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| Lander UniversityCounseling Services320 Stanley Ave, CPO Box 6045Greenwood, SC 29646864-388-8885 | **Student Rights and Responsibilities and Informed Consent**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last FirstDOB: \_\_\_\_\_\_ L#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **RIGHTS RESPONSIBILITIES** |
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| **Services**Counseling Services offers individual and group counseling as determined by the student’s needs. When one’s needs exceed what Counseling Services can provide, a referral to an appropriate agency will be made.**Eligibility**Full time students or part-time students are eligible for services. Students who are not enrolled in the summer are not eligible for services until they return for classes in the fall.  **Appointments**Most individual appointments are scheduled weekly and are 45 minutes long. Group sessions vary according to the size and subject matter of the group. **Respect**Counseling Services places a high value on the dignity and worth of each individual regardless of gender, ethnicity, race, sexual orientation, age, citizenship, religion, socioeconomic status, physical and mental abilities. Your counselor will respect you as an individual by keeping appointments or contacting you if a change is necessary, giving you complete attention during sessions, avoiding interruptions and providing you with the most effective counseling possible. **Risks and Benefits**Counseling can have both benefits and risks. Given that your therapy may involve discussing issues of concern to you, you may experience discomfort. However, it is through self-exploration that you can reach solutions. Through therapy, a person can often improve relationships, gain a sense of empowerment, and resolve problems. Every effort will be made by Counseling Services counselors to support you in your growth | **Participation**In order to maximize your gains, your active participation in the counseling process is necessary. Being on time is a must and will allow you to take full advantage of your appointment time. Students arriving more than 15 minutes late without notice cannot be guaranteed their scheduled appointment time. **No-Show Policy**In some cases you may be scheduled for regular sessions on a weekly or bi-weekly basis. Should you need to cancel an appointment, you must do so as soon as possible and no later than 24 hours prior to the scheduled time. If you do not keep an appointment you will be contacted by someone from Counseling Services to remind you of your next session. If you fail to keep two consecutive appointments without contacting anyone in counseling services your regular appointments will be taken off the calendar and that time made available to other students who may be in need of services.**Feedback**At the end of your treatment, you may be asked to complete an evaluation. We encourage you to be forthcoming as we like to hear your opinion about our services. Of course, you can provide us with feedback at any time during your therapy. In the event that you are not satisfied with your counseling process, we encourage you to discuss this with your counselor. If you are not willing to do so, or if your concern is not resolved to your satisfaction, schedule an appointment with the Director of the Student Wellness Center. Every effort will be made to accommodate your needs which may include a possible counselor reassignment or other counseling options.  |

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| **Informed Consent** |
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| Please scan the QR code and scroll to the bottom of the page (or visit <https://www.lander.edu/campus-life/wellness-center/counseling-services.html>) to access information about your Counselor. In order to maximize effectiveness, your counselor may discuss your case with Counseling Services staff. When relevant, your therapist may discuss your case with other professionals in Health or Disability Services. In case of an afterhours emergency on campus contact the Lander University Police Department at 8911 from a landline on campus or 864-388-8222 from your cell phone. For off campus emergencies call 911.Counseling Services compiles general information on the services they provide. Analyzing and reporting this data will be done for groups and will have no reference to you as an individual. Counseling Services may, when deemed appropriate, refer students to outside agencies. Continuation with Counseling Services is contingent upon your follow through with all referrals. Students will be responsible for any fees charged by outside agencies.Should you engage in telehealth services with you acknowledge the following:* There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
* Confidentiality still applies for distance counseling services, and nobody will record the session without the permission from the others person(s).
* It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
* You need to use a webcam or smartphone during the session.
* It is important to use a secure internet connection rather than public/free Wi-Fi.
* We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
* We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
* As your counselor, I may determine that due to certain circumstances, distance counseling is no longer appropriate and that we should resume our sessions in-person.
 |
| **Confidentiality** |

In general, counselor-client communication is protected by law and professional ethics. Your records can only be released with your written permission, with the exception of the following:

1. Threat of harm to self or others
2. Suspected child abuse
3. Suspected abuse of elderly or disabled
4. Court-ordered release of records

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| I hereby authorize Counseling Services to contact the following person in case of emergency |
|  |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | City/State Zip |  |  |
| I Identify to this person as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Pronouns |
|  |
| **Student Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Lander UniversityCounseling Services320 Stanley Ave, CPO Box 6045Greenwood, SC 29649864-388-8885 | **INTAKE**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last FirstL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

1. **CONCERNS**

|  |  |
| --- | --- |
| What concerns bring you to Counseling Services: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| What do you hope to accomplish through counseling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

How much do these concerns affect the following areas of your life:

**Academic**

|  |  |  |  |
| --- | --- | --- | --- |
| * No interference
 | * Mild Interference
 | * Moderate Interference
 | * 12. Severe Interference
 |

**Social**

|  |  |  |  |
| --- | --- | --- | --- |
| * No interference
 | * Mild Interference
 | * Moderate Interference
 | * 12. Severe Interference
 |

