



## Southwestern Oklahoma State University

### Center for Counseling and Wellness

#### INFORMED CONSENT

#### FOR FACE-TO-FACE AND TELEBEHAVIORAL HEALTH COUNSELING SERVICES

##### **Introduction**

Welcome to the Center for Counseling and Wellness at Southwestern Oklahoma State University. This informed consent document is intended to give you general information about our counseling services. This is a legal document; please read it carefully before signing. If you have any questions about signing this document and/or would like a copy of this document, please ask your counselor.

##### **Eligibility**

I understand that eligibility for services is contingent upon my status as an enrolled/continuing SWOSU student or as a current SWOSU employee. SWOSU employees and their dependents also have the option to receive three (3) sessions from an off-campus counseling center annually. (Visit with the Counseling Center for more information).

##### **Confidentiality**

Counseling is confidential. Information obtained during counseling sessions will not be disclosed to any outside person(s) or agencies without your written permission, except when required by law. I understand that SWOSU counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective counseling sometimes requires that staff members share confidential information with other staff members.

I have a right to confidentiality with Telebehavioral Health under the same laws that protect the confidentiality of my medical information for in-person psychotherapy.

I further understand that there are risks unique to specific to Telebehavioral Health, including but not limited to, the possibility that our therapy sessions or other communication by the therapist to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.

I understand that no records or information about me will be released from the Counseling Center without my permission, **except under certain circumstances:**

- If I give written permission for the Counseling Center to discuss a matter with another party.
- If I present a danger to myself or another person.
- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

- If I am under the age of 18 and am experiencing abuse, (law required the reporting of abuse of minors).
- If someone referred you to the SWOSU Counseling Center (e.g., physician, instructor, advisor, RA) and they inquire, may we confirm that you did schedule an appointment?  
 Yes                       No                       Does Not Apply

### **Provision of Services**

I understand that SWOSU offers a variety of counseling services including intake assessment, various psychological inventories, one session on solution counseling, crisis intervention, flourishing courses, group counseling, on-line counseling, community resources, and referral to other resources. During the initial assessment, my counselor and I will work together to determine how best to serve my needs. I further understand that appropriate referrals will be provided to me if it is determined that I would be best served by a community resource.

### **Emergencies**

In case of an emergency during office hours, please tell office staff and you can meet with a counselor the same day. **For after-hour emergencies please contact SWOSU Campus Police at (580).774.3111.**

### **Nature of Counseling**

The counseling process is designed to aid individuals who have the capacity to resolve their own problems with some assistance. Most clients seek counseling because they recognize that they need some help in being able to face a certain challenge and/or they find themselves stuck in a dilemma. **Typically, the Counseling Center sees clients an average of 4-6 weeks, however, in extenuating circumstances, the process may extend beyond this limit.** As a client, you are in complete control and may end the counseling relationship at any time. Your counselor will respect any such decisions as ask only that you inform him or her of your plans and resist the tendency to just “not show up anymore”. If counseling is successful, you should feel that you are more able to face similar challenges or dilemmas in the future without a counselor’s help. In other words, you will have taken some “tools” with you.

### **Counseling Staff**

SWOSU Counseling Center is staffed with two Licensed Professional Counselors and a Graduate Assistant in Counseling.

### **Statement of Professional Disclosure**

Licensed Professional Counselors in Oklahoma are required by law to furnish this document to you. It requires that they inform you about their professional training, orientation, techniques, experience, fees, and credentials. The Oklahoma State Board of Behavior Health Licensure License numbers licenses all counselors to practice their profession: Susan Ellis-Licensed Professional Counselor (LPC) 5368.

The licensing website is <https://www.ok.gov/behavioralhealth/> where you can access the law and regulation, which govern their licenses. Counselors will furnish you with printed materials about the requirements of licensure if you so desire. You may contact (without giving your name), the Professional Counselor Licensing Division at:

### **State Board of Behavioral Health Licensure (BBHL)**

3815 N. Santa Fe, Suite 110  
Oklahoma City, OK 73118  
Phone: (405). 522.3696  
Fax: (405). 522.3691

### Records

Your records are stored electronically and include the information you provided and information about any interactions (individual/group counseling, assessments, phone calls, consultation, emails, etc.) with the Counseling Center. This information is only accessible within the Counseling Center and is protected by multiple security measures. This information is separate from your academic records.

### Attendance Policy / No Show Policy

I agree that while I am seeing a counselor or participating in a group, whenever possible, I will notify the Counseling Center **at least 24 hours** in advance; if I know I will miss a session. I understand that if I do not show for an individual session and do not call, I may lose my standing appointment.

I will contact the Center for Counseling and Wellness as soon as I know I will be unable to make a scheduled appointment. We have a very high demand for our services and non-cancelled appointments translate into missed opportunities for other clients in need of timely services. If you *no show\** for your appointment two times, you may lose your privilege of seeing a counselor at SWOSU Counseling Center and will be given several outside referral sources for you to continue your counseling. This policy reflects SWOSU Counseling Centers' desire to benefit as many SWOSU students and employees as possible. Please feel free to clarify this policy with your counselor. (*\*No Show is defined as not calling to cancel your appointment or calling to cancel with less than 24 hours' notice. There are a few exceptions such as a last-minute illness or emergency.*)

### Contact Me

In order to keep my relationship with the Center for Counseling and Wellness confidential, the best way to contact me should the need arise is noted below. I am aware that an outside party could intercept information exchanged over e-mail.

#### Okay to Leave a Message

Cell Phone: \_\_\_\_\_

Residential Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SWOSU E-mail Address: \_\_\_\_\_

Other Phone: \_\_\_\_\_

#### Please check all that apply

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

***If there are any concerns with the Center for Counseling and Wellness that you cannot discuss with your counselor, please contact the Director of Counseling Services or the Vice President for Student Affairs.***

### Consent for Services

I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of SWOSU Center for Counseling and Wellness services. I hereby give my consent to authorize the Counseling Center to evaluate, treat, and/or refer me to others as needed. I have had the opportunity to discuss questions regarding the above information.

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Client Signature

Date

**SWOSU Center for Counseling and Wellness** 100 Campus Drive | Weatherford, Oklahoma  
73096 | Office (580).774.3776 | Fax (580).774.7121 | [www.swosu.edu/administration/scs/index.asp](http://www.swosu.edu/administration/scs/index.asp)

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