

Client Informed Consent

Georgia Gwinnett College
Counseling & Psychological Services
Building I, Suite 1101
Lawrenceville, Georgia 30043

Welcome to the Georgia Gwinnett College Counseling Center. This document contains important information about our professional services and business policies. Please read it carefully and discuss any concerns you have with the counselor completing your initial assessment. When you sign this document, it will represent an agreement between you, the student, and the Georgia Gwinnett College Counseling Center.

Counseling

The Counseling Center provides brief counseling and psychotherapy for individual, couples and small groups. Counseling is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. Counseling has been shown to have benefits for people who go through it; however, because counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Your counselor is available to support you throughout the counseling process and we encourage you to address any concerns you may have with your counselor. Services are provided by licensed psychologists.

Confidentiality

Information shared by you is privileged and will be treated confidentially except as set forth below. With few and rare exceptions, any disclosure outside of the Counseling Center will be made only with your written permission. The Counseling Center adheres to the American Psychological Association Code of Ethics and to Georgia State law governing the provision of mental health services. You should be aware that there are three basic exceptions to your right to confidentiality:

1. If there is an indication that you may be an imminent danger to yourself or others, we may be required to share information about you and take necessary steps to protect your safety and the welfare of others.
2. We are also required by state law to report any suspicion of current child abuse or neglect, and abuse or neglect of the elderly.
3. Records must be released pursuant to a valid court order. If we receive a valid court order or subpoena to release your records, we will make every effort to contact you and inform you. You need to be aware that in criminal actions, it is possible we will not be able to keep your records confidential. We want you to understand that we are not forensic psychologists and, thus, are not trained in court and legal proceedings. Should you ever need a court related psychological assessment (including alcohol and drug assessments) or court mandated or related counseling, we can recommend someone in the community who has been trained in forensic psychology. If you file a lawsuit that opens the issue of your mental health or the impact of an event on your mental health, it is likely that your mental health records will be released based on a Georgia court decision. In order to avoid dual role issues, we cannot be both your counselor and your court advocate. If the Center provides couples counseling, and if you come to the Center for couple's counseling, you need to be aware that, although a file is kept for each individual and your partner's name is not attached to your file, information about you will necessarily be present in your partner's file. Thus,

if your partner and you should go to court for divorce, custody, or other reasons, your partner can sign a release of information for his/her file and obtain information about you. We cannot be court advocates for either of you.

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You should also be aware that some professions/positions require the disclosure of some mental health diagnoses and treatment as part of the application process. These might include the FBI, Peace Corps, bar exam or medical boards. These types of disclosures are generally not made without providing client notification and/or removal of identifying factors (i.e. name, D.O.B) from the report. If you have concerns about this please consult the relevant organization or licensing board for more information on what type of information would need to be disclosed.

All of your information is stored in a computer database. This computer database contains the information you completed and information about any interactions with your counselor (e.g., visits, phone calls, etc.). This database is accessible only on our Center server. The server and the database are protected by two different passwords and accessible only to Center employees and to authorized GGC IT employees who sign confidentiality agreements. Additions to and modifications of the databases are limited to the individuals who are working with you. All records are destroyed 7 years after your last visit or in accordance with applicable laws.

Staff Consultation

In order to provide you with the best care, GGC Counseling Center staff may occasionally find it helpful to consult other professionals about a case. Your counselor may consult with another member of our professional staff concerning the service we provide you. GGC staff may also consult outside professionals about counseling cases. When consultation outside the GGC Counseling Center is sought, our staff do not reveal the identity of the student. If you don't object, our staff will not tell you about these outside consultations unless we feel that it is important for you to know.

Eligibility to Receive Services

As a Georgia Gwinnett College student you are eligible for initial assessment at the Counseling Center. In order to initiate services, you will first be scheduled for an initial assessment interview with a counselor who will evaluate your counseling needs and the best resources to meet those needs, both within and perhaps outside of the Center. Your assessment counselor may not be the person you see for ongoing counseling, but he/she will make recommendations to you about the best services to meet your needs. *Please note that the GGC Counseling Center provides short-term counseling within our center only to those students determined to be within our scope of service.* You may be referred off campus for counseling if it is determined your presenting concern would be better addressed by other services.

Keeping Appointments

If you need to cancel or reschedule an appointment due to unforeseen circumstances, please contact us no later than 24 hours in advance. When an emergency prevents you from keeping your appointment, please inform us about your situation as soon as possible.