1. **ACADEMIC DATA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Classification: | * Freshman
 | * Sophomore
 | * Junior
 | * Senior
 | * Graduate Student
 |  |
| Year Graduated from High School: | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |
| Major: | \_\_\_\_\_\_\_\_\_\_ | Current GPA: | \_\_\_\_\_\_\_\_\_\_ | Total Courses this Semester: | \_\_\_\_\_\_\_\_\_\_ | Hours: | \_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |
| In the past, my grades have been: | * Excellent
 | * Good
 | * Fair
 | * Poor
 |  |
|  |  |  |  |
| Grades expected this semester: | * Excellent
 | * Good
 | * Fair
 | * Poor
 |  |
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1. **PSYCHOLOGICAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous counseling or psychotherapy? | * Yes
 | * No
 | From Where / Whom? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| When? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | For how long? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Purpose: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Previous psychiatric hospitalization(s)? | * Yes
 | * No
 | What hospital? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| When? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Length of stay? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |
| **Current Medications**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Gender identity** (please check all that apply):

🞎 Female 🞎 Male 🞎 Trans Male 🞎 Trans Female

🞎 Non-Binary 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Pronouns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic identity/background**:

* Multi-ethnic/racial
* Asian American
* Pacific Islander
* Chicano/Latino/Hispanic
* African American, Non-Hispanic
* Euro American/Caucasian, Non-Hispanic
* American Indian/Alaskan Native
* Other
* International
* Decline to Respond

**Romantic partnership status**:

* Single/Non-Partnered
* Dating
* Significant Relationship
* Married/ Partnered
* Separated
* Divorced
* Other
* Decline to Respond

**Tell us about the people who raised you**:

(check all that apply)

* Biological parents
* Adoptive parents
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Married/Partnered
* Never Married
* Living Together
* Separated (Date: )
* Divorced (Date: )
* Father Deceased (Date: )
* Mother Deceased (Date: )

**I have suffered a recent loss**:

* death
* relationship ending
* does not apply

**I have had an unwanted sexual experience**: (check all that apply)

* before age 18
* 18 or older
* no
* unsure
* decline to respond

**My family has a history of**: (check all that apply)

* Counseling
* Psychiatric Hospitalization
* Alcoholism
* Abuse
* Depression
* Eating Disorders
* Poor Communication
* Other
* None of these

**I use alcohol/other drugs**

* Once a week or less
* More than once a week
* Do not use

**The following has resulted from my alcohol/drug use**: (check all that apply)

* traffic violation
* ruined relationship
* black outs
* fight with friend
* academic problems
* difficulties with memory
* other (specify):
* does not apply

**Please circle your preferred Clinician, if any:**

Justin Brewer

Hallie Snyder

Mikala Milligan

Ian Kloss

**Please indicate the degree to which each of these has been a problem/concern in the past month**:

 no little moderate significant

 concern concern concern oncern

1 🞎 🞎 🞎 🞎 my substance use

2 🞎 🞎 🞎 🞎 thoughts of ending my life

3 🞎 🞎 🞎 🞎 intentions of ending my life

4 🞎 🞎 🞎 🞎 thoughts of harming someone

5 🞎 🞎 🞎 🞎 intentions of harming someone

6 🞎 🞎 🞎 🞎 worthlessness/guilt

7 🞎 🞎 🞎 🞎 sadness/depression

8 🞎 🞎 🞎 🞎 getting extremely angry

9 🞎 🞎 🞎 🞎 sleeping

10 🞎 🞎 🞎 🞎 mood shifts

11 🞎 🞎 🞎 🞎 appetite

12 🞎 🞎 🞎 🞎 weight loss/gain

13 🞎 🞎 🞎 🞎 concentration

14 🞎 🞎 🞎 🞎 memory

15 🞎 🞎 🞎 🞎 low energy/fatigue

16 🞎 🞎 🞎 🞎 headaches

17 🞎 🞎 🞎 🞎 sex

18 🞎 🞎 🞎 🞎 anxiety/panic

19 🞎 🞎 🞎 🞎 trusting other people

20 🞎 🞎 🞎 🞎 absent from classes too often

21 🞎 🞎 🞎 🞎 thinking of dropping out of school

22 🞎 🞎 🞎 🞎 indecision about career choice

23 🞎 🞎 🞎 🞎 indecision about major

24 🞎 🞎 🞎 🞎 not sure LU is for me

25 🞎 🞎 🞎 🞎 going blank when I take tests/test anxiety

26 🞎 🞎 🞎 🞎 my sexual orientation

27 🞎 🞎 🞎 🞎 my gender identity

28 🞎 🞎 🞎 🞎 financial problems

29 🞎 🞎 🞎 🞎 don’t like my body

30 🞎 🞎 🞎 🞎 my religious/spiritual beliefs

31 🞎 🞎 🞎 🞎 STD concerns

32 🞎 🞎 🞎 🞎 wasting time on my phone

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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