaboratively with the health care providers in our CHC Medical Clinic who may concurrently be treating you for mental health issues (e.g. providing you psychotropic medications). Therefore, we may exchange information about you as is needed or appropriate. We work in this manner because we believe it will provide you with the best and most comprehensive care. However, please let your counselor know if there is any specific information you would not like shared with the health care providers involved in your care. Only the persons at CHC actively involved in your care have a right to access information in your counseling records at the CHC.

Since you are a minor, the State of Utah allows your parent or guardian to access information in your counseling record and to communicate with your counselor. No one outside the CHC may have access to your counseling information without written permission from you and your parent or guardian, documented on an “Authorization for Release of Information” form. The only exceptions to confidentiality are those required by law, such as requirements that we report suspected or known abuse, neglect or exploitation of children or vulnerable adults, or previously unreported communicable disease. In situations of imminent threat of serious harm or death to yourself or threat of violence to others, your counselor may be required or allowed to break confidentiality in order to secure your safety or that of others. Also, your counselor may be required to give information to judges or courts of law if a valid subpoena or court order is issued.

**Communication with Parents or Guardian**

If you are an imminent threat of serious harm or death to yourself or of violence to others, this is information that your counselor would share with your parent or guardian. Information you share that your parent or guardian may not approve of, but that does not put you or others at serious risk of harm, is information that would be kept confidential. For example, occasional underage drinking or unprotected sex with a partner is information that would be kept confidential. On the other hand, ongoing abuse of alcohol or drugs, driving while drinking, or unprotected sex with people you do not know is information that would not be kept confidential. At times your counselor may have to exercise judgment about whether to share information about your risk-taking behavior with your parent or guardian. You can always ask your counselor about what types of information would need to be disclosed. This can be asked hypothetically, e.g. “If someone told you \_\_\_\_\_, would you tell their parents?” Even though information you share is to be kept confidential, there may be times when your counselor believes it is in your best interest for your parent or guardian to know what is going on in your life, and may encourage you and help you find the best way to let them know. Please let your counselor know if you have any other questions or concerns about your rights to confidentiality and communications with your parent or guardian.

# Minor Consent to Treatment

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

Minor Signature Please Print Name Date

**Parent or Guardian Consent to Treatment**

I have read the conditions above for participation in counseling and give my consent for my child to be treated at the Center for Health & Counseling – Counseling Services. I understand that I have the opportunity to discuss the information above with their counselor.

Check the boxes and sign below indicating your consent and your agreement to respect your child’s confidentiality:

[ ] I will refrain from requesting detailed information about my child’s individual counseling sessions. I understand that I may be provided with periodic updates about general progress, or asked to participate in counseling sessions, as needed.

[ ] Although I know I have the legal right to see and access my child’s counseling records, I agree NOT to request these records in order to respect the confidentiality of my child’s counseling.

[ ] I understand that I will be informed about situations that could endanger my child. I know that this decision to breach confidentiality in these situations is up to the counselor’s professional judgment.

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Parent or Guardian Signature Please Print Name Date

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 Parent or Guardian Signature Please Print Name Date

Therapist Signature/ Witness Please Print Name Date

NOTE: Parent or Guardian must either sign this form in person or have their signature notarized for their minor to be seen for counseling services at the CHC.