Client Information and Consent for Counseling Services

Overview of Counseling Services

San José State University (SJSU) Counseling Services provides personal counseling, educational counseling, and case management. Personal counseling consists of time-limited individual, couples, and group counseling. Each individual or couples session is typically 50 minutes. Each group counseling session is 80-90 minutes. Educational counseling sessions are approximately 25 minutes. Case management services are also time-limited, and sessions are 30-50 minutes. Counseling Services also provides workshops, training, consultation, and engages in program evaluation to meet SJSU community's needs.

The Counseling Services is open from 8:30am to 4:30pm, Monday through Friday, with the exception of University holidays and occasional departmental meetings.

The following paragraphs are about how our services are provided and how we safeguard your privacy and maintain confidentiality.

Staff: Personal counseling and case management sessions are provided by licensed psychologists, social workers, marriage and family therapists, and graduate-level doctoral students who are supervised by licensed mental health professionals. Educational counselors are specialized professionals focusing on enhancing educational success and are especially familiar with campus academic policies and procedures.

Confidentiality: I understand that information provided during personal, educational, and case management counseling sessions will be kept strictly confidential. I understand that Counseling Services will not answer questions about my counseling from parents, family, friends, significant other, professors, employer or anyone else outside of the Counseling Services staff. Only with my written agreement (on Release of Information Form) may information be released to parties outside of Counseling Services.

However, in the follow situations, Counseling Services may release necessary information as required by law:

(a) If I pose a danger to myself or someone else;
(b) If a court of law issues a court order;
(c) If I disclose abuse or neglect of children, the elderly, or dependent adults;
(d) If I am deemed to be gravely disabled and need hospitalization.

In these situations, State laws may require my counselor to provide relevant information to authorities for the purpose of protecting myself or others even without my agreement.

Parents, guardians, and/or your listed emergency contact are not contacted unless Counseling Services has permission from me or if there is a significant risk to my safety, and this contact appears beneficial to my safety (i.e., suicide risk/attempt, emergency room evaluation and/or a threat to themselves or others.) If there is a risk, information may only be shared that aids in obtaining ongoing care and ensuring safety.
In rare cases where there is a risk to myself or the community, Counseling Services reserves the right to notify the Office of the Vice President of Student Affairs and/or Campus Police, especially if I am in active danger to myself and/or to others.

In addition, I acknowledge that Counseling Services' counselors and case managers may share information about me with Student Health Services' professionals, as permitted within their ethical and legal guidelines, and for the purpose of treatment planning, diagnosing, and/or supervision. The information will only be shared as needed to ensure that I am receiving the best services from Counseling Services.

**Use of Interpreters:** As needed, interpreters may be used to facilitate communication between students and counselors with students’ informed consent. If this should occur, I understand that interpreters follow the same standards of confidentiality as counselors.

**Confidentiality of Record:** The laws and standards of psychology require that treatments are documented. I am aware that Counseling Services’ staff follows all California and federal laws, and that all records, either written and/or electronic form will be kept strictly confidential per these laws and by professional ethical standards. I understand that Counseling Services records are **not** a part of my academic records, and that counseling records are destroyed 7 years after my last date of contact with Counseling Services.

**Benefits and Risks:** I understand that receiving counseling has its possibility of benefits and risks. Counseling may influence personal relationships, lead to personal growth, improve personal effectiveness, increase self-understanding and appreciation, increase academic productivity and skills, and increase management of everyday stress. On the other hand, counseling often involves discussing unpleasant aspects of life, thus people in counseling may experience unpleasant emotions like sadness, guilt, anger, frustration, and loneliness. I understand it is important for me to discuss with my counselor any questions or discomfort I have regarding the counseling process. Finally, people benefit from counseling in different degrees. It is normal that some people find some types of counseling not helpful. I understand that I am encouraged to talk to my counselor and find out what may work for me.

**Eligibility, Appropriateness, and Referrals:** I understand that my eligibility for personal counseling and case management in this agency is based upon my status as an enrolled and matriculated SJSU student. I understand that as a prospective or disqualified student, I may be eligible for educational counseling sessions. The delivery of services from this agency shall result from a discussion between the Counseling Services staff and me regarding my needs and conditions that I present. If it is decided that this is not the appropriate agency, I understand that I will be given referrals to resources more appropriate to my needs and goals.

**Audio-and Videotaping:** I understand that my counseling sessions may be video or audio recorded for the purpose of training and supervision of counselors. I will never be video or audio recorded without my permission. The recordings are treated confidentially and reviewed by licensed counselors. All recordings are deleted after use. My counselor will address any concerns I have about video or audio recording, and I have the freedom to withdraw my agreement at any time.

**Notification of Supervision:** For personal counseling, I understand that I may be seen by a counselor who is a post-doctoral resident or a graduate student pursuing a doctorate degree in psychology. Post-doctoral residents and graduate level doctoral students are supervised by members of the Counseling Services’ Training Committee who hold mental health licenses in the State of California. The counselor faculty listed below are members of the Training Program.
For educational counseling, I understand that I may be seen by a graduate student, who is supervised by a senior educational counselor. Senior educational counselors are Veronica Hand and Jimma Cortes-Smith.

**Email:** With respect to electronic mail (e-mail), I know that e-mail is not a confidential means of communication. Furthermore, Counseling Services cannot ensure that e-mail messages will be received or responded to, if my counselor is not available. I understand that e-mail is not an appropriate way to communicate confidential, urgent, or emergency information. I also understand that clinical sessions are never conducted via e-mail or instant messaging. Therefore, I am encouraged to come to Counseling Services or call (408) 924-5910 during business hours. In addition, I am aware that when Counseling Services is closed, I can call the University Police Department at (408) 924-2222 or 911 for emergencies, or call the main Counseling Services number at (408) 924-5910 to be directed to after-hours crisis service.

**Social Networking Policy:** I acknowledge that Counseling Services counselors will not accept friend or contact requests from current or former client’s social networking site (e.g., Facebook, LinkedIn, etc.). I understand that adding current or former counselors as friends or contacts can compromise my confidentiality and respective privacy.

**Data Analysis:** In order to better provide services, I am aware that SJSU Counseling Services uses client demographic data and reported issues in their annual report for the purpose of conducting needs assessments and program evaluations. I understand that the information will not be linked to my personal identifiable data and that all information used in these annual reports is anonymous.

I understand that if I have any reservations or questions, I will discuss this with my counselor or case manager.

I have read the information set forth in this document and agree to its terms. I understand that I may withdraw this consent, or any portion of it, at any time.

Client’s Signature: ___________________________ Date: ____________

Client’s Name: (Please Print.) ________________________________________________