CABRINI COLLEGE COUNSELING AND PSYCHOLOGICAL SERVICES

Client Consent & Agreement to Terms of Services

Counseling sessions are typically scheduled on the hour and last up to 50 minutes. Counseling and Psychological Services operates on a time-limited model which means that students are eligible for 8-12 individual sessions per semester.

Students may be referred to other agencies for services if they have needs that exceed what Counseling and Psychological Services is designed to offer, or if there are chronic or severe mental health problems or other conditions that may require close monitoring.

I understand that it is my responsibility to cancel a scheduled appointment at Counseling and Psychological Services a minimum of 24 hours in advance of the appointment, and that repeated missed appointments may result in discontinuation of clinical services.

I have been informed that if I see the consulting psychiatrist I must also continue to see my counselor, to ensure optimal therapeutic results. Appointments with the psychiatrist may be cancelled at the counselor's discretion due to lack of regular attendance.

I understand that clinical services and records of my evaluation and treatment are confidential and that information about me will not be disclosed or released to anyone other than the counseling staff without my written permission unless mandated by law in such cases of imminent danger to self or another person, in cases of child abuse, or in the event of a court order. Counseling and Psychological Services will retain records of my evaluation and treatment and the information will be used for statistical and research purposes only and will not contain any identifying information that would violate my privacy and/or confidentiality. I understand that Counseling and Psychological Services staff will not accept any requests from students through social networking sites. I understand that my privacy and confidentiality will be protected in all circumstances as outlined above.

My participation in counseling is voluntary and I may discontinue services at any time. However, if attendance at Counseling and Psychological Services for evaluation and/or workshops has been mandated by Cabrini College, I understand that my failure to comply with those mandates will be reported to the appropriate college officials.

In signing this document I am certifying that I understand and accept the terms and conditions under which services will be provided to me at Cabrini College Counseling and Psychological Services. A copy of this form is available by request.

I hereby give my consent to meet with a counselor at Cabrini College's Counseling and Psychological Services.

_____ _____

Client's Name (print) Signature Date

_____ _____

Counselor's Name (print) Signature Date