Sessions are generally 50 minutes long. If you arrive late for your appointment, that time may be deducted from the 50 minutes. If you arrive more than 15 minutes late for your initial assessment, your appointment may be rescheduled in order to allow enough time for the assessment.

Contacting the GGC Counseling Center Staff

When you call the Counseling Center you will speak with an administrative assistant who should be able to answer your question or direct your call. If you leave a message for a counselor during business hours, we will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach a

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GGC staff member and can't wait for our staff to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. If you need to speak someone outside of business hours, please contact the Georgia Crisis and Access line at 1.800.715.4225. If you at any point feel you may be a danger to yourself or others, call 911.

Research and Evaluation

We periodically evaluate our services in order to improve our services to you. The evaluations you complete are anonymous and confidential. For Center purposes, overall averages are used. Your counselor will receive the evaluation information from his/her clients, but your name will not be provided to the counselor.

Information for an annual report of services is routinely compiled and reported as group averages with no individually identifying information. This is used for program planning and service evaluation as well as to participate in national research.

We hope your experience at the Center is a positive one. If at any time you have any questions or concerns about your experience, please feel free to contact the Counseling Center Director or his/her designee at 678-407-5592, or the Associate Vice President of Student Affairs at 678-407-5882.

Your signature below indicates that you have read the information in this document and agree to abide by its terms while you are being seen at the GGC Counseling Center.

Signature

Print Name

Student ID

Phone #

Date

Revised 02/2017

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Supplemental Telehealth Informed Consent

Georgia Gwinnett College
Counseling & Psychological Services
Building I, Suite 1101
Lawrenceville, Georgia 30043

I _____ (name of student) hereby consent to engaging in telehealth counseling with a mental health provider at GGC's Counseling and Psychological Services (CAPS). Telehealth is a broad term that refers to mental health services and information provided electronically or with the use of technology. I understand telehealth counseling may include mental health education, diagnosis, consultation, treatment, and referrals to resources. Telehealth counseling with CAPS can occur through telephone conversations, use of a video platform, and/or email exchanges. CAPS utilizes Microsoft Teams as a video platform when meeting with individuals for telehealth counseling.

I understand that I have the following rights with respect to telehealth:

1. I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn, I may meet with a provider onsite at the CAPS office. In some instances where meeting at physical location is not possible, my provider may need to refer me to another community mental health provider who can appropriately provide this service.
2. The use of telehealth counseling is subject to the discretion of a CAPS mental health provider and is based upon the assessment of your clinical needs.

Telehealth counseling will only begin after having contact with a CAPS mental health provider and after they have determined that such counseling is appropriate for my care. For existing clients of CAPS, this transition may occur as part of my ongoing care. For new clients of CAPS, telehealth counseling will only occur after participating in a screening. The provider will inform me if participating in telehealth counseling is appropriate. Receiving telehealth counseling may be contraindicated with:

- Recent suicide attempt(s), psychiatric hospitalization, or psychotic symptoms.
 - A clinical presentation with severe physical symptoms (e.g. severe eating disorder, severe depression) that requires medical attention.
 - Moderate to severe substance abuse or dependence symptoms
 - Severe eating disorders
 - Repeated "acute" crises (e.g., occurring once a month or more frequently)
3. For me to receive telehealth counseling, I must be physically located in a state where the provider is licensed. Telehealth service cannot be provided in international jurisdictions.
 4. Telehealth counseling appointments occur at the times agreed upon between me and my provider. If I miss my scheduled appointment, I must contact my provider or the CAPS main office (678- 407-5592) in order to reschedule.

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5. Telehealth counseling cannot be provided to me if I am a minor, unless this consent form is also signed by a parent or guardian.
6. The laws that protect the confidentiality of my personal information and clinical treatment record also apply to telehealth counseling. As such, I understand that the information disclosed by me during the course of telehealth counseling sessions is generally confidential. However, there are exceptions to confidentiality, including, but not limited:
 - I am in imminent danger of harm to self or others and it is necessary to ensure the student's and/or other's safety.
 - The provider has reason to suspect the presence of abuse or neglect of a child, an elderly person, or dependent adult; and must make a mandatory report to DFCS.
 - A CAPS staff member is presented with a valid court order
 - I am a minor and information is requested by their parent or guardian.
7. I understand that my sessions via telehealth counseling will not be recorded by the CAPS provider.
8. I understand that there are risks and consequences from telehealth counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of the psychological counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons.

Another risk is that I may experience loss of confidentiality due to factors from the surrounding environment in participating in telehealth counseling. I am encouraged to ensure that no one else is the room, not to participate in conversations while on speaker phone, or to participate in a public space.

