



Consent for Services Form

Welcome to the Lewis Goodhouse Wellness Center (LGWC). This document contains important information about our professional services and business policies. Please read it carefully and ask any questions you might have so you can discuss them with your therapist during your intake. If you need an interpreter, please ask to see if one will be made available to you. Once you sign this consent form, it will constitute an agreement between you and the LGWC. Consent can be withdrawn at any time.

Client/Therapist Relationship: By signing this consent form, you agree to maintain a professional relationship with the therapists and the LGWC team members to help ensure that the therapeutic treatment for you and/or your family are effective.

Confidentiality: In general, the law protects the confidentiality of all communications between a client and a therapist and we generally can only release information to others about your therapy with your written permission (in the form of a Release of Information).

However, please take notice that there are a number of exceptions where we must report:

- abuse of children, elderly and disabled persons
- clear and imminent danger to a person or to society
- subpoenaed by the court and ordered to testify
- in the case of a medical emergency
- client requested release of information
- counselor is engaged in a systematic supervision process (see note below)
- LGWC staff who work with clinical team
- legal and clinical consultation situation
- client initiates a malpractice lawsuit
- client is below (18) years of age and parents have rights to therapeutic information
- research
- program audits and evaluation
- mandatory reporting as required by the state

Note: A counseling intern is supervised. This means that your case will be discussed with another professional for review of services that are provided to you. All rules of confidentiality still apply to both the licensed professional counselor or LPC supervisor and therapist. In some instances, contact with the LGWC may be through technology (webcam, email and telephone). As a client of LGWC, you are responsible for any information you share outside of the program.

Available Services: LGWC offers a wide array of counseling services where students and their families may receive services including: Student Health, Academic and Personal Counseling, Chemical Health, Health Promotions and Domestic Violence. It is our intent to convey the policies and procedures of the LGWC so that you can discuss any questions or concerns with any member of the clinical team.

Risks and Benefits: Potential benefits of counseling (mental health and addiction) and psychotherapy include significant reduction in feelings of stress and anxiety, better problem-solving skills, resolution of specific problems, and improved interpersonal relationships. As with any treatment, there are inherent risks.

Counseling: The goal of the LGWC is to provide an effective therapeutic experience. Therapy usually starts with an evaluation. An evaluation may take more than one session. This evaluation begins with an intake interview (that may last one to two sessions). During the evaluation, several decisions have to be made: we, the LGWC staff, will have to decide if we can provide the services needed to treat your presenting problem(s), you as a client have to decide if you are comfortable with us, and together we will determine your goals and therapy and how to best achieve them. In other words, by the end of the evaluation, we will offer you an initial understanding

of what therapy will involve, should you decide to continue. Therapy generally involves a large commitment of time and energy, so it is your right to be careful about the therapist you work with. If you have questions about any of the process recommended, feel free to discuss these openly with us. If you have doubts about your therapist, you may request to make an appointment with another therapist. We will schedule therapy session at a mutually agreed upon time. The overall length of therapy (in weeks or months) is generally difficult to predict but is something we can discuss with you when the initial treatment plan is reviewed.

Contact Hours: Our typical hours are Monday – Friday, 8:00am to 5:00pm. If you need to reschedule an appointment, please contact us as soon as possible and we will make every effort to reschedule. If you are difficult to reach, please leave a phone number where we can contact you.

Record Keeping Procedures: Both law and the standards of the counseling profession require that we keep treatment records. If you want to see your records, it is best to review them with your therapist so that we can discuss their content. If you are under eighteen (18) years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is policy to request an agreement from parents that they consent to give up access to your records. If they agree, we will provide your parent only general information on how your treatment is proceeding unless there is a high risk that you will seriously harm yourself or another person. In such instances, we may be required by law to notify your parents of our concern. Parents of minors also can request to be provided with a summary of their child's treatment when it is complete. Before giving your parents any information, we will discuss this matter with you and will do the best we can to resolve any objections you may have about what will be discussed. The State of North Dakota requires that we keep your records for ten (10) years after last treatment date and for minors ten (10) years after last treatment date or until the patient's 21st birthday, whichever is later. Please note that we do not provide treatment of minors without their parents/guardians consent.

Physical Health/Medications: Psychological disorders and symptoms often have a strong relationship with medical conditions. If you have not had a physical exam in the last six (6) months, it is recommended that you do so, or your therapist may request a physical as part of your treatment plan. In addition, prescription and nonprescription medications may have significant side effects that may be important for us to consider. We expect full disclosure of all medicines and drug intake and may request a Release of Information so that we can coordinate therapeutic services with your physician.

Emergency: If you have an emergency, please call UTTC security at ext. 1700 or dial 911.