Informed Consent and Disclosure for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welcome to the School-Based Counseling Clinic**

Your counselor is an advanced graduate student in a Master’s Degree Program in Counseling at Eastern Michigan University. Your counselor works under the supervision of an EMU counseling faculty member who is a Licensed Professional Counselor in the State of Michigan. Your counselor abides by the ethical codes and guidelines of the American Counseling Association, the American School Counseling Association, Family Education Rights Privacy Act, and the Ypsilanti Community School District.

**CONFIDENTIALITY**

* We place a high value on the confidentiality of information you share with your counselor. You should be aware, however, that legal and ethical requirements specify certain times when your counselor may need to discuss information with another person without your consent. These situations include:
  + The counselor believes that you may be a danger to yourself.
  + The counselor believes that you may be a danger to another person.
  + The counselor suspects that you may be involved in the abuse of a child.
  + The counselor suspects that someone may be involved in the abuse/neglect of you.
* At times your counselor may need to consult and exchange information with your school counselor and/or other school personnel that may work with you for the purpose of serving you better.
* Do not hesitate to ask your counselor questions about confidentiality throughout the counseling process.

**LENGTH AND FREQUENCY**

* Counselors work in the EMU Counseling Clinics year round, including summers. You and your counselor will decide how long your counseling will last and how often you will come for sessions. Please be aware that EMU counselors will change each EMU semester.
* For most student clients, one-on-one counseling sessions as well as group counseling sessions will last about 30 minutes if scheduled during school. If counseling takes place at our on-campus clinic (734.487.4410), sessions are 50 minutes and may be scheduled Monday through Thursday between 9a.m. to 8p.m.

**PARTICIPATION IN COUNSELING IS VOLUNTARY**

* Ending counseling may occur anytime and may be initiated by the client, client’s caretaker, and/or counselor. We request that if a decision is being made to end, that there be a minimum of a seven day notice in order that a final session may be scheduled to review your progress and set up future goals. Your counselor will work with you to arrange for an outside referral if the counselor or you do not feel that your concerns are resolved.

**CLIENT RESPONSIBILITIES**

* In order for your work here to be productive, it is important that you attend counseling sessions and make an effort to work on the issues being addressed. If you are receiving counseling during the school day, you are expected to return to class after the session.
* If for some reason you cannot attend a scheduled counseling session, please call in advance and leave a message with the school secretary, and they will inform us of your absence.

**COUNSELING SESSIONS ARE VIDEOTAPED**

* All counseling sessions are videotaped. This is done for the purpose of providing your counselor with feedback from his/her supervisor and treatment team to enhance the services you receive. All recordings are erased at the end of each EMU semester. Feel free to ask your counselor any questions that you may have about these procedures.

**FEES**

* There is no charge for Ypsilanti school students and their families to receive counseling at one of our school sites or at our EMU on-campus clinic at 135 Porter Building.

**IN CASE OF AN EMERGENCY**

* Your counselor will need the name of someone to contact in case of an emergency.

Persons name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACTING YOUR COUNSELOR**

* Because your counselor does not work here full-time, there will be many times when he/she is not available. If you need to contact your counselor, leave a message with the EMU campus clinic secretary at 734.487.4410, and he or she will give the message to your counselor. If your call is an emergency, contact one of the following:
  + **U-M Psychiatric Emergency Services 734.996.4747**
  + **St. Joseph Mercy Hospital Emergency Room 734.712.3000**

Thank you for taking the time to read this. If you have any concerns or questions now, or at any point during your counseling, feel free to let your counselor know. You will always have a chance to ask questions. In addition, feel free to contact Patrice Bounds, Ph.D., LPC (MI), LCPC (IL), NCC, coordinator of the school-based counseling clinics, at 734.530.1198 pbounds@emich.edu, or Megan Zarem, EMU Graduate Assistant, at mzarem@emich.edu

*Please keep a copy of this letter and refer to it throughout your counseling.*

I have read this document, understand, and agree with the information contained in it, indicated someone to be contacted in case of an emergency, and agree my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may participate in one-on-one counseling or group counseling while enrolled as a student in the Ypsilanti public school system.

In addition to my consent for the counseling services described above, I also give permission for the School-Based Counseling Clinic counselors to review pertinent school records including school records (CA 60s), 504 plans, and special education records to assist in the assessment, treatment planning and treatment coordination.

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Student Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian(s) Signature & Printed Name Preferred Phone # Date

Please check any of the school services below that your child receives at this point:

\_\_\_Special Education \_\_\_School Counselor \_\_\_504 Plan \_\_\_School Social Worker \_\_\_Tutoring

\_\_\_Community Mental Health \_\_\_UM Regional Alliance for Healthy Schools Health Center

\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check whether we may leave a voicemail on your phone if unable to talk with you directly:

\_\_\_Please leave a voicemail \_\_\_Do Not leave a voicemail