In addition, I understand that telehealth counseling may not be as complete as face-to-face services. I also understand that if my CAPS mental health provider believes I would be better served by another form of intervention (e.g. face-to-face services) I will be referred to a mental health professional who can provide such services in my area.

Finally, I understand that I may benefit from telehealth psychological counseling, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even get worse.

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9. I understand that there may be an incurred cost from participating in telehealth counseling (i.e. cost of phone call, use of minutes from a phone plan) and that I am responsible for covering these costs.
10. I understand that I have a right to access my personal information and copies of case records in accordance with Federal and Georgia law. I have read and understand the information provided above. I understand that if I have any questions I am free to discuss them with my CAPS provider.
11. By signing this document, I agree that certain situations including emergencies and crises are inappropriate for telehealth counseling services.
- If I am in crisis or in an emergency I should immediately call 9-1-1, the National Suicide Hotline at 1-800-784-2433, or the Georgia Crisis Line at 1-800-715-4225; or seek help from a hospital or crisis-oriented health care facility in my immediate area. I understand that emergency situations include if I have thought about hurting or killing either another person or myself, if I hallucinate, if I am in a life threatening or emergency situation of any kind, having uncontrollable emotional reactions, or if I am dysfunctional due to abusing alcohol or drugs.
 - I acknowledge I have been told that if I feel suicidal, I am to call 9-1-1 or other local suicide hotlines.

My signature below indicates that I have read the information in this document and agree to abide by its terms while I am receiving services at GGC Counseling and Psychological Services. This informed consent is valid for one year from the date of my signature, unless otherwise revoked

Signature: _____ Print Name: _____

Student ID: _____ Phone #: _____

Date: _____

We hope your experience at the Center is a positive one. If at any time you have any questions or concerns about your experience, please feel free to contact the CAPS Director or their designee at 678-407-5592, or the Senior Associate Vice President for Student Affairs at 678-407-5882.

** For students who are under age eighteen:*

Signature of Parent/Legal Guardian: _____

Print Name: _____

Date: _____

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**GEORGIA GWINNETT COLLEGE
COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)
ATTENDANCE PRACTICES**

Attendance

- a. CAPS counseling appointments are typically 45 minutes long and are typically scheduled on a biweekly basis. Scheduling is determined by the client and clinician's availability.
- b. If you do not have a scheduled appointment with your clinician, they may not be available to speak with you if you come into the office or call for assistance. You will be assisted by the first staff member who is available.
- c. If you cancel or reschedule two consecutive appointments OR three total times, your clinician will have a discussion with you about obstacles to therapy, how to increase attendance consistency, and/or explore if therapy will be continued and a referral is needed.
- d. If you do not reach out to your clinician within 10 business days following a missed appointment, your case may be closed due to lack of response.
- e. If you show up to your appointment under the influence of drugs or alcohol or appear to be significantly impaired by prescription medications, your appointment will be canceled and a safety check will occur to assess your safety and determine if emergency assistance is needed.

Cancellations

- a. If you cannot attend your scheduled appointment, it is your responsibility to contact your clinician and cancel the appointment, preferably 24 hours in advance.
- b. It is your responsibility to reschedule your appointments:
 - a) If you do not contact your clinician to reschedule after a cancellation, your case may be closed after 10 business days of no contact.
- c. After two consecutive cancellations OR three total cancellations, you and your clinician will discuss attendance issues and explore if therapy will be continued.
- d. However, if you are sick with a contagious illness, please show consideration for CAPS staff and other clients by cancelling your appointment.

No-Shows

- a. An appointment is considered a no-show if you do not contact the office in advance of missing your appointment.
- b. If you miss an appointment, it is your responsibility to reach out to your clinician to schedule another appointment.
- c. If you do not reach out to your clinician within 10 business days following a no-show, your case may be closed due to lack of response.
- d. If you arrive 15 minutes late for your appointment, the appointment will be marked as a no-show and will need to be rescheduled. After two consecutive no-shows OR three total no-shows, your clinician may close your case and refer you to an off-campus agency. The clinician will provide referrals.

Switching Counselors

- a. Once your case is established at CAPS, your appointments will be scheduled with an assigned clinician. Requests to switch to another clinician should be brought up to your original clinician to discuss your concerns and to see if changes to treatment might help address these concerns. Student who are unable to talk with their originally assigned clinician about their concerns can request to speak with the CAPS Director or Associate Director about reassignment.