

University Counseling Center Policy Statements

The University Counseling Center staff provide personal, career, and group counseling to GVSU students free of charge. Individual counseling sessions are typically considered to be 45 minutes long; group sessions are 60-90 minutes long. The UCC provides short-term individual therapy (up to 10 sessions within the scope of our services) and unlimited group therapy. If testing is required, 30 dollars in testing fees will be charged.

Privacy of Information: The University Counseling Center keeps a confidential clinical record on each client. The record contains demographic information, assessments, and summary notes regarding counseling sessions. Due to our electronic record keeping system housed on a secured server within the Center, a central record is created for each client regardless of the type of services received.

It is the policy of the University Counseling center not to release any information regarding your use of our services or personal matters discussed with your counselor. Information from your record might be included in service evaluation or descriptive research. At no time will your identity be disclosed.

Confidentiality is assured except for the following situations:

1. You may authorize the University Counseling Center to release record or other information to individuals of your choosing. This may be done only with your expressed written consent.
2. Under ethical and legal requirements, your therapist may break confidentiality in the event of clear and imminent danger to yourself or another person.
3. The law requires that therapists disclose information regarding child or elder abuse or neglect.
4. In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

Our graduate student workers answer telephones, but do not have access to records or information about specific client concerns. If you have questions about our policies on confidentiality and release of information, you may discuss them with your counselor.

Cancellations and Missed Appointments: The University Counseling Center expects clients to keep all scheduled appointments. If you must cancel an appointment, please give us as much advance notice as possible so that we may schedule another student in your appointment time. *Attendance policies for psychiatric and group services are detailed in separate forms and will be provided upon referral.*

- After two canceled/rescheduled individual therapy appointments, attendance will be reviewed.
- If you miss any three appointments without notifying the Center, your relationship with the University Counseling Center may be terminated.

Staff Supervision and Consultation: The staff of the center includes graduate level interns who work under the supervision of licensed staff. To provide you with the best service possible, counseling sessions may be recorded for review by the intern's supervisor. You will be asked if your session may be recorded. In addition, your counselor may discuss your case with other professional staff within the University Counseling Center. All information shared among these professionals is treated as confidential.

Electronic Mail: Electronic mail (e-mail) is not a safe means to transmit confidential information. As such, we do not use e-mail for counseling. With your permission, we may use e-mail to contact you regarding appointments, to send a Center evaluation, or to send information you may have requested. Please be aware that the University Counseling Center staff may not have immediate access to e-mail or voicemail. Urgent matters should be handled via telephone or in-person.

Recording: Video or audio recording of individual and group therapy is not permitted by clients without prior consent of clinicians.

Evaluation: We appreciate your feedback. Once each semester, you will have the opportunity to complete an evaluation of our services. You will receive the evaluation by e-mail.

PLEASE PRINT:	(Last Name)	(First Name)	(G Number)
---------------	-------------	--------------	------------

(Signature)	(Date)	(Signature of Parent/Guardian if minor)	(Date)
-------------	--------	---	--------

Permission Statement for Audio and/or Video Recordings: I hereby give my permission to have audio and/or video tape recording made of our individual or group sessions. I understand that the aforementioned tape and recording and/or case information may be shared with my counselor's supervisors and colleagues for the purpose of consultation and training. The use of information obtained in the above activities will be consistent with ethical and professional standards of the counseling profession safeguarding the confidentiality of such information.*

(Signature)	(Date)
-------------	--------